

Workers compensation treating allied health practitioner approval application

Please complete this form to apply for State Insurance Regulatory Authority (SIRA) allied health practitioner approval if you practice one of the following disciplines, have the appropriate qualifications as listed below and are planning to deliver treatment services in the NSW workers compensation scheme.

Accredited exercise physiologist (AEP)

Accredited with Exercise & Sports Science Australia (ESSA)

Chiropractor Osteopath Physiotherapist Psychologist

General registration with the Australian Health Practitioner Regulation Agency (AHPRA)

Counsellor

Either of the following:

- i. A full clinical member of the Psychotherapy and Counselling Federation of Australia (PACFA); or
- ii. A mental health social worker accredited with the Australian Association of Social Workers (AASW); or
- iii. A level 3 or 4 member of the Australian Counsellors Association (ACA).

You **must** meet the conditions of approval specified in the Workers compensation guidelines for the approval of treating allied health practitioners to be approved by SIRA.

Please read the conditions carefully and consider whether you meet each condition prior to submitting an application.

Note: Allied health practitioners only require one SIRA workers compensation approval number for each allied health discipline in which you provide services. You do not require a new approval number for each location where you deliver services or if you change your employer.

Section 1: Type of application

I am applying for (tick one):

Approval (I do not currently have approval from SIRA to work in the NSW workers compensation scheme)

Renewal of approval (I currently have approval from SIRA to work in the NSW workers compensation scheme, but need to transition to approval under the new guidelines)

SIRA approval number/s (if applying for renewal)

Section 2: Contact details for SIRA internal use

The contact information provided here is for SIRA use only and will not be published on the SIRA website

Title	First name	Second name
Postal Address		
Suburb	State	Postcode
Email address (this is how SIRA will communicate directly with you)		Contact phone number

Section 3: Professional registration, accreditation or membership

My profession is

For psychologists, physiotherapists, chiropractors, osteopaths

My AHPRA registration number is

Note: If you have more than one number please provide at Section 3a.

I have general registration with AHPRA free of any conditions or limitations:

Yes No

If you have conditions or limitations on your registration as a result of a disciplinary process, please provide a copy of the determination from your professional council and provide details of the reasons why they have been imposed below (please provide attachment if insufficient space):

For accredited exercise physiologists and counsellors

My accreditation body is My accreditation or membership number is

Note: If you have more than one number please provide at Section 3a.

I have general registration with AHPRA free of any conditions or limitations:

Yes No

If you have conditions or limitations on your accreditation or membership please provide any relevant documentation from your professional association and provide details of the reasons why they have been imposed below (please provide attachment if insufficient space):

Section 3a: For practitioners with more than one registration/accreditation/ membership number and seeking SIRA approval for more than one discipline

My second registration/accreditation membership number (if applicable) is

My second accreditation body (if applicable) is

I have general registration with AHPRA/accreditation/membership free of any conditions or limitations:

Yes

No

Please note if you practice in more than one discipline you will need a separate SIRA approval number for each of those disciplines.

Section 4: Mandatory training requirement (new applicants only)

I successfully completed the mandatory SIRA workers compensation allied health practitioner online training program and was issued a certificate of completion on the following date:

Section 5: Practice information for publication on SIRA website

If your practice is mobile in nature, please provide a relevant suburb and postcode to be displayed on the SIRA website.

Practice Name

Practice Address

Suburb

State

Postcode

Contact phone number

Practice Name (2)

Practice Address

Suburb

State

Postcode

Contact phone number

Please note that your SIRA approval expiry date will appear on the SIRA website.

Section 6: Supporting documentation to be submitted with this application

All applicants: a copy of your current certificate of currency for professional indemnity insurance and public liability insurance (ensure the amount of cover is appropriate to your scope of practice, level of risk and is inclusive of run-off cover). Or, if your insurance is covered through your employer, provide a copy of your employer's current certificate of currency for insurance and a letter from your employer verifying you are covered by this insurance policy for professional indemnity and public liability.

AEPs only: A copy of your current certificate for ESSA accreditation in exercise physiology.

Counsellors only: A copy of your certificate of membership as a:

- PACFA full clinical member, or
- AASW accredited mental health social worker, or
- ACA level 3-4 member

Section 7: Declaration

I acknowledge and understand that:

- by submitting an application, I consent to SIRA collecting, using and disclosing information (including disclosure to and from a relevant health practitioner registration body or compensation authority) for the purpose of establishing, monitoring and reviewing registration and membership details upon application and throughout the approval period. I understand that a relevant health practitioner registration body or compensation authority includes but is not limited to the Health Care Complaints Commission, any recognised allied health practitioner registration board, the Australian Health Practitioner Regulation Agency, recognised health professional associations or other workers compensation or motor vehicle compulsory third party authorities in Australia. Note: Any information collected for the purpose of assessing an application will be managed in accordance with NSW privacy laws as set out in SIRA's Privacy Management Plan which can be located on the SIRA website at www.sira.nsw.gov.au/privacy/sira-privacy-docs/sira-privacy-management-plan.
- SIRA is under no obligation to recognise me as a practitioner and that approval by SIRA does not guarantee that I will be provided a level of service.
- I must notify SIRA within seven calendar days if I become aware that information provided in this application, including the declaration below, is incorrect or incomplete.

I advise that I have the following actual, potential or perceived conflicts of interest that may arise from working in the workers compensation scheme (please provide attachment if insufficient space):

I declare that:

- the information provided in this application is true and correct
- I am the person named in the application and attached documents
- I have the appropriate qualifications for allied health practitioners, as outlined above.
- I will deliver services in accordance with:
 - NSW workers compensation legislation and guidelines
 - SIRA procedures as described in the NSW Workers Compensation Guide for Allied Health Practitioners, including, but not limited to submission of Allied Health Recovery Requests and requirements relating to approval for services
 - the nationally endorsed Clinical Framework for the Delivery of Health Services
 - the principles of the health benefits of good work
 - the relevant SIRA workers compensation treating allied health practitioner maximum fees order/s effective on the date the service is delivered.
- I have and will maintain a current professional indemnity insurance policy and public liability insurance policy throughout the period of approval, and provide evidence on SIRA's request (the amount of cover is to be appropriate to the scope of practice and level of risk and is inclusive of run- off cover).
- I will participate in independent reviews arranged by insurers, in the form, timeframes and manner required by SIRA; and respond to or participate in SIRA communication and reviews in the form, timeframes and manner required and requested by SIRA.
- I will not ask for or accept any inducement, gift, or hospitality from individuals or companies, or enter into arrangements that could be perceived to provide inducements, that may influence, or be seen to influence, my ability to provide treatment to the worker that will best meet their needs (for example, offering or accepting financial incentives for referral of workers).
- I will declare any real, perceived or potential conflict of interest to the referrer and worker at time of referral or, if a conflict or potential conflict of interest arises after referral, as soon as it arises.
- I will complete any additional training at the request of SIRA, to the standard required by SIRA, within the prescribed timeframe and at my own expense.
- I have not have been convicted of any criminal offence within the last 10 years, or have any pending criminal charges, any civil proceedings lodged against me or my practice, or any pending or upheld complaint made about me to insurance, compensation or health authorities, government agencies or statutory bodies regarding my conduct:
 - in any role in any insurance compensation scheme in any Australian jurisdiction and
 - in the provision of health services.
- I will notify SIRA (in writing within seven calendar days) if I become aware that:
 - information provided to SIRA in my application, including the conflict of interest declaration was incorrect or incomplete
 - there are changes to my registration, accreditation or membership status relevant to the required appropriate qualifications
 - a complaint has been made about me to insurance, compensation or health authorities, government agencies or statutory bodies regarding my conduct:
 - in any role in any insurance compensation scheme in any Australian jurisdiction, and
 - in the provision of health services.
- if my application is successful, I agree:
 - I must meet and maintain the conditions of approval above to be a SIRA approved allied health practitioner.
 - to have my details as provided in the application (not including personal contact details) published on the SIRA website.

Signature

Date

SIRA privacy statement

- SIRA is collecting your personal and health information ("information") in this application so that it can assess your suitability to be a SIRA approved allied health practitioner. SIRA will disclose the application information you provide to a relevant health practitioner registration body or compensation authority ("relevant governing body") such as the Health Care Complaints Commission, any recognised allied health practitioner registration board, the Australian Health Practitioner Regulation Agency, recognised health professional associations and other workers compensation or motor vehicle compulsory third party authorities in Australia. For counsellors, exchange of information may be held between any of the following: Psychotherapy & Counselling Federation of Australia; Australian Association of Social Workers; or Australian Counsellors Association. The information provided will be used to assist SIRA to establish, monitor and review registration and membership details upon application and throughout the approval period.
- In return, SIRA receives information from the relevant governing body in relation to your suitability. You are not required by law to provide information to SIRA or agree to have it shared with a governing body. However, SIRA does not approve allied health practitioners who fail to provide complete information and/or decline to have information shared with the relevant governing body. Where SIRA approved practitioners are delivering treatment, services or care contrary to their registration or membership status, SIRA will refer these practitioners to the relevant governing body. Unless it is for purposes already outlined in this privacy statement, SIRA will only disclose your information as required by law or if you consent. If you have enquiries about accessing or correcting your personal information held by SIRA, please contact providers@sira.nsw.gov.au. For further details and enquiries, please visit SIRA's privacy page: www.sira.nsw.gov.au/privacy

Section 8: Lodgment details

Use buttons below to:

- lodge a new approval application by email to providers@sira.nsw.gov.au
- lodge a renewal of approval application by email to alliedhealthtransition@sira.nsw.gov.au For more information, contact SIRA at 13 10 50 (toll free), providers@sira.nsw.gov.au or online at sira.nsw.gov.au.