



Australian Government

Comcare

PUTTING YOU *FIRST*

# COMCARE WORKPLACE REHABILITATION PROVIDER (CONSULTANT) APPROVAL

REQUEST FOR  INITIAL APPROVAL  
 RECOGNITION/TRANSFER OF APPROVAL

This form is to be used by workplace rehabilitation provider (WRP)<sup>1</sup> organisations seeking initial approval of consultants, or recognition/transfer of that approval from another Comcare WRP organisation.

Please refer to Criterion 1 (Competence) of the *Criteria for initial approval or renewal of approval as a rehabilitation program provider (workplace rehabilitation provider)*<sup>2</sup> for details of the mandatory criteria which consultants must meet in order to deliver rehabilitation program (return to work plan) services under the *Safety, Rehabilitation and Compensation Act 1988*.

## 1. COMCARE APPROVED WRP ORGANISATION

(For recognition/transfer of approval please indicate the name of the old and current employer)

Name of organisation(s)   
Comcare provider number for states in which consultant approval required

## 2. WRP CONSULTANT DETAILS

Name of consultant   
Consultant contact number   
Consultant email   
Current workplace address   
Consultant ID number   
(if seeking recognition/transfer with new employer)

## 3. QUALIFICATION STATUS

Please indicate the relevant profession and provide Comcare with copies of:

- Rehabilitation Counsellor—qualification and evidence of eligibility for full membership RCAA or ASORC (see Professional membership note below)
- Occupational Therapist—qualification, current registration if in SA, NT, QLD or WA, professional membership/eligibility
- Physiotherapist—current registration

<sup>1</sup> Same meaning as Approved Rehabilitation Program Provider

<sup>2</sup> Available from [www.comcare.gov.au](http://www.comcare.gov.au)

- Exercise Physiologist—ESSA accreditation
- Psychologist—current registration
- Speech Pathologist—qualification and eligibility for membership of professional association
- Social Worker—qualification and eligibility for membership of professional association
- Doctor—current medical board registration
- Nurse—current registration

#### 4. PROFESSIONAL MEMBERSHIP

(Note: A WRP will be taken to satisfy criteria 1.4(a) if they will be eligible for full membership of the relevant professional association on completion of a current period of required supervised professional practice).

- Professional membership (or evidence of eligibility) related to the qualification above attached

#### 5. WORKPLACE REHABILITATION PROVIDER EXPERIENCE

- Short CV or summary attached

Comcare ARP training date (or proposed)

Date

#### 6. PRINCIPAL DECLARATION

I declare that I am not aware of any circumstances that would impact on the delivery of services and that I have sighted originals of the attached documents about the WRP's qualification, registration and professional membership/eligibility.

Signature

Date

#### 7. WORKPLACE REHABILITATION CONSULTANT DECLARATION

I declare that all the information contained in the application is true and correct. I am not aware of any circumstances that would impact on the delivery of services.

Signature

Date

Please submit form with all attachments to [rehab.approval@comcare.gov.au](mailto:rehab.approval@comcare.gov.au)

All enquiries to [rehab.approval@comcare.gov.au](mailto:rehab.approval@comcare.gov.au) or phone **1 300 366 979**

Rehabilitation Provider Approvals  
 Comcare  
 GPO Box 9905  
 Canberra City ACT 2601

#### COMCARE USE ONLY

WRP approval status  Approved  Pending  Declined

WRP consultant ID number

Date of issue