Application for registration as a single or group self-insured employer

Application Process

To apply for registration as a self-insured employer you must complete an Application for registration as a single or group self-insured employer.

Prior to completing an application, you must:

* Complete and submit an Expression of Interest for registration as a single or group self-insured employer
* Familiarise yourself with Return to Work legislation, the Code of Conduct for self-insured employers (Code) and the guidance materials available on the ReturnToWorkSA website.

**Application Phase**

The application will formally commence once a complete application has been submitted and the application fee has been paid.

We will assess your application through desktop and on-site activity, and provide you with a final report. It will be up to you to determine what action, if any, you wish to undertake before your application is submitted to the Board of ReturnToWorkSA, who will make the decision on whether to grant your application or not.

On receipt of the assessment report, you may elect:

* To request immediate submission of your application to the Board of ReturnToWorkSA.
* To provide a submission to the Board of ReturnToWorkSA in support of your application.
* To delay submission of your application to the Board, or abandon your application.

We will discuss these options with you when we provide your assessment report.

**Assessment**

The assessment will be based on the information and evidence that is provided by the applicant at the time of application, and will be assessed against the legislative and performance requirements for private self-insured employers, including the requirements of the Code of Conduct for Self-insured employers.

**Submission of an application**

Your application should be complete in all respects before submission. Applications should be submitted electronically, with supporting evidence as required.

**Appeal Process**

An employer whose application for registration is refused by the Board may appeal to the Minister for Industrial Relations against that decision. An appeal to the Minister must commence within 1 month of the Board’s decision.

**Delegation**

The Board of ReturnToWorkSA has retained the delegation to determine whether to grant an initial period of registration as a self-insured employer.

# Application for Registration as a Self-insured or group of self –insured employers

The questions below apply to all legal entities included in the application.

Part A: Employer details

**Section 129 (1) of the *Return to Work Act* *2014***

Is the information provided in PART A of your Expression of Interest current? If not, please provide information on any changes to these details.

Part B: Details of related bodies corporate

**Section 129 (2) of the *Return to Work Act* *2014***

Is the information provided in PART B of your Expression of Interest current? If not, please provide information on any changes to these details.

Part C: Size and Financial Considerations

**Section 129(11)(a) and (b) of the *Return to Work Act* 2014**

Is the information provided in PART D of your Expression of Interest current? If not, please provide information on any changes to these details.

In addition, please provide any further information you believe should be considered in support of your application.

Where any indicators have not been met, provide information as to why you consider you should still be considered for registration as a self-insured employer.

Part D: Injury Prevention and Management

This part requires you to provide details of your activities to minimise the incidence and severity of injury in your workplace(s), including the implementation of strategies to prevent injuries and support the recovery and return to work of workers injured in the workplace.

Details must be supported by reference to evidence. Please attach all evidence referenced.

***Section 129(11)(c),(d),(f),(g),(h) of the Return to Work Act 2014***

Please provide details on:

1. The incidence and severity of work injuries arising from employment by the employer or group of employers including:
   1. The activities undertaken to analyse and reduce the severity and duration of workplace injuries over the past five years.
   2. The activities taken to assess and reduce the severity and duration of workplace injuries suffered by labor hire and contract workers who have been injured at your workplace(s) over the past five years.
2. Your record in relation to the rehabilitation of injured workers and achieving their recovery and return to work including:
   1. The number of employees who have a current incapacity for work.

Information about the recovery and return to work activities undertaken to rehabilitate non-seriously injured workers within two years of the worker being incapacitated.

* 1. Information about activities undertaken to support seriously injured workers in either returning to suitable employment or restoration to the community (detail to be at an individual claimant level).
  2. Details of any active claims where you have no contact with the claimant and the reasons for there being no contact.

1. Information about your activities in providing suitable employment to non-seriously injured workers who suffer work injuries including details of current individual claimants who are:
   1. Not at work.
   2. On a partial return to work.
   3. Working pre-injury hours.
2. How you have sought the views of any industrial association that has a proper interest in your registration as a self-insured employer. Please include details of any issues raised and the actions taken to address these issues.
3. How you have sought the views of your employees in relation to your application for registration as a self-insured employer? Please include details of any issues raised and the actions taken to address these issues.

Part E: Management of Delegation

Please provide details and supporting evidence of how you will exercise the powers and discretions delegated to a self-insured employer.

Please attach all evidence referenced.

***Return to Work Regulations 2015* – Regulation 53**

1. Please provide a detailed plan of the arrangements that you would implement to administer claims under the Act, which must include:
   1. The job specifications of the officers who would be responsible for administering the claims.
   2. The lines of accountability and control that would apply to those officers.
   3. The policies that would be adopted for the return to work of injured workers.
   4. The arrangements that would be implemented for the making of claims under the Act.
   5. Arrangements for the management of seriously injured workers including where the worker does not return to employment.
2. Please provide information on the resources that will be employed to administer claims under the *Return to Work Act* 2014 and the organisation plan to resource these requirements including:
   1. How you assessed the level of resources required to administer claims on attainment of registration as a self-insured employer.
   2. The resourcing model that will be implemented including positions, roles and responsibilities including where the resources will be located.
   3. The experience, qualification and competencies expected of any position with the authority to exercise the delegated powers and discretions of a self-insured employer (including the nominated Reconsideration Officer).
   4. The facilities that will be provided to ensure confidentiality of claims information and conversations will be maintained.
   5. Details of how the employer will ensure impartiality of the position responsible for administering the delegated powers and discretions of a self-insured employer.
   6. Details of the claims management system to be used on commencement of registration as a self-insured employer.
   7. A list of locations where a return to work coordinator will be located.
   8. Copies of all policies, procedures, forms, letters, guides, reference materials, brochures to be used in the exercise of the delegated powers and discretions and in communicating employees’ rights and responsibilities under the Act (including supervisors and management).
3. Detail the contingency arrangements that are to be implemented in the event of:
   1. The delegated decision maker(s) absence from the workplace.
   2. A loss of claims management or other systems that relate to the administration of delegated powers and discretions.

Part F: WHS Management System

This part requires you to provide information and supporting evidence on your WHS management system.

Please attach all evidence referenced.

**Section 129(11)(e) of the *Return to Work Act 2014***

Please provide:

1. A self-assessment against the elements of Standards 1 to 5 of RTWSA’s WHS Safety Standards for Self-Insured Employers.

The self-assessment is the reference document used by ReturnToWorkSA to assess the Applicant’s compliance to the WHS Safety Standards for Self-insured employers. Self-assessments must include evidence.

* 1. In support of your application, you may also provide evidence (where applicable) that your health and safety management system has been audited by a JAS-ANZ certified body against a management system standard approved by ReturnToWorkSA[[1]](#footnote-1) within the last three years. Documentation to be provided includes audit scopes, audit reports, audit findings and corrective action plans for operations located in South Australia.

1. A list of all notices issued by SafeWorkSA in the previous five years. The list is to include the location, incident details, date of incident, date reported, action taken by SafeWorkSA and the current status of any notice (e.g. open\closed).
2. Details of any prosecutions or investigations being undertaken by SafeWorkSA.
3. Details of any workplace fatalities in the previous five years.
4. FREE TEXT FIELD – applicant may include any other information.

**ReturnToWorkSA**

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1. AS/NZS 4801 Occupational Health and Safety Management Systems, OHSAS 18001 health and safety management system, National self-insurer WHS audit tool V3 [↑](#footnote-ref-1)