

Version 1

Application form – Rehabilitation and return to work coordinator (RRTWC) course approval

Important instructions

The Workers' Compensation Regulator approves training courses for rehabilitation and return to work coordinators (RRTWCs) and publishes a list of approved courses on the [WorkSafe Queensland website](#).

To have a RRTWC training course approved by the Workers' Compensation Regulator, apply to Workers' Compensation Regulatory Services (WCRS) in line with the requirements of the *Guideline for Workers' Compensation Regulator-approved rehabilitation and return to work coordinator courses* (the guideline).

To be approved as a provider of training for RRTWCs, you must:

- read the conditions of approval
- complete and sign the application
- submit your completed application form to wcr.education@oir.qld.gov.au or post to:

Engagement Services
Workers' Compensation Regulatory Services
PO Box 10119
Brisbane Adelaide Street
Qld 4000

All applicants will be notified of the outcome in writing.

Application details

Name of training provider	
ABN/ACN	Workers' compensation policy number
Address	Postcode
Phone	
Email	

Person lodging this application

Name
Contact number
Email

Eligibility (please select one)

Registered training organisation

Australian Skills Quality Authority Number #

or

Organisation with a commercial agreement with an RTO.

Name of RTO

or

Other organisation – please explain the organisation’s experience in delivering training:

Does the training provider deliver any other training relating to workplace health and safety, injury prevention or injury management within Queensland? Yes No

If yes please detail:

Trainer details

Trainer 1	Name
Trainer 2	Name
Trainer 3	Name

Please provide details of additional trainers on a separate sheet.

Training provider checklist of required documents

Please attach the following documents to this application:

Statement outlining how the training provider meets the requirements of the guideline	<input type="checkbox"/>
Course outline	<input type="checkbox"/>
Trainer’s guide	<input type="checkbox"/>
Full participant course materials	<input type="checkbox"/>
Copies of all practical activities	<input type="checkbox"/>
Copies of each assessment piece	<input type="checkbox"/>
Copies of all evaluation tools	<input type="checkbox"/>
Copy of certificate of attendance issued to participants	<input type="checkbox"/>

Conditions of approval

1. Approved training providers must have a workers' compensation insurance policy and comply with the provisions of the Work Health and Safety Act 2011 and any other relevant legislation.
2. The training provider must ensure that all contact information provided to WCRS is accurate at all times.
3. The training provider must ensure all trainers are competent and experienced to conduct the training.
4. The training provider must not make significant changes to approved courses without consulting with WCRS.
5. The training provider must maintain records of all trainees who have successfully completed the approved course.
6. The training provider must comply with all applicable privacy legislation and have formal procedures for data collection and storage.
7. The training provider must capture trainee feedback at the completion of the course.
8. The training provider must be able to capture and analyse performance data related to the course content and delivery and provide to WCRS if requested.
9. The training provider must cooperate with WCRS in the investigation of any complaint received about the provider, its trainers, or its course.
10. At its discretion, WCRS reserves the right to withdraw its approval of a training provider to provide training.
11. These conditions of approval may be amended by WCRS from time to time. If required, WCRS will inform training providers of changes as soon as reasonably possible.

Declaration

We, the training provider, acknowledge that we:

- have read the *Guideline for Workers' Compensation Regulator-approved rehabilitation and return to work coordinator courses* (the Guideline) published on the [WorkSafe Queensland website](#)
- confirm that the training course content provided to support this application addresses all the key learning objectives
- accept the contents of the Guideline and agree to fully abide by the requirements and conditions of approval at all times
- understand that failure to deliver the course in accordance with the Guideline may result in the Workers' Compensation Regulator cancelling their approval and your course being removed from the list of approved courses published on the [WorkSafe Queensland website](#)
- understand that approval is valid for five (5) years and you are responsible for submitting a renewal application within six (6) month of the approval expiration date
- will ensure that marketing and advertising of the approved course is consistent with the directions issued by WCRS
- may be requested to submit to audits on an ongoing basis throughout the life of this approval
- accept full responsibility for maintaining a high standard of course delivery.

Signed for and on behalf of

[training provider]

on [date]

by:

Applicant's full name	Applicant's signature
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