



## **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 [mvicisupport@icwa.wa.gov.au](mailto:mvicisupport@icwa.wa.gov.au) 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**

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

Terms & Conditions

#### **Consent & Declarations**

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Declaration- Applications for Registration (Page 5)

Consent and Declaration – Registration Terms & Conditions (attached)





## 5. Contact Details

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Title	Given name(s)	Family name
Position		
Business phone		Mobile phone
Email		

## 6. Information

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### 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

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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

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### REMINDER:

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