

# Application for registration to provide services to clients under the Catastrophic Injuries Support Scheme

#### **General Information and Instructions**

# Who should complete this application form?

Treatment, care and support providers who are seeking to register with the Insurance Commission of Western Australia (Insurance Commission) to provide services to people catastrophically injured in motor vehicle accidents in Western Australia.

It is a requirement that a provider is currently registered with the National Disability Insurance Agency (NDIA) for the services they seek to register for delivery to Insurance Commission Clients.

Treatment, care and support providers who wish to provide services to Insurance Commission Clients must accept the Registration Terms and Conditions. A signed copy of the Terms and Conditions must be attached to this Application for Registration.

#### How to complete

This application form must be submitted electronically. Once this application is complete, save as [PROVIDER NAME] CISS Registration. Email the signed and scanned form to <a href="mailto:mvcisupport@icwa.wa.gov.au">mvcisupport@icwa.wa.gov.au</a> along with any supporting documentation.

NB: If the email exceeds 20MB, you may need to submit your additional documents in separate emails.

# Read Before Completing Form

Before providing this application form to the Insurance Commission, please complete the following:

Terms & Conditions

## **Consent & Declarations**

Declaration- Applications for Registration (Page 5)

Consent and Declaration – Registration Terms & Conditions (attached)

# 1. Registration with National Disability Insurance Agency

Are you registered with the NDIA?

If YES please provide: NDIS Provider Identifier:

Dates of registration: START DATE EXPIRY DATE

Are there any significant events, matters or circumstances that have arisen since your registration with the NDIA that the Insurance Commission should be aware of? Provide details below.

If NO, has an application been lodged?

If yes, when?

If no, are you willing to apply?

# 2. Registered Services

I wish to be registered for the following services:

Assistance with daily life

Transport

Consumables

Assistance with Social and community participation

Assistive technology

Home modifications

Coordination of supports

Improves Living Arrangements

Increased social and community participation

Finding and keeping a job

Improved relationships

Improved health and wellbeing

Improved learning
Improved life choices

Improved daily living

# 3. Provision of Services

#### Capability and Experience

Please indicate the injuries you wish to deliver services for and the number of years of experience working with adults and children in those areas.

Injury Type Adults

✓ Years Experience ✓ Years Experience

Spinal Cord Injury

Traumatic Brain Injury

**Amputations** 

Burns

Permanent Blindness

### 4. Business Details

ABN/CAN Registered business/company name

Trading name(s) (if applicable)

Registered business address

**Business phone** 

Business email

Business website

Postal address (if different to the above)

Is the business registered for GST?

Are your facilities accessible for people with a disability?

Please attach to your application email the following:

- 1) Certificate of Registration: NDIA
- 2) Certificate of currency: Professional Indemnity
- 3) Certificate of currency: Public Liability
- 4) Certificate of currency: Workers' Compensation

## 5. Contact Details

Title Given name(s) Family name

Position

Business phone Mobile phone

**Email** 

#### 6. Information

#### Information Release

I authorise the NDIA to release to the Insurance Commission all information held by the NDIA in relation to my registration, including contract details, quality assurance and safeguard framework assessments, and any reporting about my business.

YES NO

NB: This is a compulsory requirement for registration with the Insurance Commission. Failure to provide authorisation for the release of this information may result in your application not being considered.

#### **Disclosure of Information**

The provider agrees to the Insurance Commission disclosing any information supplied under, or in connection, with this Application for Registration to any person to enable the Insurance Commission to:

- verify any such information; or
- meet public disclosure obligations the Insurance Commission may have:
  - under any current or future legislation;
  - under any current or future policy of the Insurance Commission or the Government of Western Australia;
  - in the course of official duties of the Minister responsible for the Insurance Commission;
  - · to satisfy requirements of parliamentary accountability;
  - under annual reporting obligations of the Insurance Commission; or
  - to satisfy any other recognised public requirement.

The provider agrees to the disclosure by any person to the Insurance Commission of information concerning the provider or its personnel for the purpose of the Insurance Commission exercising its rights set out in these Registration Terms and Conditions or at law.

## 7. Declaration

#### I declare:

- a) that all information in this Application for Registration is true and correct at the time of application;
- b) that all quality assurance and safeguard frameworks applying to the Insurance Commission contract that my business has been assessed against, apply to this registration process;
- c) that any relationship to an Insurance Commission client or officer will be disclosed;
- d) that I will comply with all relevant legislation and codes in the provision of the services to clients; and
- e) that I will comply with the Registration Terms and Conditions as set out on the Insurance Commission's website which may be amended from time to time.

Business / Company name:
Name of authorised representative
Signature of authorised representative
Position held by authorised representative
Date

#### **REMINDER:**

- ✓ Have you filled in all fields?
- ✓ Have you attached a copy of your certificates of currency to your email?