



Australian Government

Comcare

COMCARE WORKPLACE REHABILITATION PROVIDER (CONSULTANT) APPROVAL

REQUEST FOR INITIAL APPROVAL
 RECOGNITION/TRANSFER OF APPROVAL

This form is to be used by consultants engaged by a Comcare approved workplace rehabilitation provider (WRP) organisation who seek initial consultant approval or recognition/transfer of that approval to another WRP.

Please refer to Part 2, 7(4) and (5) 'Standards relating to qualifications and practices of individuals providing rehabilitation services' of the *Operational Standards for Rehabilitation Program Providers*¹ for details of the mandatory requirements 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)

New/current WRP
Previous WRP (if applicable)

Please indicate which state/s you will be doing Comcare work in for that organisation

NSW ACT VIC SA QLD TAS WA NT

2. WRP CONSULTANT DETAILS

Title Mr Mrs Miss Ms Dr
Name of consultant
Consultant contact number
Consultant email
Current workplace address
Consultant ID number
if previously issued (if seeking recognition/transfer with new WRP)

¹ Available from www.comcare.gov.au

3. QUALIFICATION STATUS

Please indicate your relevant profession below and provide Comcare with copies of proof of registration and/or eligibility for membership of the professional body:

- Rehabilitation Counsellor—evidence of eligibility for full/associate membership of ASORC or full membership of RCAA
- Occupational Therapist—current registration
- Physiotherapist—current registration
- Exercise Physiologist—ESSA accreditation as an Accredited Exercise Physiologist
- Psychologist—current full or provisional registration (if provisional, provide a copy of your internship plan)
- Social Worker—full membership of AASA
- Doctor—current registration
- Nurse—current registration

4. WRP CONSULTANT EXPERIENCE

- Short CV or summary attached (detailing WRP experience—if applicable)

5. WRP PRINCIPAL/MANAGER 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

6. 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

All enquiries to rehab.approval@comcare.gov.au or phone **1300 366 979**

Rehabilitation Provider Approvals
Comcare
GPO Box 1993
Canberra City ACT 2601