# Approved Case Manager (Lifetime Care) Application Form – Privately employed case managers

|  |
| --- |
| **This form is for use in the following circumstances:**   * **Business for which the case manager works is already approved as part of the Approved Case Manager (Lifetime Care) Prequalification Scheme.**   **This form should not be used in the following circumstances:**   * **Staff of NSW BIRP applying to become an approved case manager.** * **Business for which case manager works has not been approved as part of the Prequalification Scheme.**   **Further information about the approved case manager program can be found on our website.**  **Please email the completed form to** [**casemanagement@icare.nsw.gov.au**](mailto:casemanagement@icare.nsw.gov.au) |

## Your contact details

|  |  |
| --- | --- |
| Case Manager name |  |
| Name of business/organisation |  |
| Business location |  |

|  |  |
| --- | --- |
| Service delivery criteria | |
| You must demonstrate that you have appropriate training/qualifications for, and at least 5 years of experience in, the delivery of person-centred case management for people with severe and/or complex injury/disability-related needs. | |
| **1 a)** I have previously been assessed by Lifetime Care as meeting this service delivery criteria and have been on the Lifetime Care approved case manager panel for some or all of the period 1 September 2017 to current date. | |
| Yes – proceed to 2) Categories of service nomination | No – please complete 1b) and 1c) |

|  |
| --- |
| **1 b)** Describe your relevant clinical experience and expertise specific to the provision of person-centred case management for people with severe and/or complex disabilities (such as, but not limited to, traumatic brain injury, spinal cord injury, severe burns, permanent blindness and/or amputations).  Please note that Lifetime Care requires at least 5 years (or equivalent) of relevant clinical experience.  (max 400 words) |
|  |

|  |  |
| --- | --- |
| **1 c)** I have attached my resume that specifies my qualifications and training for delivery of complex case management for people with severe injuries/disabilities; and which demonstrates at least 5 years full time (or equivalent) experience in the delivery of person-centred case management for people with severe and/or complex disability-related needs applicable to the categories, age ranges and areas of specialty that I am nominating below. | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Categories of service nomination | | |
| **2 a)** Please indicate the **disability category/s** you are able to provide case management services for: | | |
| Traumatic Brain Injury | Spinal Cord Injury | Amputations |
| Burns | Blindness |  |

|  |  |
| --- | --- |
| **2 b)** Please indicate the **age group/s** you are able to provide case management to: | |
| Adults (18 and over) | Children under 15 years |
| Young people transitioning to adulthood  (approx.15-18 years) | People aging with a disability (i.e. over 65 years) |

|  |  |
| --- | --- |
| **2 c)** Please indicate which, if any of the following areas of specialty (if any) you can offer case management to: | |
| People with a primary or secondary mental health condition | People with behaviour that challenges |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your work arrangements | | | | |
| Please provide details of your hours of availability for delivering case management services (please write n/a for any days you are not available). | | | | |
| I work in a full-time capacity | | | | |
| I work part-time and my hours are as follows (please use 0:00 am – 0.00 pm) | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Referees | | | |
| Please provide details of two people willing to act as a referee to your standard of performance in relation to your ability as a provider of the required services. The nominated referees should be able to confirm claims made in relation to evaluation criteria. | | | |
| **Referee 1** | | | |
| Name |  | Position |  |
| Organisation |  | | |
| Telephone |  | Email |  |
| **Referee 2** | | | |
| Name |  | Position |  |
| Organisation |  | | |
| Telephone |  | Email |  |

|  |  |
| --- | --- |
|  | **Case Management Team, Lifetime Care & Workers Care** GPO Box 4052, Sydney NSW 2001 **General Phone Enquiries: 1300 738 586** Email: [casemanagement@icare.nsw.gov.au](mailto:casemanagement@icare.nsw.gov.au)  www.icare.nsw.gov.au |