

ALLIED HEALTH PRACTITIONERS SEEKING APPROVAL AS INDEPENDENT MEDICAL EXAMINERS



TRANSPORT
ACCIDENT
COMMISSION



1. Application Directed To

Transport Accident Commission (TAC) WorkSafe Victoria (WorkSafe) Both TAC and WorkSafe

2. Personal Details

What is your allied health profession?

Title: Dr Mr Mrs Ms Other (please specify)

Family Name

Given Names

Telephone No.

Fax No.

Email Address

Postal Address

Postcode

3. Qualifications

3.1 Registered allied health qualifications

3.2 Year of graduation

3.3 Details of specialty/sub-specialty expertise or area of special interest

3.4 Post graduate qualifications or relevant training programs completed

Attach a current curriculum vitae

4. Allied Health: Practice Details

4.1 Details of practice addresses where independent medical examinations will be conducted:

Primary Practising Location

Practice Address

Postcode

Postal Address

Postcode

Days Attending

Telephone No.

Fax No.

Other Practising Location

Practice Address

Postcode

Postal Address

Postcode

Days Attending

Telephone No.

Fax No.

(Please attach separate page if further space is required)

4.2 Are you prepared to conduct examinations in country areas (E.g. Bendigo, Sale etc)?

Yes No

If yes, state specific towns

4.3 Are you prepared to undertake worksite assessments?

Yes No

If yes, state experience in conducting worksite assessments including the industry sectors(s)

5. Selection Criteria - Mandatory

5.1 Attach evidence of current professional registration in a State or Territory of Australia (where independent medical examinations will be performed) with no conditions, limitations or restrictions on registration or restrictions on your allied health practice.

5.2 Attach evidence that you have completed the continuing professional development requirements of the profession to which you belong as of the date of your application.

5.3 State your claim to meeting the following three requirements of your active clinical practice:

- a minimum of five years full time work experience (or equivalent) as an allied health practitioner in your chosen discipline, and
- during the period mentioned above you have had a minimum of eight hours of clinical practice (time treating and/or managing patients) each week treating and/or managing patients for conditions that are likely to arise in an independent medical examination context and
- currently has a minimum of eight hours of clinical practice (time treating and/or managing patients) each week treating and/or managing patients for conditions that are likely to arise in an independent medical examination context

Your current curriculum vitae may evidence these three requirements, if not, please provide details

5.4 Attach evidence of current membership of an association which provides professional indemnity cover or holds current and enforceable professional indemnity insurance with cover as required by applicable State and/or Commonwealth laws or in the absence of such applicable laws, in terms acceptable to WorkSafe/the Transport Accident Commission and of at least \$5 million with respect to any single event

5.5 Attach evidence that you hold or are insured under a current public liability insurance policy with cover of at least \$5 million with respect to any single event

5.6 You agree to maintain the required professional indemnity cover and public liability insurance for a period of seven years after last undertaking an independent medical examination

Yes, I agree

5.7 Have you previously had approval as an independent medical examiner revoked?

Yes No

If yes, provide relevant details

5.8 Have you ever been found guilty of an offence or subject to any disciplinary action or adverse finding in relation to your duties as an allied health practitioner by any court, board, tribunal, body, entity or organisation, including a relevant statutory registration body or any interstate or overseas body that carries out similar functions to the relevant statutory registration body?

Yes No

If yes, provide relevant details (including year of complaint and finding)

5.9 Are you currently under investigation or party to any legal proceedings, or have reason to believe such an investigation or proceedings are pending, before any court, board, tribunal, organisations or body in relation to your conduct, duties or obligations as an allied health practitioner?

If yes, provide relevant details

5.10 Have you ever been found guilty of an indictable offence?

Yes No

If yes, provide relevant details

6. Selection Criteria - Highly Desirable

6.1 Please state any experience in treating people injured at work or in transport accidents or other compensation scheme

6.2 Please state your participation in any of the following:

- (i) instruction of students, or
- (ii) active participation in formal special interest groups or networks, or
- (iii) clinical research

7. Collection Of Personal Information

TAC

Personal information collected by the Transport Accident Commission (TAC) will be used to assess your application including the verification of the information provided on this form, including your qualifications and accreditation and, if your application is successful, to engage you as an independent medical examiner and to enable payments to be made to you. It may also be used for other related purposes and for the purpose of legal proceedings. The TAC may disclose any personal information it collects about you to its Authorised Agents or self-insurers; to legal practitioners, and contractors engaged by it, by its Authorised Agents or self-insurers; to a court or tribunal; or to any person or organisation authorised by you, or by law to obtain it. If you do not provide any of the information the TAC requires, you may not be engaged by the TAC to provide independent medical examiner services or be paid for those services. You have rights of access to personal information the TAC holds about you; contact the TAC's Information Privacy Officer. You can access the TAC's Privacy Policy at www.tac.vic.gov.au

WorkSafe

Personal information collected by WorkSafe Victoria on this form is used to assess your application including the verification of the information you have provided, including your qualifications and accreditation and, if your application is successful, to engage you as an independent medical examiner and to enable payments to be made to you. It may also be used for other related purposes including legal proceedings arising under the *Accident Compensation Act 1985*.

For the purposes of processing, assessing and managing a claim, WorkSafe and WorkSafe Agents may disclose information about you to each other and to the following types of organisations:

- employees, contractors and agents of WorkSafe and WorkSafe Agents and self insurers;
- employers of the injured worker;
- solicitors, medical practitioners and health service providers, private investigators, loss adjusters and other service providers acting on behalf of WorkSafe or the Agent in relation to a 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 you, or by law, to obtain the information.

If you do not provide any of the information WorkSafe Victoria requires, you may not be engaged by WorkSafe Victoria to provide independent medical examiner services or be paid for those services. An individual may request access to personal and health information about them collected by WorkSafe or an Agent by contacting the Agent, WorkSafe's Privacy Policy is available at www.worksafe.vic.gov.au

8. Consent and Declaration

I consent to the collection and use of personal information by WorkSafe Victoria/the Transport Accident Commission for the purposes outlined in the statement entitled "Collection of Personal Information" included on this form, and I authorise WorkSafe Victoria/the Transport Accident Commission to disclose this information to the types of organisations listed in the statement for any of those purposes. I declare that all information contained in this application is correct and complete and that I have read and understood the Independent Medical Examiner Declaration, and that if selected and approved, I will comply with all of the terms of the Independent Medical Examiner Declaration.

Print Name	Applicant's Signature	Date
		/ /

Contact Details

Send your completed application form and all supporting documentation to:

Divisional Administrator
Health Services Group
GPO Box 2751
Melbourne VIC 3001

Telephone: (03) 5225 7087

Fax: (03) 9656 9373

Attachment Check-List

1. Curriculum vitae.
2. Evidence of allied health registration with no limitations or restrictions.
3. Evidence of post graduate qualifications (if any).
4. Evidence that you meet the continuing professional development requirements (if any) of the profession to which you belong.
5. Evidence of current membership of an association/College which provides professional indemnity cover.
6. Evidence of public liability insurance.
7. Other information in support of application where insufficient space was provided, for example:
 - details of specialty/sub-specialty expertise or special areas of interests;
 - relevant training programs completed;
 - details of practice addresses;
 - evidence in support of your meeting the three requirements of active clinical practice;
 - details of previous revocation of approval;
 - details of any offence, disciplinary action or adverse finding in relation to your duties as an allied health practitioner by any court, board, tribunal, organisation, body or entity including a relevant statutory registration body or any interstate or overseas body that carries out similar functions to the relevant statutory registration body;
 - details of any current or pending investigation or legal proceedings before any court, board, tribunal, organisation or body in relation to your conduct, duties or obligations as an allied health practitioner; and
 - details of any indictable offence.