

# Hearing service provider application



State Insurance  
Regulatory Authority

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Use this form if you are a hearing service provider seeking SIRA approval to provide hearing aids and/or rehabilitation in the NSW workers compensation system.

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## Section 1: Provider details (business owner)

Given name(s)

Surname

Position of applicant

Business name

ABN

**Street address** (include unit/street/property/Lot or DP number if applicable – must not be a PO Box)

Suburb

State

Postcode

Country (if other than Australia)

**Postal address** (include unit/street/property/Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Suburb

State

Postcode

Contact number

Mobile number

Email

**Make sure you complete Section 4 of this form, listing all staff employed by your business who provide hearing aids and services.**

Contact information provided will be placed on the SIRA website.

## Section 2: SIRA approval request

1. Criteria for SIRA approval for hearing service providers (HSPs)
  - i. Listed on the Department of Health & Ageing website as a contracted HSP under the Australian Government Hearing Services Program.  
or  
An Ear, Nose and Throat (ENT) Specialist listed as a trained assessor of permanent impairment on the SIRA website.
  - ii. Employ appropriately qualified staff
    - Audiologists are university graduates with tertiary qualifications in audiology and are full members, or eligible for full membership, of Audiology Australia Ltd (AudA), the Hearing Aid Audiometrist Society of Australia (HAASA) or ordinary membership of the Australian College of Audiology (ACAud).
    - Audiometrists hold a qualification from a registered training organisation, such as TAFE NSW, followed by on-the-job-training, and are members, or eligible for membership, of the Australian College of Audiology (ACAud).
  - iii. Fit and proper person with no:
    - criminal charges (other than traffic offences)
    - civil proceedings lodged against you or your practice
    - complaints lodged against you with any health services ombudsman, department or regulator.
2. Conditions of SIRA approval
  - i. Provide services in accordance with the Workers Compensation (Hearing Aids Fees) Order current at the time of service.
  - ii. Provide accurate information at all times.
  - iii. Notify SIRA immediately of any changes to the information contained in this application.
  - iv. Complete any training specified by SIRA, and accept and participate in peer and service review to uphold standards of practice and minimise complaints.
  - v. Have no conflict of interest in providing a hearing aid to the worker that will best meet their needs.
  - vi. Have no arrangement with any agency whereby a financial incentive is offered for referral of workers.
  - vii. Not use SIRA approval status for advertising purposes.
  - viii. Provide services to the worker that are consistent with advice from the worker's GP or treating medical professional.
  - ix. Accept responsibility for the accuracy of all invoices submitted and ensure only the staff listed with SIRA submit invoices.
  - x. Invoice for hearing aids in accordance with the SIRA invoice requirements.
  - xi. Acknowledge that the insurer is only liable for reasonably necessary hearing aids and hearing services provided by appropriately qualified staff. Therefore:
    - invoices will not be submitted for services not directly related to the work injury
    - invoices will not be submitted for services where the worker was not in attendance – for example non attendance
    - workers are not eligible for provision of hearing aids under both a SIRA scheme and another scheme.
  - xii. Hold current professional indemnity and public liability insurance cover.

I,

(applicant name)

- i. Confirm that (business name)
- ii. Agree to the above conditions of SIRA approval
- iii. Understand that SIRA is under no obligation to recognise me as a provider or guarantee referrals. I also understand that SIRA may, at its absolute discretion, withdraw recognition if I cease to satisfy its approval criteria, breach any conditions of approval or if information provided by me is inaccurate.

Applicant's signature

Date (DD/MM/YYYY)

### Section 3: Lodging your application and supporting documents

Please email or post your application to SIRA using the details below. If you have any queries, please contact our Customer Service Centre on 13 10 50.

**Email:** [compliance.info@sira.nsw.gov.au](mailto:compliance.info@sira.nsw.gov.au) **Mail:** Claimant Outcomes, SIRA, Locked Bag 2906 Lisarow NSW 2252

### Section 4: Hearing service provider staff

Name	Audiologist or Audiometrist	Qualifications	Professional membership	Site/s	ABN	Contact phone or email
	Audiologist Audiometrist					
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