

This EOI Form can be submitted online by email lifetime.support@sa.gov.au. For further information call 1300 880 849 or email lifetime.support@sa.gov.au

Background

The Lifetime Support Scheme provides lifetime treatment, care and support for people who sustain serious, lifelong disabilities from motor vehicle accidents in South Australia, regardless of fault. Scheme participants receive a range of services coordinated by their LSA Service Planner. Our participants live with a complex range of disabilities and have different support and personal care needs. The LSA will engage health professionals on a fee for service basis for independent assessment of treatment, care and support needs and for direct treatment and rehabilitation services.

Indication of which services you are interested in providing

Clinical Services & Rehabilitation - Providing treatment or therapies to improve health and/or functional outcomes.

Independent Assessor Services - Providing opinion on treatment, care and support needs including complex seating and/or home modifications, Motor Vehicle Accident-related packages of support etc.

Title

First Name

Family Name

Address

Suburb

State

Postcode

Phone number

Email address

Do you work for a practice?

Yes

No

If Yes, what is the name of your practice?

Practice Contact details

Health Profession

Aboriginal and Torres Strait
Islander Health Practitioner
Chiropractor
Dental Practitioner
Exercise Physiologist
Medical Practitioner
Nurse
Occupational Therapist
Osteopath

Physiotherapist
Podiatrist
Prosthetist & Orthotist
Psychologist
Social Worker
Speech Pathologist
Other
If other, please identify:

Do you hold current registration with the Australian Health Practitioner Regulation Agency (AHPRA):

Yes No

If Yes, please provide your AHPRA Registration Number and Expiry Date (if known)

If your profession is not registered with AHPRA:

Are you eligible for membership to your relevant professional association?

Yes No

If you have membership to your relevant professional association, please provide the name of the professional association and the membership number

What are your qualifications?

Have you had a National Police Check within the last 3 years?

Yes No

Have you, in the past 3 years, had DCSI screening checks for:

1. Working with children Yes No

2. Working with vulnerable people Yes No

Please list in this table the level of experience held (in years) of treating people with these specific injury types

Please note: Referees and client testimonials may be requested prior to the Lifetime Support Authority engaging your services

	Adults	Children
Brain Injury	years	years
Spinal Cord Injury	years	years
Amputations	years	years
Burns	years	years
Blindness	years	years

Other specialties (Please include number of years of experience in each specialty)

Neuropsychology	years of experience
Home modifications	years of experience
Seating	years of experience
Driving	years of experience
Vocational	years of experience
Educational	years of experience
Prosthetics	years of experience

The LSA will engage health professionals with the most appropriate expertise for required services for participants. In order to finalise the EOI, please provide below additional information about your skills and expertise, and an indicative range of fees for your services. Please include clinical, rehabilitation and non-clinical fees, including for example report preparation and other additional services.

Please note that fees for independent assessment services have been set and can be provided on application.

Additional information about your skills and expertise

Fees for Service - Clinical and non clinical services such as report writing, etc.

Areas of South Australia that you service locally including location of any clinics
(i.e. where excessive travel charges would not be incurred to provide the service)

SUBMIT FORM

Lifetime
S U P P O R T

Lifetime Support Authority
1300 880 849

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**Government of
South Australia**