# Approved BIRP/SSCIS Case Manager (Lifetime Care) Application Form – NSW Health employees

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| **Please email your completed application to** **casemanagement@icare.nsw.gov.au** **along with**:* Your current Curriculum Vitae (CV)
* A signed copy of the case management expectations

**Your application will not be processed until all documentation is received.** |

### Your contact details

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| Your name |
|   |
| Brain Injury Rehabilitation Program/State Spinal Cord Injury Service – name of unit & location: |
|   |
| Landline phone number | Mobile phone number | Fax |
|   |   |   |
| Email address (for communications from icare) |
|   |
| Name, email and phone number of your business manager |
|   |

### Your experience

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| Please nominate at least one group for whom you intend to provide case management |
| [ ]  Traumatic Brain Injury | [ ]  Spinal Cord Injury | [ ]  Children/Young People |
| * In the box below, please describe your work experience and how it is relevant to the provision of case management services to participants of the Lifetime Care and Support Scheme and/or workers in the Workers Care Program.
* You will need to be able to demonstrate at least 3 years full time (or equivalent part-time) work experience which has equipped you with transferrable skills to the community-based case management for the groups nominated above.
* A current CV outlining qualifications and work experience must be attached for your application to be processed.
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### Your work arrangements

Please state who within your BIRP/SSCIS unit will be providing you with support as you commence case management services for Lifetime Care/Workers Care.

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| Name |
|   |
| Position | Contact number/email |
|   |   |
| [ ]  I work in a full-time capacity |
| [ ]  I work part-time, and my hours are as follows (please use 0:00am – 0:00pm): |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|   |   |   |   |   |
| Please outline the arrangements you have in place to meet the needs of participants and workers on days when you are not working including periods of leave |
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| Thank you for your time in completing the application.Please ensure you have attached the following completed forms/information to this application and email to: casemanagement@icare.nsw.gov.au [ ]  Your current CV[ ]  Signed case management expectations |

Further enquiries can be made to:

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|  | **The Case Management Team**GPO Box 4052, Sydney NSW 2001**General Phone Enquiries: 1300 738 586**Email: casemanagement@icare.nsw.gov.au www.icare.nsw.gov.au |