



How to become a WorkCover NSW approved provider of entry permit holder training

1 August 2012

Disclaimer

This publication may contain work health and safety and workers compensation information. It may include some of your obligations under the various legislations that WorkCover NSW administers. To ensure you comply with your legal obligations you must refer to the appropriate legislation.

Information on the latest laws can be checked by visiting the NSW legislation website (www.legislation.nsw.gov.au).

This publication does not represent a comprehensive statement of the law as it applies to particular problems or to individuals or as a substitute for legal advice. You should seek independent legal advice if you need assistance on the application of the law to your situation.

©WorkCover NSW

Contents

Introduction	4
Purpose	4
Part 1: The approval process	4
Who can apply?	4
Fees	5
What should be submitted?	5
How will the application be assessed?	5
Period of approval	5
Can applicants be approved to offer training in more than one jurisdiction?	5
Part 2: Trainer qualifications	6
Part 3: Conditions of approval	6
Part 4: Application for renewal of approved provider status	6
Part 5: Compliance monitoring and enforcement	6
Attachment 1: Application form and checklist	7

Introduction

The function, obligations and powers of entry permit holders (EPHs), and the requirement to satisfactorily complete prescribed training, are set out in the *Work Health and Safety Act 2011* (WHS Act) and *Work Health and Safety Regulation 2011* (WHS Regulation).

The WHS Act provides that EPH training must be provided through a course of training that is approved by WorkCover NSW. For this purpose, WorkCover have developed and approved a standard Entry Permit Holder Training Course for delivery in NSW by WorkCover approved training providers (ATPs).

In considering an application for approval to conduct EPH training, WorkCover may have regard to all relevant matters including:

- the capability and capacity of the applicant to be a provider of training
- the qualifications, knowledge and experience of each person who is to deliver the course.

An applicant for approval to provide EPH training may be a training organisation, a company or a sole trader.

As training can only be delivered to EPHs in the state, territory or commonwealth in which the approval has been granted, the WorkCover course materials may only be delivered to NSW EPHs in NSW.

Purpose

This document is intended to assist training providers to apply for approval to conduct EPH training under the WHS Act.

This document outlines the process that is required when applying for approval to conduct EPH training. It includes information about:

- the approval process
- the conditions of approval
- minimum trainer qualifications
- monitoring and quality assurance processes.

The information (including the requirements and conditions of approval) in this document apply to applications made to WorkCover for approval of EPH training under the WHS Act from 1 August 2012. In the interests of continuous improvement and to ensure national consistency, these conditions and requirements will be reviewed as and when considered necessary by work health and safety regulators.

Part 1: The approval process

An application must be made to WorkCover for approval to deliver the following EPH training in NSW:

- **EPH training** which must be a minimum of seven hours face-to-face training over a period of one day.

Who can apply?

A training organisation, company or sole trader may apply for approval to deliver the course of training developed for initial EPH training.

The applicant must possess, or have access to, sufficient resources and infrastructure to undertake all administrative activities necessary to comply with all general and any specific conditions of approval.

Fees

A fee of \$1450 including a \$200 non-refundable administration fee is required upon application.

The WorkCover approved course packages include facilitator guides, participant workbooks and powerpoint slides. Approved training providers will receive the materials electronically.

What should be submitted?

- completed application form, a checklist to assist new applicants in completing their application is provided in the application document
- documentation associated with verifying trainer qualifications and identity
- proposed marketing and enrolment information where WorkCover would be mentioned and where reference is made to the legislative entitlement of EPHs to training.

How will the application be assessed?

WorkCover may consider relevant information including the qualifications, knowledge and experience of the trainer(s) who will deliver the training when assessing an application.

WorkCover may make enquiries to verify information provided by the applicant and take into consideration information provided by other relevant regulators (eg work health and safety regulators, Vocational Education and Training (VET) regulators). Assessment of applications is conducted in line with procedural fairness requirements. Applicants will be provided with an opportunity to provide further information in relation to enquiries made by WorkCover.

If WorkCover proposes to refuse approval, the applicant will be notified and given a reasonable opportunity to provide any further information. WorkCover will make a final decision on the application when:

- any further information is received
- the period given to provide further information has expired.

There is no appeal process provided for under the WHS Act for to an unsuccessful application.

Period of approval

Approval will be granted for a period of up to five years and will be subject to the ATP continuing to satisfy all the conditions of approval including trainer qualifications and course requirements.

Can applicants be approved to offer training in more than one jurisdiction?

Applicants can be approved to deliver training in more than one state/territory or the commonwealth. Applicants who wish to be approved to deliver training in more than one state, territory or the commonwealth, should make an initial application to the work health and safety regulator in the state, territory or the commonwealth in which they intend to conduct the majority of EPH training or where their head office or registered business address is located.

Once approval has been granted in one jurisdiction, an applicant may apply for approval in other jurisdictions. The application, assessment and approval information, and any decisions regarding approval or otherwise of an applicant by WorkCover, may inform the assessment of an application undertaken in other jurisdictions. Applicants must, however, meet any specific requirements particular to any jurisdiction in which they apply. For example, in NSW all training providers must comply with the *WorkCover Conditions for approved training providers delivering entry permit holder training in NSW under the Work Health and Safety Act 2011* (catalogue no. WC03818) (the conditions).

Note: Approval to deliver EPH training in one jurisdiction does not guarantee that approval will be given in another state, territory or the commonwealth. An applicant must gain approval from WorkCover prior to delivering EPH training in NSW.

Part 2: Trainer qualifications

This section sets out the required qualifications, knowledge and experience of the person or people who will be delivering the training for the applicant following approval.

All trainers who wish to deliver EPH training in NSW must first be approved by WorkCover.

All trainers must have:

- a minimum Certificate IV in Training and Assessment – TAE40110 and TAA40104 (or equivalent)
- a minimum of two years relevant experience in an occupational or work health and safety role, or
- relevant tertiary or vocational qualifications in a field related to occupational or work health and safety, eg a Graduate Diploma of occupational health and safety.

Once an application is approved, the training provider must ensure that their trainers have a thorough knowledge and understanding of the work health and safety legislative framework including the entitlements, functions, powers and protections of an EPH. In addition, providers must ensure that their approved trainers undertake professional development activities that maintain the currency of their occupational or work health and safety industry experience and facilitation/training skill set.

Part 3: Conditions of approval

In addition to the requirements outlined in part 2 above, applicants who wish to be approved to deliver EPH training in NSW must comply with the conditions. The conditions apply to all WorkCover approved EPH training providers.

The purpose of the conditions is to ensure industry confidence in training through a consistent approach to the administration and delivery of EPH training in NSW.

All applicants and their trainers should read the conditions prior to completing the application form and ensure that they are able to comply.

The conditions document is available on workcover.nsw.gov.au or by contacting the Third Party Management (3PM) Unit.

Third Party Management (3PM) Unit
WorkCover NSW
Locked Bag 2906
Lisarow NSW 2252
Phone: 1800 855 969
Email: thirdparty@workcover.nsw.gov.au
Fax: (02) 9287 5994

Part 4: Application for renewal of approved provider status

An application for renewal of an approval must be made at least three months prior to the expiration of an approval. If assessment of an application by WorkCover takes longer than three months, the approved provider will retain their approved status until such time as the assessment is finalised, or the approved provider is deemed not to have complied with the conditions and requirements, and their approved status is suspended and/or cancelled.

Part 5: Compliance monitoring and enforcement

To ensure that EPHs are receiving high quality approved training, WorkCover will conduct post approval monitoring and quality assurance activities.

Failure to comply with the conditions or reasonable requests from WorkCover may result in the suspension or cancellation of the provider's approval status.

Information regarding WorkCover's compliance monitoring can be found in the conditions.

1 August 2012

Application for WorkCover NSW approval to deliver entry permit holder training under the *Work Health and Safety Act 2011*

Introduction

Applicants who wish to apply for approval to deliver entry holder permit (EPH) training using the WorkCover course materials are required to complete the following application form under the WHS Act. As training can only be delivered to EPHs in the state, territory or commonwealth in which the approval has been granted, the WorkCover course materials may only be delivered to NSW EPHs in NSW. Applicants are required to declare that they will comply with the WorkCover *Conditions for approved training providers delivering entry permit holder training in NSW under the Work Health and Safety Act 2011* (catalogue no. WC03818) (the conditions). The conditions require the training provider to adhere to specific requirements including a code of conduct, administrative processes such as notifications of scheduled training, and advertising guidelines. Non-compliance with the conditions may result in suspension or cancellation of approval status.

Collection of personal information

Privacy statement

Information provided in this form will not be used or disclosed except in accordance with the requirements of the *Privacy and Personal Information Protection Act 1998* (PPIP Act) and/or *Government Information (Public Access) Act 2009* (GIPA Act). This information is collected by WorkCover for the purposes of undertaking the evaluation, assessment and processing of this application for delivery of approved EPH training in NSW as required by the WHS Act, and for the purpose of ensuring compliance with that legislation. WorkCover may also use this information for the purposes of confirming applicant details and to establish and maintain a database. The information may also be used to assist the WorkCover inspectorate with their work generally and may also be made available to other NSW state Government agencies, other state or territory training authorities or the commonwealth, state or territory work health safety regulatory authorities. Except for the purpose of prosecution or the purposes referred to above, and unless such disclosure is otherwise required or permitted by law, the information will not be otherwise accessed by any third parties in a way that would identify the individual, without the consent of that individual.

Applicants are able to gain access to personal information held by WorkCover pertaining to this application. You may also apply to WorkCover to access and correct any of your own personal information that WorkCover may hold if that information is inaccurate, incomplete, not relevant or out of date. Applications must be made in writing to the Privacy Contact Officer, WorkCover NSW, Locked Bag 2906, Lisarow, NSW 2252.

Directions to the applicant

Prior to submitting an application please:

- read the conditions and ensure you are able to comply with all requirements
- complete the application and attach all requested documentation
- ensure all nominated trainers meet the required trainer qualifications and are able to verify their claims
- ensure the authorised officer(s) (Chief Executive or equivalent) signs the application
- complete the application checklist
- forward the completed application with payment to:
 - Third Party Management (3PM) Unit via email thirdparty@workcover.nsw.gov.au or by post to Third Party Management (3PM) Unit, Locked Bag 2906, Lisarow, NSW 2252.

Applicants will receive notification of receipt via phone or email.

Application for WorkCover NSW approval to deliver entry permit holder training under the *Work Health and Safety Act 2011*

Approval process

All applications will be reviewed by 3PM.

Outcomes of application assessments will be provided in writing and directed to the authorised officer(s) listed in the application.

Approval is granted for a five year period and subject to audit during that time. Failure to comply with the required trainer qualifications and approval conditions may result in suspension or cancellation of the approval.

If an application is unsuccessful, written confirmation will be provided, including the reason(s) for the decision. If the applicant disagrees with WorkCover's decision about the application, a written request for an internal review may be made to the Team Coordinator, Governance and Appeals, WorkCover NSW, PO Box 592, Richmond, NSW 2753 within 28 days of being notified of the decision.

An independent person will review the decision. The applicant may submit additional evidence when requesting a review, which will be taken into account during the review. The applicant will be advised in writing of the decision of the internal reviewer within 60 days of WorkCover receiving the request, or within 60 days of providing additional information to support the application, whichever is the latter.

The decision following the internal review is final.

TRAINING PROVIDER ORGANISATION DETAILS (please complete the following details and check for legibility and accuracy to avoid delays)

Registered business (trading name)

ABN
 - - -

Principal place of business (not a PO Box)

Unit number/Street number/Property number (include Lot or DP number if applicable)

Street name

Suburb State Postcode
Daytime contact number Fax number
Website
Email

Postal address (if different from principal place of business)

Unit number/Street number/Property number (include GPO Box or PO Box if applicable)

Street name

Suburb State Postcode
If applicable:
RTO number Registration expiry date

Does your organisation hold **public liability insurance** in NSW? Yes No

Does your organisation hold **workers compensation insurance** in NSW? Yes No

Public liability insurance policy number Workers compensation insurance policy number

MARKETING OF ENTRY PERMIT HOLDER TRAINING COURSE

Please attach copies of the following documents* to your application:

- Proposed marketing and enrolment information where WorkCover would be mentioned and where any reference is made to the legislative entitlements of trained EPHs.

*Draft documents are acceptable

AUTHORISED OFFICER DETAILS

Authorised officer(s) (Chief Executive or equivalent) or sole trader's name if applicable

Name

Position

Daytime contact number

Mobile number

Fax number

Email

Name

Position

Daytime contact number

Mobile number

Fax number

Email

NOMINATED TRAINER DETAILS (copy this page for additional trainers)

Please read and ensure that required evidence and documentation are attached to this page.

- A nominated trainer is the applicant or a person employed by, contracted to, partnered with or affiliated with, the applicant training provider and who will deliver the EPH training if approved by WorkCover.
- Nominated trainers are required to declare any work health and safety disciplinary proceedings in any state or territory – ie suspensions, cancellations and court related matters.
- The applicant training provider is required to provide details of at least one nominated trainer with this application.
- The applicant training provider must gain WorkCover approval for any additional nominated trainer(s) prior to delivery of EPH training in NSW.
- The applicant training provider must attach certified copies of each nominated trainer's formal qualifications as well as certified evidence of identity for each trainer containing a photo, current address, signature and date of birth.
- The applicant training provider must attach details of each nominated trainer's previous work experience to demonstrate compliance with the trainer qualifications in part 2 of the document *How to become a WorkCover NSW approved provider of entry permit holder training* (catalogue no. WC03817). Details should contain examples of relevant work undertaken, the involvement of the nominated trainer and what was accomplished. All references must be on company letterhead and contain the names and contact phone numbers of the referees.

Nominated trainer name

Title	Family/Surname
<input type="text"/>	<input type="text"/>
Given name	
<input type="text"/>	
Date of birth (DD/MM/YYYY) (required for identification purposes)	Contact phone number
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	

Nominated trainer address

Unit number/Street number/Property number (include Lot or DP number if applicable)		
<input type="text"/>		
Street name		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

I declare that:

- The information contained in this application is true and correct in every particular.
- I have not been suspended or cancelled as a work health and safety/occupational health and safety service provider in any state or territory.
- I have not been suspended or cancelled as an RTO in any state or territory.
- I have never entered into an enforceable undertaking under the WHS Act or under the work health and safety/occupational health and safety law of another state, territory or the commonwealth.
- I have not been convicted of any work health and safety/occupational health and safety offence under any Australian work health and safety/occupational health and safety legislation or any criminal offence within the past five years.
- I consent to the making of enquiries, and the exchange of information, with any State Training Authority (STA) or any commonwealth, state or territory work health and safety regulatory authority regarding my activities relevant to this application and any approval provided by WorkCover in respect of it.

Nominated trainer signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

It is an offence under the *Crimes Act 1900* (Crimes Act) and the WHS Act to make a false or misleading statement in this form, heavy penalties apply.

ACCEPTANCE OF APPROVAL CONDITIONS AND DECLARATION

To be completed by the authorised officer(s)

Have you read, and can your training organisation meet, the approval conditions referred to in this application? Yes No

Do you agree to comply with the ongoing obligations of approval as defined by the approval conditions, including the code of conduct and advertising specifications? Yes No

Do you consent to your training provider's name and office contact details being listed on the approved training provider public register on the WorkCover website? Yes No

Have each of your nominated trainers completed the nominated trainer declaration? Yes No

Does each nominated trainer meet the requirements detailed in part 2 of the document *How to become a WorkCover NSW approved provider of entry permit holder training* (catalogue no. WC03817)? Yes No

Have you attached certified copies of each nominated trainer's formal qualifications and evidence of identity, as well as details of their work experience with references? Yes No

Do you acknowledge that any breach of the approval conditions may result in the suspension or cancellation of WorkCover's approval to deliver EPH training and/or prosecution? Yes No

As authorised officer(s) I/we declare:

- The information contained in this application is true and correct in every particular.
- I/we have not been suspended or cancelled as a work health and safety/occupational health and safety service provider in any state or territory.
- I/we have not been suspended or cancelled as an ATP in any state or territory.
- I/we have never entered into an enforceable undertaking under the WHS Act or under the work health and safety/occupational health and safety law of another state, territory or the commonwealth.
- I/we have not been convicted of any work health and safety/occupational health and safety offence under any Australian work health and safety/occupational health and safety legislation or any criminal offence within the past five years.
- I/we consent to the making of enquiries of, and the exchange of information with, any STA or any commonwealth, state or territory work health and safety regulatory authority regarding my activities relevant to this application and any approval provided by WorkCover in respect of it.
- Where I/we provide personal information to WorkCover in connection with this application about any other individual, I am/we are authorised to provide that information, the information has been collected in accordance with applicable privacy legislation and the individual has been or will be made aware of WorkCover's identity and how to contact it, and of the other matters which an individual is required to be made aware of when personal information is collected about them.

Name

Position

Authorised officer signature

Date (DD/MM/YYYY) / /

Name

Position

Authorised officer signature

Date (DD/MM/YYYY) / /

It is an offence under the Crimes Act and the WHS Act to make a false or misleading statement in this form, heavy penalties apply.

Catalogue No. **WC03817** WorkCover Publications Hotline **1300 799 003**
WorkCover NSW, 92-100 Donnison Street, Gosford, NSW 2250
Locked Bag 2906, Lisarow, NSW 2252 | WorkCover Assistance Service **13 10 50**
Website workcover.nsw.gov.au

ISBN 978 1 74341 142 1 © Copyright WorkCover NSW 0812
