



Please note

This information is for guidance only and is not to be taken as an expression of the law. It should be read in conjunction with the Workers Rehabilitation and Compensation Act 1988, the Workers Rehabilitation and Compensation Regulations 2011 and any other relevant legislation. Go to www.worksafe.tas.gov.au

This guide was produced by staff from WorkSafe Tasmania.

We welcome your feedback on this guide. Send to: workcover@justice.tas.gov.au

Application for accreditation to assess the degree of a workers impairment

Pursuant to section 77C of the Workers Rehabilitation and Compensation Act 1988 and regulation 23 of the Workers Rehabilitation and Compensation Regulations 2011

Personal Details

Title: First Name: Middle Name:

Family Name:

Mailing Address:

Suburb: State: Post Code:

Personal Email: Mobile Phone No:

AHPRA Registration No: Medicare Provider No:

Are you willing to be a medical panel member? Yes/No (Refer to A Guide to Workers Rehabilitation and Compensation in Tasmania GB260, page 45)

Work Location/Practice Details

Name:

Department (if applicable)

Position Title (if applicable)

Street Address:

Suburb: State: Post Code:

Phone: () Fax: ()

Work Location Email:

Declaration of Medical Practitioner

The Workers Rehabilitation and Compensation Act 1988 defines a **'medical practitioner'** as:

- (a) a person registered under the Health Practitioner Regulation National Law in the medical profession; and
- (b) a person who is authorised under a law of another country to carry out all of the functions in respect of which the person would, if they were carried out in Australia, be required to be registered under the Health Practitioner Regulation National Law in the medical profession:

If you do not satisfy this requirement, do not proceed with this application.

Specialty (tick specialty completed)

Specialty		Specialty		Specialty	
Allergist		Hand Surgeon		Plastic Surgeon	
Anaesthetist		Musculoskeletal MP		Psychiatrist	
Cardiologist		Nephrologist		Rehabilitation Physician	
Dental/Oral Surgeon		Neurological Surgeon		Respiratory Thoracic Physician	
Dermatologist		Neurologist		Rheumatologist	
Endocrinologist		Neurosurgeon		Specialist - Diving & Hyperbaric Medicine	
ENT Surgeon		Occupational Physician		Sports Physician	
Gastroenterologist		Ophthalmologist		Thoracic Surgeon	
General Physician		Ophthalmic Surgeon		Urological Surgeon	
General Practitioner		Orthopaedic Surgeon		Urologist	
General Surgeon		Otolaryngologist		Vascular Surgeon	
Gynaecologist		Paediatric Medicine		Other:	
Haematologist		Pain Medicine Specialist			

Declaration of Training

I confirm that I have completed training in the assessment of permanent impairment (please attach copies of documentation confirming successful completion of the course):

Modules and date completed (Tick modules completed)

Module		Date Completed	Module		Date Completed
Core (mandatory module)			Neurology		
Cardiology			Ophthalmology		
Dermatology			Psychiatry		
Digestion			Respiratory		
Ear, Nose, Throat			Spine		
Endocrinology			Upper extremity		
Gynaecology			Urology		
Haematology			Other, please specify below		
Lower extremity					

Statement of Application

I hereby apply for accreditation to assess the degree of a worker's impairment under the Workers Rehabilitation and Compensation Act 1988. I agree to comply with the relevant requirements of the Workers Rehabilitation and Compensation Act 1988, and any relevant regulations, guidelines and rules of practice or procedure issued under this Act.

I declare that the information on this form is true and correct to the best of my knowledge.

I acknowledge that the above details will be published in the Tasmanian Gazette as specified in section 77H of the Workers Rehabilitation and Compensation Act 1988.

I agree to the above information being available on the WorkCover Tasmania website and for the information to be used in any manner that WorkCover Tasmania may choose in performing its function under the Workers Rehabilitation and Compensation Act 1988.

Agree (name & work contact details on website)

Disagree (only name listed)

Signed: Date:

Personal Information Protection Statement:

WorkCover Tasmania values the privacy of every individual's personal information. WorkCover Tasmania is committed to protecting the personal information you provide. The collection, maintenance, use and disclosure of personal information by WorkCover Tasmania are managed in accordance with the Personal Information Protection Act 2004, which can be accessed at www.thelaw.tas.gov.au.

The personal information collected from you for the purposes of informing your application for accreditation to assess the degree of a worker's impairment will be used by WorkCover Tasmania for assessing your application and may be used for other purposes permitted by the Workers Rehabilitation and Compensation Act 1988 and associated laws. Failure to provide the required personal information may result in your application not being processed or records not being properly maintained.

Subject to use for the purposes detailed in the above paragraph, this paragraph and except if required or allowed by law, all personal information you provide to WorkCover Tasmania will remain strictly confidential and will be held at WorkCover Tasmania, 30 Gordons Hill Road, Rosny Park, Tasmania 7018. Your personal information may be disclosed to contractors and agents of WorkCover Tasmania, law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it.

Your personal information can be accessed or amended by contacting WorkCover Tasmania on 1300 366 322 or workcover@justice.tas.gov.au. You may be charged a fee for this service.