**Application for Registration**

**General Information and Instructions**

**Who should complete this form?**

Disability service providers can register with the Transport Accident Commission (TAC) and Victorian WorkCover Authority (WorkSafe) to provide disability services to TAC clients and injured workers under the transport accident and Victorian workers compensation legislations.

Before a TAC client or injured worker can move into a shared supported accommodation residence, the accommodation must satisfy the relevant eligibility requirements as indicated in the Selection Criteria. Please use this information to assist in completing this application.

If you are seeking to register more than 1 residence, this form will need to be completed for each of those residences.

**How to complete**

This application form must be submitted electronically. Please utilise the following steps to assist with this process:

1. Once this application is complete, save this document as [PROVIDER NAME] *[TAC &/or WorkSafe] Registration– SSA Residence*
2. Create an e-mail to [dpqa@tac.vic.gov.au](mailto:dpqa@tac.vic.gov.au)
3. Attach this saved application form, along with any other supporting documentation which is required to assess this application, to your e-mail.

**NB: If the email exceeds 30MB, you may need to submit your additional documents in separate emails.**

1. Click on send. You should receive a response within 2 weeks from receipt of your email.

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| **READING BEFORE COMPLETING FORM** | |  | **consent & declarations** | |
| **Item** | **Read** |  | **Item** | **Acknow-ledged** |
| Registration Criteria | Yes |  | Declaration – Application for Registration (Page 4) | Yes |
| Policies applicable to service delivery | Yes |  |
| How to invoice the TAC/WorkSafe | Yes |  | Consent and Declaration – Registration Requirements section (Page 7) | Yes |
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**Attachments**

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| **Items Required** | **Attached** |  | **Internal Use** |
| Certificate of Occupancy **OR** Essential Safety Measures Determination | Yes |  |  |
| Current Annual Essential Safety Measures Report (VIC) or Fire Safety Compliance Certificate (Interstate) | Yes |  |  |
| Floor Plan of Residence | Yes |  |  |
| Staff Roster for Residence | Yes |  |  |
| Staff Qualifications | Yes |  |  |
| Letter of approval to use residence as an SSA (if owned by another entity) | Yes |  |  |

**NB: Provider must demonstrate that all criteria has been met before application for registration will be considered.**

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| **Organisation Details** | | | | | | | | | | | |
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| 1. **Organisation you wish to be registered with** | | | | | | | | | | | |
| TAC | | WorkSafe | | | | | | TAC and WorkSafe | | | |
| 1. **Entity Details** | | | | | | | | | | | |
| ABN/ACN: | | |  | | | | | | |  | |
| Registered Business/Company Name: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Trading Name(s) (if applicable): | | | | | | | | | | | |
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|  | | | | | | |  | | | | |
| Residence Provider Numbers (for invoicing, if known): | | | | | | | | | | | |
| TAC: |  | | | | | WorkSafe: | | |  | |
| Registered Business Address: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | |  | | | | | | |
| Business Telephone: | | | | |  | | | | | | |
| Business E-Mail: | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| Business Website: | | | |  | | | | | | | |
|  | | | | | | | | | | | |
| Postal Address (if different to the above): | | | | | | | | | | | |
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| **financial details** |
|  |
| Are there any significant events, matters or circumstances that have arisen since the end of the last financial year that may significantly affect the operations of the Respondent? |
| Yes  No |
|  |
| Are there any mergers or acquisitions, either recent (within the past 12 months) or which are imminent? |
| Yes  No |
|  |
| Are there any proceedings whatsoever, actual or threatened, against the Respondent, or its parent or associated entities or any director of the Respondent, its parent or associated entities or have there been any such proceedings within the past 5 years? |
| Yes  No |
|  |
| Are there any bankruptcy actions against a director of the Respondent, its parent or associated entities or have there been within the past 5 years or are you aware of any potential actions? |
| Yes  No |
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| Are there any de-registration actions against the Respondent, its parent or associated entities on foot or have there been any within the past 5 years or are you aware of any potential actions? | | | | | |
| Yes  No | | | | | |
|  | | | | | |
| Are there any insolvency proceedings, actual or threatened (including voluntary administration, application to wind up, or other) against the Respondent, its parent or associated entities or have there been any within the past 5 years or are you aware of any potential proceedings? | | | | | |
| Yes  No | | | | | |
|  | | | | | |
| Is the Respondent, its parent or associated entities in default of any agreement, contract, order or award that would or would be likely to adversely affect the financial capacity of the Respondent to provide the services contemplated by this application for registration? | | | | | |
| Yes  No | | | | | |
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| Are there any other facts that could adversely impact on the financial viability of the Respondent and, in particular, on its ability to successfully provide the services contemplated by this application for registration? | | | | | |
| Yes  No | | | | | |
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| Are you registered for GST? | | | | Yes  No | |
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| 1. **Banking Details** | | | | | |
| Please complete this section so funds can be paid electronically | | | | | |
| BSB Number: | | |  | | |
|  | | | | | |
| Account Number: |  | | | | |
|  | | | | | |
| Account Name: | | | | | |
|  | | | | | |
| **NB: If at any time the account details change for any reason, then please complete the** [**TAC EFT/Direct Deposit Authority**](http://www.tac.vic.gov.au/providers/documents-and-forms/basic-forms/eftdirect-deposit-authority-form) **or the** [**WorkSafe Electronic Funds Transfer Application**](http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/electronic-funds-transfer-application-form) **form.** | | | | | |
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| **RESIDENCE Details** | | | | | |
| 1. **Individual Residence Details** | | | | | |
| Name of Residence: | | | | | |
|  | | | | | |
| Residence Address: | | | | | |
|  | | | | | |
|  | | | | | |
| Residence Telephone: | |  | | |
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| Residence E-Mail (if applicable): | | | | | |
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| 1. **Residence Manager Contact Details** | | | | | | | | |
| Title |  | Surname | | | | | | |
|  |  |  | | | | | | |
| Given Name(s) | | | |  | | | | |
|  | | | | | | | | |
| Business Telephone: | | | | |  | | Mobile: | |
|  | | | | |  | |  | |
| Email: | | | | | | | | |
|  | | | | | | | | |
| 1. **Residence Owner / Landlord Details** | | | | | | | | |
| Is the service provider the same as the owner/landlord of this Residence where the service provider will provide Shared Supported Accommodation services? | | | | | | | | |
| Yes  No | | | | | | | | |
|  | | | | | | | | |
| **If yes, please continue on to section 7, Building Approval.**  **If no, please complete this section for the Residence for which the service provider is not the owner or landlord.** | | | | | | | | |
| Residence Owner/Landlord’s First Name | | | | | | | | |
|  | | | | | | | | |
| Surname | | | |  | | | | |
|  | | | | | | | | |
| Registered Business/Company Name (if different from above): | | | | | | | | |
|  | | | | | | | | |
| ABN/ACN: | | |  | | |  | | Business Telephone: |
|  | | | | | |  | |  |
| Email: | | | | | | | | |
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| **A copy of a letter of approval to use residence as an SSA must be attached to this form** | | | | | | | | |
| 1. **Building Approval** | | | | | | | | |
| **Certificate of Occupancy OR Essential Safety Measures Determination must be attached to this form**  **Current Annual Essential Safety Measures Report or Fire Safety Compliance Certificate (whichever is applicable for your State) must be attached to this form** | | | | | | | | |

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| RESIDENCE ATTRIBUTES | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
| Total No. Beds in Residence: | | | |  | | | | | | | | | | | | |
| No. Beds Available for  TAC clients | | |  | | No. Beds Available for WorkSafe injured workers | | | | | | | | | | | | |
|  | | |  | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Please attach staff qualifications.** | | | | | | | | | | | | | | | | |
| **Please attach staff roster for this Residence.** | | | | | | | | | | | | | | | | |
| 1. **Targeted Demographic** | | | | | | | | | | | | | | | | |
| Gender: | | | | | | | | | | | | | | | | |
| Female | Male | | | | | | | | Female & Male | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
| Average Age of Residents: | | | |  | | | | | | | | | | | | |
| Injury Profile Specialties: | | | | | | | | | | | | | | | | |
| Acquired Brain Injury–Core Needs | | | | | | | Spinal–Core Needs | | | | | | | |
| Acquired Brain Injury–High Needs | | | | | | | Spinal–High Needs | | | | | | | |
| Other | | | | | | | | | | | | | | |
| If “Other” is chosen, please provide further details: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please provide a promotional statement advising why TAC clients / WorkSafe injured workers should chose this residence to live in. E.g. What are the benefits of residing here. | | | | | | | | | | | | | | | | |
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| |  | | --- | | 1. **Details of Residence** | | | | | | | | | | | | | | | | | |
| Physical Structure: (E.g. Brick, Weatherboard, etc.) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | |
| Is front of house wheelchair accessible? | | | | | | | | Yes | | | | No | | | | |
|  | | | | | | | | | | |  | | | | | |
| Is rear of house wheelchair accessible? | | | | | | | | Yes | | | | No | | | | |
|  | | | | | | | | | | |  | | | | | |
| If “Yes” to the above, please describe: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Type of heating / cooling in house: | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |
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| Do bedrooms have access to independent heating / cooling? | | | | | | | | Yes | | | | No | | | | |
| If “Yes” to the above, please describe: | | | | | | | | | | | | | | | | |
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| Is there call buzzer access for each resident? | | | | | | | | Yes | | | | No | | | | |
|  | | | | | | | | | | | | | | | | |
| Is there a TV outlet in each bedroom? | | | | | | | | Yes | | | | No | | | | |
| Please indicate if any of the bathrooms in the residence have the following items: | | | | | | | | | | | | | | | | |
| Wheelchair accessible | | | | Shower | | | | | | | | | | | | |
| Bath | | | | Hoists/Modified equipment | | | | | | | | | | | | |
| If the bathroom has hoists / modified equipment, please describe: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. **Property Restrictions** | | | | | | | | | | | | | | | | |
| Are areas of the house locked and restricted? | | | | | | | | Yes | | | | No | | | | |
| Provide description and rationale: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Are there areas of the house that require supervision to acess? | | | | | | | | Yes | | | | No | | | | |
| Provide description and rationale: | | | | | | | | | | | | | | | | |
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| Is there a “time out” room or area? | | | | | | | | Yes | | | | No | | | | |
| Please describe room and purpose. Is it locked? How often is it used? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Are there male/female areas where applicable? | | | | | | | | Yes | | | | No | | | | |
| Please describe room and purpose: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. **Outdoor Facilities** | | | | | | | | | | | | | | | | |
| Is there an outdoor recreation area? | | | | | | | | Yes | | | | No | | | | |
| Please describe yard recreational facilities / equipment: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Is there a pet / animal in residence? | | | | | | | | Yes | | | | No | | | | |
| Please provide a description, along with how the pet interacts with residents. E.g. Is it limited to certain sections of the house? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. **Visitor Access** | | | | | | | | | | | | | | | | |
| What security measures are in place for access to residence by visitors? E.g. all visitors must sign in, must seek authorisation before arriving, staff members required to greet guests upon arrival, etc. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| What hours can family and friends visit? E.g. 24 hour access, 9am-5pm, etc. | | | | | | | | | | | | | | | | |
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| Is there a separate area where clients can receive visitors? | | | | | | | | | | | | | | | | |
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| 1. **House Activities** | | | | | | | | | | | | | | | | |
| What activities, whether internally or externally, are initiatived by your Residence whereby clients can choose to participate? E.g. You have your own transport and take clients to the shops once a week, organise cooking sessions, etc. | | | | | | | | | | | | | | | | |
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| What other innivative programs does your Residence coordinate? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. **Local Amenities** | | | | | | | | | | | | | | | | |
|  | | Walk | | | | Train | | | | Bus | | | Tram | | |
| Shopping Centre | |  | | | |  | | | |  | | |  | | |
| Supermarket | |  | | | |  | | | |  | | |  | | |
| Parks & Gardens | |  | | | |  | | | |  | | |  | | |
| Community Services | |  | | | |  | | | |  | | |  | | |
| Public Transport | |  | | | |  | | | |  | | |  | | |
| Medical Facilities | |  | | | |  | | | |  | | |  | | |
| Religious Organisations | |  | | | |  | | | |  | | |  | | |
| 1. **Any further comments:** | | | | | | | | | | | | | | | | |
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| Declaration | | | | | | | | | | | | | | | | |
| The Provider agrees that all information in this Application for Registration is true and correct at the time of application. | | | | | | | | | | | | | | | | |
| Business / Company Name: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Name of Authorised Representative: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Position held by Authorised Representative: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | | | |
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| **Provider Registration Requirements for Provision of Disability Services** | | | | | | | | | | | | | |
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| **Objectives** | | | | | | | | | | | | | |
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| 1. It is a requirement of registration with the Transport Accident Commission (TAC) and the Victorian WorkCover Authority (WorkSafe) as a provider of services that the Provider complies with the TAC and WorkSafe's registration requirements as set out in this document and on the [tac.vic.gov.au](http://www.tac.vic.gov.au/) and [worksafe.vic.gov.au](http://www.worksafe.vic.gov.au/) websites. | | | | | | | | | | | | | |
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| **Definitions** | | | | | | | | | | | | | |
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| 1. **Disability Services** means Attendant Care and Shared Supported Accommodation services, including post-acute support for TAC clients. | | | | | | | | | | | | | |
| 1. **Personnel** means the Provider’s employees, officers, contractors, agents or consultants who provide the services. | | | | | | | | | | | | | |
| 1. **Provider** means a provider of services as registered with the TAC or WorkSafe in accordance with the *Transport Accident Act 1986*, the *Accident Compensation Act 1985* and the *Workplace Injury Rehabilitation and Compensation Act 2013* (**the Legislation**)*.* | | | | | | | | | | | | | |
| 1. **Services** means services to or for a TAC client (**Client**) and/or WorkSafe injured worker (**Worker**) approved by the TAC or WorkSafe and for which the reasonable costs of such services are payable by the TAC, WorkSafe or the WorkSafe’s Agents as compensation to Clients and Workers with an accepted claim in accordance with the Legislation. | | | | | | | | | | | | | |
| 1. **Serious incident** means:  * The death of, or serious injury to, a Client or Worker. * Allegations of, or actual sexual or physical assault of, a Client or Worker. * Significant damage to property. * Serious injury to another person caused by a Client or Worker. | | | | | | | | | | | | | |
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| **Registration Requirements** | | | | | | | | | | | | | |
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| 1. The Provider must at all times meet the Registration Requirements detailed in this document and on the TAC and WorkSafe websites. The Provider acknowledges that failure to comply with any part of the Registration Requirements may result in the TAC/WorkSafe registration as a Provider being withdrawn. | | | | | | | | | | | | | |
| 1. The Provider must maintain at all times insurance coverage appropriate to the level of risk of the Services they provide. Providers must immediately notify the TAC or WorkSafe should the Provider cease to have the required insurance(s). The Provider acknowledges that cessation of insurance(s) may result in the TAC/WorkSafe registration as a Provider being withdrawn. | | | | | | | | | | | | | |
| 1. The Provider must maintain current and documented proof of compliance to the Registration Requirements and make this available to the TAC and WorkSafe upon request. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Provider Conduct** | | | | | | | | | | | | | |
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| 1. The Provider acknowledges that should: 2. the Provider fail to comply with any part of the Registration Requirements; or 3. the TAC or WorkSafe reasonably suspect that an offence against the Legislation, the *Workers Compensation Act 1958* or *Crimes Act 1958* in connection with a Client or Worker’s claim for compensation has been committed or the Provider be convicted or found guilty by a court of such an offence; or 4. the TAC/WorkSafe is concerned about the adequacy, appropriateness or frequency of any Services provided in accordance with the Legislation;   the TAC may, as appropriate, and in accordance with the Legislation:   * suspend or deny payment for Services delivered by the Provider, or seek recovery of payments made to the Provider for Services as a debt or set off; * notify WorkSafe’s self-insurers; a professional body responsible for regulating the conduct of the Provider; Medicare Australia; a National Board under the Health Practitioner Regulation National Law; the Authority, Committee, Director or Panel under the *Health Insurance Act 1973* of the Commonwealth; a court; or a tribunal; * suspend or withdraw the Provider’s registration; and/or * cause the outcome of any determination of the TAC, 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. | | | | | | | | | | | | | |
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| **Service Delivery** | | | | | | | | | | | | | |
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| 1. Services are to be delivered in accordance with the Legislation and all relevant TAC and WorkSafe policies, the Provider’s own Code of Conduct, Code of Ethics or Service Charter and any legislative or other requirements of the Commonwealth, State or Territory authority that is relevant to the type of support delivered. | | | | | | | | | | | | | |
| 1. Providers shall be accountable for the care provided to a Client or Worker, including taking responsibility to ensure that they are:    * safe;    * unharmed;    * protected from abuse; and    * provided with access to medical care to maintain their physical and mental health. | | | | | | | | | | | | | |
| 1. **Competence:** Providers are expected to maintain a high level of competence in providing supports to Clients or Workers and regularly update their knowledge and skills. | | | | | | | | | | | | | |
| 1. **Occupational Health and Safety:** Providers are to ensure that all Personnel comply with all relevant occupational health and safety laws, including the Occupational Health and Safety Act 2004 and Regulations for Victorian workplaces. | | | | | | | | | | | | | |
| 1. **Pre-employment checks:** Providers must ensure that police and Working with Children (where applicable) pre-employment checks are completed on Personnel in the state or territory where the Personnel will be providing Services. The Provider must adopt a process for considering whether that applicant should or should not be precluded from working with Clients/Workers if adverse information arises from any pre-employment check. | | | | | | | | | | | | | |
| 1. **Capacity:** The Provider must only agree to provide Services if it has the capacity to do so. In making its decision the Provider must take into account the Client’s/Worker’s particular support needs. | | | | | | | | | | | | | |
| 1. **Withdrawal or termination of Services:** Adequate notice must be given to enable replacement of Services if the Provider intends to terminate Services to a Client or Worker. The time frame for notice will vary according to the nature and frequency of the support but will be no less than 14 calendar days. | | | | | | | | | | | | | |
| 1. **No Guarantee of Referrals:** The Provider acknowledges that registration with the TAC or WorkSafe as a registered provider of Services under the Legislation in no way guarantees any Client/Worker patronage or use of the Provider’s services or referral of any Client/Worker to the Provider by the TAC, WorkSafe or WorkSafe Agents. | | | | | | | | | | | | | |
| 1. **Quality Assurance:** The Provider agrees to participate in a quality assurance framework as determined by the TAC or WorkSafe. | | | | | | | | | | | | | |
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| **Standard of Shared Supported Accommodation Residences** | | | | | | | | | | | | | |
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| 1. The Provider must comply with all building requirements applicable to residences occupied by people with a disability. | | | | | | | | | | | | | |
| 1. The Provider must ensure that Shared Supported Accommodation Residences (Residences) comply with the Disability Act 2006, all relevant occupational health and safety laws, including for Victorian workplaces, the Occupational Health and Safety Act 2004 and Regulations. | | | | | | | | | | | | | |
| 1. The Provider must provide a fully equipped and easily accessible first aid kit in a prominent location of the Residence and ensure that all Personnel know its location. | | | | | | | | | | | | | |

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| 1. The Provider must ensure that all equipment used or proposed to be used by Personnel for a Client or Worker is mechanically sound; is installed and operated in accordance with the manufacturer’s instructions and standards; and is serviced as required to ensure continued user safety. |
| 1. The Provider must ensure that its Personnel can adequately instruct Clients/Workers in the safe and proper use of equipment. |
| 1. The Provider must ensure that all areas used to provide Services to Clients/Workers have an adequate and safe working space and that user numbers do not hinder the safe and effective use of equipment. |
| 1. The Provider must ensure that all wet areas used by Clients/Workers are cleaned frequently and regularly in order to maintain a high standard of safety. |
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| **Service Standards** |
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| 1. **Serious Incident Reporting:** Providers must report serious incidents in writing to the TAC or WorkSafe within one business day of the serious incident occurring. |
| 1. **Complaints Process:** Providers are to have clear and accessible complaints handling and dispute resolution processes. Records related to complaints are to be maintained for at least 5 years. The Provider acknowledges that the TAC or WorkSafe may refer complaints to the Disability Services Commissioner or other government agencies for further investigation. |
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| **Confidentiality and Privacy** |
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| 1. The Provider and its Personnel must respect the confidentiality of Clients/Workers at all times. |
| 1. The Provider acknowledges that it is an offence to use information obtained under or pursuant to the Legislation except as authorised. |
| 1. 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 or clients as are notified by the TAC/WorkSafe to the Provider from time to time. |
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| **Remuneration and Billing** |
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| 1. The Provider’s invoices must be accurate and reflect the Services actually performed and approved by the TAC or WorkSafe and must be capable of being substantiated by the TAC, WorkSafe or WorkSafe Agents on demand. |
| 1. Invoices must be submitted by the Provider in a manner consistent with established billing processes as advised by the TAC, WorkSafe or WorkSafe Agents from time to time. |
| 1. The Provider acknowledges that the TAC, WorkSafe and WorkSafe Agents are liable only for payment of the reasonable costs of Services provided to Clients/Workers with accepted compensation claims in accordance with the Legislation and in accordance to the TAC/WorkSafe published fee schedules, which may not mean the full costs of the service. The Provider must clearly advise a client of, and seek agreement from the client for, any gap between what the Provider charges for Services and what the TAC or WorkSafe can pay as the reasonable costs of the Services. |
| 1. The Provider must not submit invoices for Services not directly related to a client’s 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. |
| 1. The Provider agrees to use the electronic invoice lodgment system specified by the TAC or WorkSafe. The TAC or WorkSafe will provide training to Providers on the use of the system. |
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| **Documentation** |
| 1. **Documentation: Providers must keep all documentation relevant to:**   (a) the requirements of these Provider Registration Requirements; and  (b) the Clients/Workers to whom Services are provided;  current at all times. |
| 1. The Provider must make all of its policies and procedures, training programs and any other documentation it is required to have or develop for the purposes of registration with the TAC or WorkSafe available upon request.   The TAC and WorkSafe may inspect or make copies of this documentation at the Provider’s premises. The TAC and WorkSafe may also remove the documentation from the Provider’s premises for the purposes of inspection and copying except where it would cause unreasonable disruption to the operation of the Provider’s business. |
| 1. **Information Requests:** The Provider must submit any written information requested by the TAC or WorkSafe relevant to the provision of Services to a Client/Worker no more than 14 calendar days after it is requested. |
| 1. **Shared Supported Accommodation Residences:** The Provider must prepare an Annual Essential Safety Measures Report, or state based equivalent reporting in alignment with building code requirements which must be provided to the TAC or WorkSafe upon request. |
| 1. **Timesheets:** The Provider must keep accurate and up to date time sheets recording the Services provided to Clients/Workers. The Provider must supply these no more than 14 calendar days after they are requested by the TAC or WorkSafe. Timesheets must contain details about:    * the type of attendant care provided and its purpose;    * details of the Personnel providing the care;    * commencement and conclusion times of the Services provided; and    * destination address, mileage and travel purpose where travel has been undertaken. |
| **Audits/Reviews and Investigations ultilising the TAC’s or WorkSafe’s legislative powers** |
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| 1. The Provider acknowledges that the TAC or WorkSafe may undertake any reviews, audits and investigations it considers necessary (including a site and services assessment) if it considers the provisions of the Legislation may have been contravened and/or for generally enforcing the provisions of the Legislation. |
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| **Consent and Declaration**  **by Applicant** |
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| The Provider agrees to be bound by the provider registration requirements contained in this document. |
| The Provider consents to the collection, use and disclosure of personal information by the TAC and WorkSafe for the purpose outlined in the section headed ‘Personal and Health Information’ on this form. |
| The Provider agrees to provide Services in accordance with relevant TAC and WorkSafe policies and guidelines. |
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| Business / Company Name: |
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| Name of Authorised Representative: |
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| Position held by Authorised Representative: |
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| Date: |
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**PERSonal and Health Information**

**TAC**

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information. Without this information the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment. If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [tac.vic.gov.au](http://www.tac.vic.gov.au/).

**WorkSafe**

Personal and health information collected by the Victorian WorkCover Authority (WorkSafe) and its Agents on this form is used for the purpose of processing, assessing and managing claims under Victorian workers’ compensation legislation to assist with a worker’s rehabilitation and return to work and to assist WorkSafe and its Agents to better manage claims generally.

For the purposes of processing, assessing and managing a claim, WorkSafe and the Agent of the injured worker’s employer may use and/or disclose personal and health information collected in this form or about the worker to each other and to the following types of organisations: - employees, contractors and agents of WorkSafe and its Agents; - employers of the injured worker; - solicitors, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers acting on behalf of WorkSafe or the Agent in relation to the claim; - the Accident Compensation Conciliation Service and Medical Panels; - a court or tribunal in the course of criminal proceedings or any proceedings under any of the Acts which WorkSafe administers; - any other person, organisation or government agency authorised by the individual the information is about, or by law, to obtain the information.

An individual may request access to personal and health information about them collected by WorkSafe or an Agent by contacting the Agent. Personal and health information collected by WorkSafe is managed in accordance with the legislation, applicable privacy laws, and the WorkSafe Privacy Policy.

The WorkSafe Privacy Policy is available at the nearest the WorkSafe office or at [worksafe.vic.gov.au](http://www.worksafe.vic.gov.au/).