

Allied health practitioner application for SIRA Workers Compensation approval



State Insurance Regulatory Authority

- Physiotherapist Chiropractor Osteopath Psychologist Counsellor
 Accredited exercise physiologist

Allied health practitioners only require one State Insurance Regulatory Authority (SIRA) Workers Compensation approval number for each allied health discipline in which they practice. You do not require a new approval number for each location where you deliver services or if you change your employment.

Allied health practitioner name

- I declare that I have satisfactorily completed Parts 1, 2 and 3 of the SIRA allied health practitioner online training program.

Section 1: Conditions of approval – physiotherapist, chiropractor, osteopath, psychologist

AHPRA registration number

I declare my registration is free of any conditions:

- Yes No. If no, please provide details.

Section 2: Conditions of approval – accredited exercise physiologist (please provide photocopies of current documents as evidence)

Criteria	Membership number
Certificate for ESSA accreditation in exercise physiology (copy supplied)	

Section 3: Conditions of approval – counsellors (please provide photocopies of current documents as evidence)

	Criteria	Membership number
EITHER	PACFA full clinical member	
	AASW accredited mental health social worker	
	ACA level 3-4 member	

Section 4: Allied health practitioner details

Allied health practitioner name (these details will be placed on the SIRA website)

Practice name (1)

Practice address

Suburb

State

Postcode

Contact phone number

Fax number

Practice name (2) (these details will be placed on the SIRA website)

Practice address

Suburb

State

Postcode

Contact phone number

Fax number

Postal address (if different from practice 1)

Suburb

State

Postcode

Email (for SIRA use only)

Section 5: Declaration to be completed and signed by all allied health practitioners

TICK EACH OF THE BOXES BELOW TO INDICATE YOUR AGREEMENT

I declare that:

- I do not have an impairment that detrimentally affects, or is likely to detrimentally affect my capacity to practice the profession.
- I do not have any criminal charges past or present (other than traffic offences), any civil proceedings lodged against me or my practice, or any upheld complaints lodged against me by any health services ombudsman, department or regulator.
- I have submitted a copy of my current Certificate of Currency for Professional Indemnity Insurance and Public Liability (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 insurance and a letter from your employer indicating you are covered by this insurance policy with this application.
- I will comply and adhere to the requirements and procedures detailed or outlined in *A workers compensation guide for allied health practitioners*.
- I agree to participate in Independent Consultant reviews when requested.
- I will maintain my current registration/accreditation and or membership with the relevant Registration Agency/professional association.
- I consent to the exchange of information between SIRA Workers Compensation Regulation and the relevant Registration Agency/professional association regarding my professional registration/accreditation/membership approval status.
- I will notify SIRA Workers Compensation Regulation within 14 days of any changes to my registration/accreditation/membership status or any other information contained in this application, including all practitioner and personal contact detail changes.
- My practice location(s) meet each of the following practice criteria:
- Has a dedicated consulting room suitable for consultation which is professional in appearance and has a waiting room and a toilet available for client use.
 - Adherence to and display of an appropriate Code of Ethics which addresses duty of care, professional conduct and confidentiality which is available for clients and staff.
 - A practice facility which ensures a safe environment for staff, clients and visitors, including safe working equipment and aids.
 - Access to an email address or a fax machine to send and receive Allied Health Recovery Requests.
 - Business records management system that ensures records are suitable for audit.
 - Quality assurance systems which promote continuous practice improvement.
- I have documented work health and safety practices/protocols which are implemented by all staff.

I, (print name)

agree to meet and abide by the requirements of SIRA Workers Compensation approval, that SIRA Workers Compensation Regulation may, at its absolute discretion, withdraw approval if I cease to satisfy its approval criteria. I also understand that SIRA Workers Compensation Regulation 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.

Signature

Date (DD/MM/YYYY)