Form 88

Application for appointment/renewal — accredited provider for workplace health and safety auditor (self-insurance)

V25.09.18

What is the application used for?

This application is required for individuals wishing to become an accredited workplace health and safety (WHS) auditor for self-insurance, or to renew their accreditation.

Employers making application for a self-insurance licence under the *Workers' Compensation and Rehabilitation Act 2003* are required to meet a number of self-insurance criteria including demonstrating a satisfactory workplace health and safety performance.

The Office of Industrial Relations (OIR) administers the workplace health and safety assessment for applicant self-insurers including a health and safety management systems audit undertaken by accredited independent third party auditors.

Accreditation and registration of these auditors is administered by OIR. To be considered as a WHS auditor (self-insurance), a range of competencies in workplace health and safety management systems must be demonstrated together with evidence of applied audit experience in a range of industry sectors. Application to become a WHS auditor (self-insurance) must be made in accordance with the general conditions and core competencies for auditor accreditation detailed at worksafe.qld.gov.au.

Note: Only individuals can apply. Corporations, trusts and other business entities are not eligible for auditor accreditation.

What information is needed?

The application must be fully completed, signed and dated. To complete the application for the accreditation, the person making application must satisfy the eligibility criteria outlined in this application. All documentation submitted must be certified by a Justice of the Peace (JP) or the Manager, Insurer Services.

This form must be read in conjunction with the Self-insurance quidance - Auditor appointment procedures.

Competencies

Please submit a statement evidencing how the applicant meets the following:

Education and knowledge

The applicant must demonstrate:

- understanding and knowledge of management systems and principles of workplace health and safety
- knowledge of relevant industry practices including hazards and management techniques
- the ability to assess management systems and workplace health and safety practices
- understanding and knowledge of the *Work Health and Safety Act 2011*, Work Health and Safety Regulation 2011 and codes of practice
- understanding and knowledge of risk management processes.

Skills and abilities

The applicant must demonstrate the following skills and abilities through work experience:

- the ability to investigate, collect and collate information for evaluating workplace health and safety systems and to maintain accurate and correct records
- the ability to interpret and assess information particularly as it applies to the *Work Health and Safety Act 2011*, Work Health and Safety Regulation 2011, codes of practice, National Standards, and Australian and New Zealand Standards Regulation and Advisory Standards
- a sound understanding and application of risk management principles
- a sound understanding and application of audit, assessment and inspection processes



- the ability to provide strategic planning advice, for both short and long term improvements of health and safety management systems
- the ability to identify and adapt relevant workplace health and safety risk management systems and to report these in the format required
- sound interpersonal skills, including high level written and verbal communication skills and the ability to provide and receive feedback
- a sound ability to record, store and retrieve data relating to audit, assessment and inspection processes
- competence in the use of computer based applications.

Eligibility criteria

WHS qualifications

To demonstrate minimum competencies, an applicant must meet **one** of the following conditions:

- Awarded a diploma in workplace health and safety or higher qualification in a health and safety related area¹ by a recognised institution.
- Awarded a diploma in workplace health and safety through the relevant recognition of prior learning (RPL) process.

Industry experience

In addition to satisfying the education and knowledge requirements, applicants must meet minimum requirements in the areas of:

(i) workplace health and safety work experience

An applicant must meet one of the following conditions:

- Completed the equivalent of five years full-time experience; or
- Completed three years full-time experience if the applicant holds a workplace health and safety degree or any higher qualification in a health and safety related area.

This experience must include:

- Technical, professional or management positions in workplace health and safety.
- Provision of strategic advice on workplace health and safety risk management systems.
- Use and reference of current workplace health and safety legislation.
- Development or review of safe work practices.
- Management of processes or staff in relation to workplace health and safety.

(ii) workplace health and safety management systems evaluation experience

In addition to the workplace health and safety work experience, an applicant must meet all the following conditions:

- Submit three examples of substantial workplace health and safety risk management systems, audits or evaluations
 undertaken on large and diverse enterprises or organisation. These evaluations can be undertaken in the applicant's own
 right or while acting as agent or employee of another.
- Present a proposal demonstrating:
 - The ability to incorporate the concepts contained in the National Self-Insurer OHS Audit Tool.
 - The ability to present findings of audits in a form to meet the reporting requirements of the published Performance Criteria And Guidelines For Workers' Compensation Self-Insurers Workplace Health and Safety Report.

Insurance details

Accredited self-insurance auditors must be covered by appropriate types and levels of both public liability and professional indemnity insurances for the work performed:

- Public liability insurance cover to the value of at least five million dollars per claim for the entirety of the contract's duration.
- Professional Indemnity Insurance cover to the value of one million dollars per claim for the entirety of the contract and for one year after completion of the project.

If appointed, insurance must be maintained for the duration of appointment and the auditor must only complete work within the scope and level of insurance held. A copy of your insurance documents must be sighted by the WHSQ program administrator upon successful application.

Knowledge of WHS information sources

WHS auditors (self-insurance) are required to maintain their knowledge about the availability and contents of WHS related sources of information. This includes, but is not limited to legislation relating to workplace health and safety, electrical safety, and dangerous goods. Auditors must also familiarise and understand any codes of practice, guides, fact sheets and other documentation endorsed by OIR, as well as any Australian and New Zealand Standards relevant to WHS.

Conviction of a WHS or criminal offence

Persons applying for accreditation as a WHS auditor (self-insurance), who have been convicted of a WHS or criminal offence, are required to disclose this information to OIR. Applicants are required to provide a statement in relation to this criterion. This statement should include:

- details of any prosecutions held under the WHS legislation
- whether a show cause request has been issued in relation to the suspension or revocation of a certificate or accreditation
- whether any accreditation previously held has been suspended, cancelled or revoked.

Indictment or conviction of a WHS or criminal offence does not automatically prohibit a person from becoming accredited as a WHS auditor (self-insurance). All applications will be considered on a case-by-case basis.

Proof of identity

To verify your identity and the documents provided with your application, you must have the proof of identity and document declaration form completed by a JP or the Manager, Insurer Services. The JP or Manager, Insurer Services will apply the 100 points identification system (outlined in the application) to verify your identity. Ensure that the type, number and expiry date of the identification is recorded in the space provided on the form.

Photographs

WHS auditors (self-insurance) are issued with identification cards. To assist in preparation of these cards, you are required to submit two recent passport size photographs of yourself, which need to be certified by a JP or the Manager, Insurer Services.

Specimen signatures

The identification cards for WHS auditors (self-insurance) also include signatures of the auditors. Applicants are required to provide two specimen signatures. Sign in the boxes to provide a specimen of your signature, for use on your identity card if appointed. Please ensure signatures are within the boxes provided and certified by a JP or the Manager, Insurer Services.

Declaration by applicant

Applicants must sign the declaration on the form to accept the terms and conditions of the application and any conditions of office that allow you to act in capacity of an accredited provider. The department may request you to provide evidence in support of any information you have provided in the application. By signing the application form you are declaring that all of the information provided on the form is true and correct to the best of your knowledge, and that you will maintain the accreditation requirements for the duration of the appointment. There are substantial penalties under the *Workers' Compensation and Rehabilitation Act 2003* for stating anything to the Workers' Compensation Regulator that a person knows is false or misleading in a material particular.

Declaration by JP or Manager, Insurer Services

A JP or the Manager, Insurer Services is required to declare that they have sighted all original copies of the documents required to be attached to the application form. They also have to declare that that the applicant has achieved 100 identification points and are satisfied as to the person's identity.

Other supporting documentation

Supporting documentation must demonstrate how you meet the selection criteria and may include, but are not limited to, name and contact details of three referees, curriculum vitae, qualifications, written response to the criteria, letters and statements from employers and statutory declarations. Referees may be contacted to verify the information you have provided in this application. Note that the Manager, Insurer Services may request further evidence for information to demonstrate that you meet the criteria.

What fees apply?

Application fee

An application fee is payable to OIR to assess applications for accredited providers. On receipt of the application, an invoice for the application fee will be forwarded by the Manager, Insurer Services to the applicant. Payment should only be submitted on receipt of invoice and **NOT** with the application. The application fee is not refundable in the event that the application fails to meet the accreditation criteria.

Accreditation fee

Once the application has been assessed as successful and all related documentation validated, an accreditation fee is payable by the applicant.

On receipt of the accreditation fee, auditors are issued with a certificate of accreditation and identification card valid for a period of three years.

Reappointment fee

Applicants seeking re-accreditation as a WHS auditor (self-insurance) must complete and sign the re-appointment application form as acceptance of the terms and conditions.

On receipt of the application, an invoice for the reappointment fee will be forwarded to the applicant. Payment should be submitted on receipt of invoice and NOT with the application.

Fees and administration charges available at worksafe.qld.gov.au.

Where can the application be lodged?

The application must be sent to:

The Manager, Insurer Services
Safety Policy and Workers' Compensation Services
Office of Industrial Relations
GPO Box 69, BRISBANE QLD 4001

For further information about making an application or details on self-insurance, please call 1300 362 128, or visit: worksafe.qld.gov.au.

Form 88

Application for appointment/renewal accredited provider for workplace health and safety auditor (self-insurance)

V16.6.13

This form is to be completed in accordance with the guidelines for application for appointment as an Accredited provider – WHS auditor (self-insurance).

(Sell-Insurance).						
Section 1 - Applicant details (This section ap	pplies to all applica	nts)			
Please complete in BLOCK letters						
Title: Mr / Mrs / Ms / Miss / Other						
Family name/surname:						
Given name/s:						
Middle name/s:						
Date of birth (DD/MM/YY):						
	Unit/Building no.	Street no.	Street name			
	Suburb		State	Postcode		
Phone:			Facsimile:			
Mobile:						
Email:						
\Box Tick if the postal address is th	e same as the re	esidential address.				
Postal address:	Unit/Building no. Street no.		o. Street name	Street name		
	Suburb		State	State Postcode		
Company details						
Legal name:						
ACN:			ABN:			
Title: Mr / Mrs / Ms / Miss / Other						
Family name/surname:						
Given name/s:						
	Unit/Building no.	Street no.	Street name			
Business address:		Street no.				
Phone:	Suburb		State State	Postcode		
Mobile:						
Email:						

☐ Tick if the postal address is the same as the business address.							
Postal address:	Unit/Building no.	Street	no.	Street name			
rustat address.	Suburb			State	Postcode		
Section 2 - Competencies of W	HS auditor (self-in	surance) – Ne	w applicant	s only			
Statement of skills and abilities – P	lease attach informat	ion to meet crite	erion including	supporting informa	ation and documentation.		
Section 3 – Eligibility criteria							
Copies of ALL supporting documen		Justice of the P	eace (JP) or M	anager, Insurer Serv	vices at time of interview.		
3.1 WHS qualifications – New applicants only							
Qualification		Education /	Institution		Date of completion		
3.2 Industry experience – New							
Please attach information to meet of	criterion including sup	pporting informa	ition and docu	imentation.			
3.3 Insurance details – All app	licants						
Certificate of currency for insurance documentation is to be presented to the Manager, Insurer Services for certification at interview.							
Insurer (Public liability):							
Public liability \$:			Expiry date:				
Person/company insured:							
Insurer (Professional indemnity):							
Professional indemnity \$:			Expiry date:				
Person/company insured:							
Office use only	Insurance details s	ighted - name/	signature		Date		

3.4 Knowledge of WHS information sources – New applicants only								
Please atta	ch information to meet criteria inclu	ding supporting informat	ion and documentation.					
3.5 Convi	ction of an WHS or criminal offe	nce – All applicants						
Have you been prosecuted under WHS legislation?								
	Have you received a show cause request in relation to the suspension or revocation of a certificate or accreditation? Yes No							
Has any ac	Has any accreditation previously held by you been suspended, cancelled or revoked? Yes No							
Have you e	ver been indicted or convicted of a c	riminal offence?			☐ Yes	5 <u> </u>	10	
If you answ	vered yes, to any of the above ques	tions please provide a s	tatement outlining detai	ils of the off	ence.			
3.6 Proof	of identification / identity card	details – All applican	ts					
	ed to provide 100 points of identifica or Manager, Insurer Services to sigh	· · · · · · · · · · · · · · · · · · ·				ed to prove your		
	f the following:	Any of the following:	-					
☐ Birth ce	ertificate (70)	☐ Driver's licence/ Pro	_					
	certificate (70) passport (70)		ommonwealth, State or T tertiary education institu		ernment (e.g	. boat licence) (4	·O)	
	. passport (70)		tertiary education institu	<u> </u>	_			
Туре:		ID number:		Expiry dat	e:			
Type:		ID number: Expiry da		Expiry date	e:			
Type:		ID number:		Expiry date:				
3.7 Photographs – All applicants								
Two x pass	port sized photographs (certified on	back by JP) required for a	applicant.					
3.8 Specimen signatures – All applicants Places provide two specimen signatures in the boyes provided for the applicant. Specimen signatures of the applicant to be sortified by ID.								
Please provide two specimen signatures in the boxes provided for the applicant. Specimen signatures of the applicant to be certified by JP. Please ensure signatures are wholly within the boxes provided.								

3.9 Declaration by JP qualified or Manager, Insurer Services – All applicants								
Declaration: I am the person authorised to complete this declaration and I have sighted original copies of the documents indicated in the document list above. The applicant has achieved 100 identification points and I am satisfied as to the person's identity.								
Name:			JP/Administrator ID number:					
Signature:			Contact number:					
JP stamps:		JP stamps:						
3.10 Declaration by the applicant – All applicants								
Un-witnessed statements will not be accepted by the department.								
on maiossed statements manorise accepted by the department.								
I am satisfied that I meet and will continue to meet the requirements for								
an accredited provider. I declare that the information contained in this application and all attachments is true and correct to the best of my knowledge.								

Note: The Office of Industrial Relations may request you to provide evidence in support of this declaration. There are substantial penalties under the Workers' Compensation and Rehabilitation Act 2003 for stating anything to the Workers' Compensation Regulator that a person knows is false or misleading in a material particular. Also supplying incorrect or misleading information and failing to comply with the eligibility requirements throughout the term of the licence are grounds for disciplinary action.

Date

Date

Section 4 - Applying for accreditation - lodging this form

Complete applications, (EXCLUDING payment), are to be mailed to:

Manager, Insurer Services Safety, Policy and Workers' Compensation Services Office of Industrial Relations GPO Box 69 BRISBANE QLD 4001

4.1 Administration charges

Signature

Witness signature

Witness name

Administration charges for application, accreditation and renewal apply to this application instructions. Please see the application instructions for fee details. All payments should be submitted on receipt of invoice only and NOT with the application.

A complete list of fees is accessible at worksafe.qld.gov.au – Self-insurance – fees and charges.

A completed application form must be received for your application to be accepted. If all supporting documentation is not received within 28 days of lodgement of your application you are taken to have withdrawn your application.

For more information call 1300 362 128 or visit worksafe.qld.gov.au.

Privacy statement

The Office of Industrial Relations respects your privacy and is committed to protecting personal information. The information provided on this form is for the purpose of applying for accreditation as an accredited provider (WHS Auditor) with the Office of Industrial Relations. The information will be managed within the requirements of the current state government privacy regime. The Department may be required to disclose your personal information to other agencies to support the activities of being an auditor such as the Department of Public Works and the Department of Main Roads and Transport. Additionally, the Department may be required to disclose your personal information to other agencies such as the Queensland Police Service, WorkCover Queensland and others in accordance with other law enforcement activities which may be conducted as part of an investigation. Further information on our privacy policy is available at worksafe.qld.gov.au.

© State of Queensland 2018

Office of Industrial Relations



() 1300 362 128