Application for registration to provide services to workers

General information and instructions

Who should complete this form?

This form should be used by health professionals and personal and household support service providers (eg. household help, remedial exercise) who wish to become registered with WorkSafe Victoria (WorkSafe) to provide services to injured workers. To determine whether you need to complete this form, please refer to the WorkSafe Victoria Provider Registration Requirements at **worksafe.vic.gov.au**

How to complete your application:

Refer to the WorkSafe Victoria Provider Registration Requirements for the service you are applying for at **worksafe.vic.gov.au** to find out what information must accompany this form.

- ☐ Fill in the relevant sections of this form.
- ☐ Attach documents required to support your application.
- ☐ Include any extra information (eg. other location details) on a separate sheet and attach.
- ☐ Sign the provider declaration and consent on page 5 (section 8).

Please complete your application and return via email, alternatively to the postal address address/fax number listed below:

Email: service_provider_registration@worksafe.vic.gov.au
Post: WorkSafe Victoria
Provider Registration Unit
PO Box 279
Geelong VIC 3220
Fax no: 03 96411767

If you need further information:

Website: worksafe.vic.gov.au
(refer to WorkSafe Victoria Provider Registration Requirements)
Phone: 03 96411444
1800 136 089

1. Application type

I wish to apply to provide the following service:

- ☐ Acupuncture: Chinese medicine practitioners
- ☐ Booking service provider
- ☐ Chiropractic
- ☐ Counselling
- ☐ Dental
- ☐ Dietitian
- ☐ Exercise physiology
- ☐ Hearing services – audiometry
- ☐ Hearing services – audiology
- ☐ Household help – domestic cleaning
- ☐ Household help – gardening
- ☐ Medical
- ☐ Naturopathy
- ☐ Nursing
- ☐ Occupational therapy
- ☐ Optometry
- ☐ Orthotist
- ☐ Osteopathy
- ☐ Pharmacy
- ☐ Physiotherapy
- ☐ Podiatry
- ☐ Professional interpreting services
- ☐ Prosthetist
- ☐ Psychology
- ☐ Public Ambulance
- ☐ Private Ambulance
- ☐ NEPT – Non Emergency Patient Transport
- ☐ Remedial exercise – gym
- ☐ Remedial exercise - pool
- ☐ Remedial massage
- ☐ Social work
- ☐ Speech pathology

2. Applicant details - individual

Please complete section 2 if you are applying as an individual (only applicable for medical and allied health providers)

Title | Given name | Surname

Practice address (actual street address) - include business name

Postcode

Telephone | Mobile

Email (to be used for both correspondence and e-remittance)

Board/professional association name | Registration number

Practice start date | Medicare provider number (where applicable) | Medibank provider number (where applicable)

Additional practice details

Practice address (actual street address) - include business name

Postcode | Practice telephone

Practice start date | Medicare provider number (where applicable) | Medibank provider number (where applicable)

For any further sites please provide these details on a separate sheet and attach to your application.
Please sign the Consent and Declaration at 8a on page 5.

3. Applicant details - business/company

Please complete section 3 if you are applying as a business/company (where applicable for home help - domestic cleaning & gardening, nursing, remedial exercise - gyms & swimming programs, interpreting)

Business/company name | ABN/ACN

Trading name (if different from business/company name)

Business/company address (actual street address)

Postcode

Contact name | Position

Telephone | Mobile

Email (to be used for both correspondence and e-remittance)

Start date (where applicable)

Please sign the consent and declaration at 8b on page 5.

4. Preferred postal address

Mail and cheques will be forwarded to this address instead of the practice/business address

Postcode

5. Banking details - Please complete this section if you would like to be paid by Electronic Funds Transfer

Account name - please insert exact name the account is held in

BSB (must be six digits) | Account number

By selecting to receive payments via EFT you also agree to receive remittances in an electronic format (email). For providers with multiple practice locations that have different EFT details, please attach these using the **Electronic Funds Transfer Application Form**.

This request to deposit funds directly into the account described in this section is valid until further notice. If at any time the account details change for any reason then please complete the **Electronic Funds Transfer Application Form**.

Frequency of payment

Payments are processed daily. This may result in receiving one remittance for payments made each day (per Agent)

☐ Tick this box if you would prefer to receive weekly payments and remittances

6. Collection of personal information

Personal information collected by WorkSafe Victoria (WorkSafe) may be used to register you as a Provider, to verify that you meet WorkSafe's eligibility requirements and business standards (such as being a registered business and holding the requisite insurance coverage), to ascertain the veracity of information provided by you and to enable payments to be made to you. If you do not provide all of the information WorkSafe requires, you may not be registered with WorkSafe as a Provider or paid.

Personal information collected by WorkSafe may also be used for other related purposes, including administration and evaluation of WorkSafe's programs, to assist WorkSafe and its authorised agents (WorkSafe Agents) to manage individual worker claims and to better manage claims generally, and for the purposes of legal proceedings. WorkSafe may make information about registered service providers publicly available. WorkSafe may publish this information on the WorkSafe website. You may request information about your registration status not be published by sending a written request to the Director, Health Operations Division.

WorkSafe may disclose any personal information it collects to its WorkSafe Agents, legal practitioners, contractors, consultants and other service providers engaged by it or by its WorkSafe Agents, to the Accident Compensation Conciliation Service, to courts or tribunals and to any person or organisation authorised by you, or by law, to obtain it.

WorkSafe's policies for managing personal information are set out in its Privacy Policy, which is available from your nearest WorkSafe office or on the WorkSafe website at **worksafe.vic.gov.au**

7. Provider registration requirement

Objectives

1. It is a requirement of registration with WorkSafe as a provider of services that the Provider complies with WorkSafe's registration requirements as set out in this application and the WorkSafe Victoria Provider Registration Requirements at **worksafe.vic.gov.au**

Definitions

2. "Provider" means a provider of services and includes a body corporate, sole trader or a partnership as registered with WorkSafe in accordance with Victorian workers compensation legislation (the legislation).

3. "Services" means services to or for workers approved by WorkSafe and for which the reasonable costs of such services are payable by WorkSafe and WorkSafe Agents as compensation to workers with an accepted claim for a work-related injury or illness in accordance with the legislation.

Insurance

4. The Provider must maintain at all times insurance coverage appropriate to the level of risk of the services they provide.

Minimum requirements for certain providers are detailed in the WorkSafe Victoria Provider Registration Requirements at **worksafe.vic.gov.au**

5. For those services with minimum requirements, Providers must immediately notify WorkSafe should the Provider cease to have the required insurance(s). The Provider acknowledges that cessation of insurance(s) may result in WorkSafe registration as a Provider being withdrawn.

Confidentiality and privacy

6. The Provider and its staff must respect the confidentiality of workers at all times.

7. The Provider acknowledges that it is an offence to use information obtained under or pursuant to the legislation except as authorised.

8. The Provider must comply with the obligations imposed under the *Information Privacy Act 2000* and the *Health Records Act 2001* and such reasonable policies or directions relating to the collection, use, disclosure, storage, transfer or handling of personal or health information of workers as are notified by WorkSafe to the Provider from time to time.

Standard of provider facilities

9. The Provider must comply with all relevant occupational health and safety laws, including for Victorian workplaces, the Occupational Health and Safety Act 2004 and Regulations.

10. The Provider must provide a fully equipped and easily accessible first aid kit in a prominent location of the facility and ensure that all staff members know its location and are appropriately qualified in its use.

11. The Provider must ensure that all equipment used or proposed to be used by a worker:

a. is mechanically sound, and is installed and operated in accordance with the manufacturer's instructions and standards; and

b. is serviced as required to ensure continued user safety.

12. The Provider must ensure that the Provider and its staff can adequately instruct workers in the safe and proper use of equipment.

13. The Provider must ensure that all areas used to provide services to workers have adequate safe working space and that user numbers do not hinder the safe and effective use of equipment.

14. The Provider must ensure that all wet areas used by workers are cleaned frequently and regularly in order to maintain a high standard of safety.

Assessment criteria

15. The Provider and all relevant staff (as applicable) must satisfy the relevant WorkSafe provider requirements as specified in the WorkSafe Victoria Provider Registration Requirements on WorkSafe's website at **worksafe.vic.gov.au**

Remuneration and billing

16. Invoices of the Provider must be accurate and capable of being substantiated by WorkSafe or WorkSafe Agents on demand.

17. Invoices must be submitted by the Provider in a manner consistent with established billing processes as advised by WorkSafe or its WorkSafe Agents from time to time.

18. The Provider acknowledges that WorkSafe and WorkSafe Agents are liable only for payment of the reasonable costs of services provided to workers with accepted compensation claims for work-related injuries or illnesses in accordance with the legislation, which may not mean the full costs of the service. The Provider must clearly advise a worker of, and seek agreement from the worker for, any gap between what the Provider charges for services and what WorkSafe can pay as the reasonable costs of the services.

19. Services paid to the provider must be able to be supported by clinical records, case notes and/or attendance records.

20. The provider may be required to undergo an audit of payments made to him/her for services provided to injured workers as part of WorkSafe's Billing Review Program at any time.

Provider Conduct

21. The Provider must not submit invoices for services not directly related to a worker's work-related injury or illness. The Provider acknowledges that it is an offence to obtain or attempt to obtain fraudulently any payment or to provide false or misleading information under the legislation.

22. The Provider must maintain at all times the applicable Board registration or eligibility for professional association membership for the services they are registered to provide, as detailed in the WorkSafe Victoria Provider Registration Requirements on WorkSafe's website at **worksafe.vic.gov.au**

23. Providers must immediately notify WorkSafe should they cease to have the applicable Board registration or eligibility for Professional Association membership. The Provider acknowledges cessation of Board registration or eligibility for Professional Association membership may result in WorkSafe registration as a Provider being withdrawn.

24. The Provider acknowledges that should:

a. the Provider fail to comply with any part of the Provider Registration Requirements;

b. WorkSafe reasonably suspect that an offence against Victorian workers compensation legislation or the *Crimes Act 1958* in connection with a worker's claim for compensation has been committed or the Provider be convicted or found guilty by a court of such an offence; and/or

c. WorkSafe be concerned about the adequacy, appropriateness or frequency of any services provided.

WorkSafe may as appropriate and in accordance with the legislation:

- suspend or deny payment for services or seek recovery of payments made to the Provider for services as a debt or set off;
- notify the Provider's regulating body or responsible board, self-insurers, Medicare Australia, a court or tribunal and/or the Authority, Committee, Director or Panel within the meaning of the *Health Insurance Act 1973 of the Commonwealth*;
- suspend or withdraw the Provider's registration; and/or
- cause the outcome of any determination of WorkSafe or order of the court to be published, together with the name and business address of the Provider of the services to which the determination or order applies.

25. The Provider agrees there will be no claim for damages as a result of any of the actions of WorkSafe as described in the preceding paragraph.

No guarantee of referrals

26. The Provider acknowledges that registration with WorkSafe as a Provider of services to workers under the legislation in no way guarantees any worker patronage or use of the Provider's services or referral of any worker to the Provider by WorkSafe or WorkSafe Agents.

Maintaining your registration

27. At all times you will have to comply with the current WorkSafe Victoria policy, as outlined on our website.

28. Please make sure that any changes in your organisational details such as address, phone number are communicated to us as soon as possible.

29. WorkSafe Victoria reserves the right to cease a provider number if the Authority is unable to contact you (either by mail, email or phone).

8. Consent and declaration by applicant

The Provider agrees to be bound by the provider registration requirements detailed on this form and as specified in the WorkSafe Victoria Provider Registration Requirements at **worksafe.vic.gov.au**

The Provider consents to the collection, use and disclosure of personal information by WorkSafe for the purpose outlined in the section headed 'Collection of Personal Information' on this form.

The Provider agrees to provide services in accordance with relevant WorkSafe policies and guidelines.

By signing this form, I declare that all the information provided is true and correct.

a) Please complete section 8a if you are applying as an individual

Full name

Business name (where applicable)

Signature | Date

b) Please complete section 8b if you are applying as a business/company

Business/company name

Signature of authorised representative | Date

Position held by authorised representative