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

|  |
| --- |
| **Please email your completed application to** [**casemanagement@icare.nsw.gov.au**](mailto: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

|  |  |  |
| --- | --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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. | | |
|  | | |

### 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | | | | | |
|  | | | | | |

|  |
| --- |
| 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](mailto:casemanagement@icare.nsw.gov.au)  Your current CV  Signed case management expectations |

Further enquiries can be made to:

|  |  |
| --- | --- |
|  | **The Case Management Team** 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 |