

Independent consultant application



State Insurance
Regulatory Authority

Use this form if you are applying or reapplying to be an independent consultant for SIRA Workers Compensation Regulation. Please complete all sections of the application and provide appropriate evidence where indicated.

Name

Email (This will ensure SIRA is able to communicate directly with you as required.)

Allied health discipline (tick one)

Physiotherapist

Chiropractor

Osteopath

Psychologist

Section 1: Allied health practitioner contact information (visible on public website)

Postal address

Suburb

State

Postcode

Email

Phone number

Section 2: Practice location details (visible on public website)

Provide details of addresses where you intend to conduct reviews.

Practice address 1

Street address

Suburb

State

Postcode

Email and/or fax number

Phone number

Practice address 2

Street address

Suburb

State

Postcode

Email and/or fax number

Phone number

Section 3: Qualifications

AHPRA Registration Number (attach copy of current registration certificate)

SIRA Workers Compensation approval number

Attach copies of certificates confirming satisfactory completion of Parts 1, 2 and 3 of the SIRA allied health practitioner online training program.

Details (if applicable) of relevant post-graduate qualifications.

Section 4: Clinical experience/professional practice

Describe your relevant clinical experience (minimum five years full-time equivalent), including details regarding your experience in the treatment/management of work-related injuries and working knowledge of the NSW workers compensation system. Please attach your resume.

Clinical experience/professional practice continued over...

Explain how your current role demonstrates the application of clinical skills in either a treatment setting or non-clinical environment that positively contributes to safe and effective treatment delivery in your discipline of practice.

Provide details that demonstrate your extensive knowledge and expertise in the application of the principles of the *Clinical Framework for the Delivery of Health Services*.

Provide two specific examples that demonstrate your experience in educating, influencing and dispute resolution that has resulted in positive outcomes for workers.

Section 5: Professional skills

Provide an example of when you used your communication and negotiation skills in a challenging injury management and/or return to work environment.

Provide (if applicable) details regarding your recent experience in peer reviews within a clinical practice environment (including mentoring) and/or qualifications or experience in tertiary/adult education.

Section 6: Publications

Provide (if applicable) details of contributions to publications, research theses, dissertations or conference/seminar presentations.

Section 7: Referees

Provide details of three professional referees, who can confirm your stated ability to meet the selection criteria.

Referee 1

Name

Role

Organisation

Phone

Email

Referee 2

Name

Role

Organisation

Phone

Email

Referee 3

Name

Role

Organisation

Phone

Email

Section 8: Privacy statement

State Insurance Regulatory Authority (SIRA) privacy practices are regulated by the New South Wales *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*.

Our privacy statement explains how your personal information is stored, how you may access and seek amendment of your personal information and how you may make a complaint about the way SIRA has dealt with your personal information. This policy can be accessed on our website.

By signing this form, you confirm that you have read and consent to SIRA's privacy statement and collection statement for an independent consultant application.

Collection statement for an independent consultant application

SIRA may collect your personal information:

- directly from you or someone you authorise to act on your behalf
- indirectly, including from:
 - SIRA's employees, insurers, injured worker's employers, agents or contractors
 - legal practitioners, medical practitioners and other allied health practitioners, private investigators and other service providers acting in relation to a workers compensation claim
 - third parties such as other government agencies, law enforcement agencies and health authorities
 - a court or tribunal in the course of proceedings under any of the Acts administered by SIRA
 - others in the event of an emergency.

The personal information collected in this form will be used:

- to process, assess and manage your application for approval as an independent consultant and, if successful, to include your name, contact details and practice location(s) on SIRA's website
- to manage and verify your compliance with the conditions of approval as an independent consultant
- to administer the *Workplace Injury Management and Workers Compensation Act 1998* and the *Workers Compensation Act 1987*
- for communication purposes and to provide you with relevant updates and general information about SIRA activities
- to investigate any complaints and fraud allegations against you
- to monitor your performance as an independent consultant
- to conduct surveys
- for SIRA business planning and service improvements.

The personal information collected in this form may be disclosed:

- for a purpose directly related to the reason we collected it, and where SIRA has no reason to believe you would object to the disclosure
- where you have been aware that the information is usually disclosed in this way
- if it is necessary to prevent or lessen a serious or imminent threat to the life or health of a person, or
- if it is otherwise lawfully authorised, required or permitted by law.

SIRA may disclose personal information, under the circumstances set out above, to another person or body, for example:

- SIRA employees, insurers, injured worker's employers, agents or contractors
- legal practitioners, medical practitioners and other allied health practitioners, private investigators and other service providers acting in relation to a workers compensation claim
- third parties such as other government agencies, law enforcement agencies and health authorities
- a court or tribunal in the course of proceedings under any of the Acts administered by SIRA
- others in the event of an emergency.

If you do not provide the required information, you may not be approved as an independent consultant.

Consent

1. I authorise and consent to:
 - a. the collection, disclosure and use of any personal information to another person or body:
 - i. in connection with the application for approval as an independent consultant and in connection with the management and verification of compliance with the SIRA 'Independent consultant conditions of approval', or otherwise regarding matters relevant to this application
 - ii. to administer the Workplace Injury Management and Workers Compensation Act 1998 and the Workers Compensation Act 1987
 - iii. for communication purposes and to provide me with relevant updates and general information about SIRA activities
 - iv. to investigate any complaints and fraud allegations against me
 - v. to monitor my performance as an independent consultant
 - vi. to conduct surveys
 - vii. for SIRA business planning and service improvements.
 - b. SIRA undertaking reference checks and making further enquiries and exchanging information with the authorities of any Australian state or territory, or other country, to verify my qualifications and experience as a health practitioner, or regarding my practice as a health practitioner
 - c. my name, contact details and practice location(s) being listed on the SIRA website.
4. I acknowledge and understand that failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being approved.
5. I confirm that I have read and consent to the SIRA privacy statement and collection statement for an independent consultant application.
6. I declare that:
 - a. The above statements and the documents provided in support of this application are true and correct, and
 - b. I am the person named in the attached documents.

I make this declaration in the knowledge that a false statement may result in this application not being approved.

Name of applicant

Signature of applicant

Date (DD/MM/YYYY)