

SIRA workers compensation trained assessor of permanent impairment application



State Insurance
Regulatory Authority

Use this form if you are applying to be listed as a SIRA workers compensation assessor of permanent impairment.

Part A: Application form

Section 1: Practitioner details

Name

Section 2: Qualifications and expertise

Qualifications

AHPRA registration number (please attach copy of full details)

Medicare provider number(s)

Medical specialty

Special expertise (e.g. hand surgery)

Section 3: Body systems applying to be listed on website (please tick)

Spine

Lower extremity

Digestive

Hearing

Upper extremity

Nervous

Mental/Behavioural

Other (please specify)

Section 4: Training

Date(s) and location of training

I have attached copies of documentation confirming successful completion for all relevant modules
(please tick)

Section 5: Medical practitioner details

Practice address 1

Address

Suburb

State

Postcode

Contact number

Email

Practice address 2

Address

Suburb

State

Postcode

Contact number

Email

Section 6: Medical practitioner contact information

Postal address (visible on public website)

Suburb

State

Postcode

Email (For SIRA use only. This is to ensure SIRA is able to communicate directly with you, as required)

Part B: Declaration (to be signed by all applicants)

Tick each of the boxes below to indicate your agreement to the *Service Standards for Assessors of Permanent Impairment*.

I declare that:

SIRA legislative requirements

I will provide assessments and reports of permanent impairment in accordance with the *NSW workers compensation guidelines for the evaluation of permanent impairment* and in the format required by SIRA

I will comply with all legislation, relevant guidelines and fee schedules in the NSW workers compensation system

Professional conduct

I will comply with all applicable professional standards and codes of conduct including but not limited to the Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia* referred to in the *NSW workers compensation guidelines for the evaluation of permanent impairment*.

I will act without bias and in a way that does not give rise to an apprehension of bias in the performance of your responsibilities

I will not accept any inducements outside of payment in accordance with the gazetted Fee schedules for the services provided

I will declare any real, perceived or potential conflict of interest to the referrer at time of referral

I will decline any referral that requests a comment on the cause of the injury or the appropriateness of treatment if I am not in current clinical practice

I will refrain from comment to the worker on treatment or the quality of services provided by other practitioners

I will act in an ethical, professional and considerate manner when examining injured workers

I will preserve the privacy and modesty of the injured worker when undertaking examinations

I will comply with all relevant confidentiality and privacy laws

Administrative requirements

I will provide and maintain an email address to be used for all written communication from SIRA workers compensation

I will provide accurate contact details to SIRA workers compensation and notify SIRA workers compensation in writing within 14 days of any change to name or contact details (as these appear in the SIRA public register)

I possess or have access to sufficient resources and infrastructure to undertake all administrative activities necessary to undertake the role

I will respond to complaints notified to me as an assessor with full and accurate details and, when indicated, comply with the remedial action to be taken.

Signature

Date (DD/MM/YYYY)

Please email completed application form with required attachments to: providers@sira.nsw.gov.au.

For more information contact SIRA on 13 10 50.