# Approved Case Manager (Lifetime Care) – Request to Amend Details

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| **This form is for use in the following circumstances:**   * **Change of employer – the new employer is already approved as part of the Case Manager (Lifetime Care) Prequalification Scheme** * **Change of name, contact details, days of work or locations of service provision for approved case managers.**   **This form should not be used in the following circumstances:**   * **Change of employer – from NSW BIRP to private practice** * **Change of employer – new employer is not approved as part of the Prequalification Scheme** * **New application to be an approved case manager.**   **Further information about how 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

|  |  |
| --- | --- |
| Your name | |
|  | |
| Update to name of business/organisation | Please remove my details from |
|  | Enter Name of Organisation |
| Business location – name of the suburb/town you will be claiming any travel from  (NB: This location will be shown on the Case Manager Finder on the icare website) | |
|  | |
| Landline phone number | Mobile phone number |
|  |  |
| Fax | Website URL |
|  |  |
| Email address (for referrals – this will appear on the Case Manager Finder) | |
|  | |
| Email address (your direct email for communications from icare – if different) | |
|  | |
| Name, email and phone number of your business manager | |
|  | |

### 1. Your service delivery details

|  |  |  |  |
| --- | --- | --- | --- |
| Please indicate the **disability category/s** that you’re able to provide case management services for: | | | |
| Traumatic Brain Injury | Spinal Cord Injury | | Amputations |
| Burns | Blindness | |  |
| Please indicate the **age group/s** that you’re 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. Categories of service nomination

The following information is kept on an internal data base to assist staff match case managers to specific needs of participants, when required (e.g. gender). There is no expectation that you check any of the boxes below.

|  |  |  |
| --- | --- | --- |
| Please indicate which, if any of the following areas of specialty (if any) you are able to offer case management to: | | |
| People with a primary or secondary mental health condition | People with behaviour that challenges | People who identify as Aboriginal and/or Torres Strait Islander |
| Please indicate any languages other than English that you are able to delivery case management in: | | |
|  | | |
| OPTIONAL - please indicate your gender | | |
| Male | Female | Other |

### 3. 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 0:00am – 0:00pm): | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

### 4. Your service regions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please nominate all areas outside of your own council/shire that you are willing to travel to, to deliver case management services.**  **EITHER** select the State or LGAs or Councils/Shires: | | | | |
| **State** | **LGA** | **Councils/Shires** | | |
| NSW | Central west | Bathurst | Dubbo (Western Plains) | Oberon |
|  |  | Bland | Forbes | Orange |
|  |  | Blayney | Lachlan | Parkes |
|  |  | Cabonne | Lithgow | Weddin |
|  |  | Cowra | Mid-western |  |
|  | Far West | Broken Hill | Central Darling | Unincorporated NSW |
|  | Hunter | Cessnock | Mid-Coast | Port Stephens |
|  |  | Dungog | Muswellbrook | Singleton |
|  |  | Lake Macquarie | Newcastle | Upper Hunter |
|  |  | Maitland |  |  |
|  | Illawara | Kiama | Shoalhaven | Wollongong |
|  |  | Shellharbour | Wingecarribee |  |
|  | Mid north coast | Bellingen | Coffs Harbour | Nambucca |
|  |  | Clarence valley | Kempsey | Port Macquarie-Hastings |
|  | Murray | Albury | Edward River | Murray Rover |
|  |  | Balranald | Federation | Snowy Valleys |
|  |  | Berrigan | Greater Hume | Wentworth |
|  | Murrumbidgee | Carrathool | Hay | Murrumbidgee |
|  |  | Coolamon | Junee | Narrandera |
|  |  | Griffith | Leeton | Temora |
|  |  | Gundagai | Lockhart | Wagga Wagga |
|  | North western | Bogan | Coonamble | Walgett |
|  |  | Bourke | Gilgandra | Warren |
|  |  | Brewarrina | Narromine | Warrumbungle |
|  |  | Cobar |  |  |
|  | Northern | Armidale Region | Inverell | Tamworth Region |
|  |  | Glen Innes Severn | Liverpool Plains | Tenterfield |
|  |  | Gunnedah | Moree Plains | Uralla |
|  | Richmond tweed | Ballina | Kyogle | Richmond Valley |
|  |  | Byron | Lismore | Tweed |
|  | South eastern | Bega Valley | Hilltops (incl Young) | Upper Lachlan |
|  |  | Eurobadalla | Queanbeyan-Palerang | Yass Valley |
|  |  | Goulburn Mulwaree | Snowy Monaro |  |
|  | Sydney inner | Botany Bay | Inner West | Strathfiedl |
|  |  | Burwood | Lane Cove | Sydney |
|  |  | Canada Bay | Mosman | Waverley |
|  |  | Canterbury Bankstown | North Sydney | Willoughby |
|  |  | Georges River | Randwick | Woollahra |
|  |  | Hunters Hill | Rockdale |  |
|  | Sydney outer | Blacktown | Ku-Ring-Gai | Penrith |
|  |  | Camden | Hornsby | Ryde |
|  |  | Campbelltown | Liverpool | Sutherland |
|  |  | Cumberland | Northern Beaches | The Hills |

**Outside NSW – select State/Territory OR LGAs:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACT** | **QLD** | **VIC** | **SA** |
| ACT | All of QLD | All of VIC | All of SA |
|  | Central QLD | Central Highlands and Goldfields | Central |
|  | Central West QLD | Gippsland | Eyre Peninsula |
|  | Far North QLD | Goulburn Valley | Metropolitan Adelaide |
|  | North QLD | Inner Melbourne | Murray Mallee |
|  | North West QLD | Metropolitan Melbourne | Outback |
|  | South East QLD | Northeast | Southeast |
|  | South West | Outer Metropolitan | Southern and Hills |
|  | Wide Bay – Burnett | Southwest | Unincorporated SA |
|  |  | The Mallee |  |
|  |  | Unincorporated Vic |  |
|  |  | Western District |  |
|  |  | Wimmera |  |

NB: Approved case manager (Lifetime Care) status is only compulsory for service providers within NSW and ACT. It is optional for case managers located in and delivering services within other states.

### 5. Service Description

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| In 300 words or less, please provide a summary of your case management service for inclusion on the Case Management Finder. Please refer to Attachment 1 for guidance on writing this summary to meet icare’s website requirements. |
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Further enquiries can be made to:

**The Case Management Team**

[**casemanagement@icare.nsw.gov.au**](mailto:casemanagement@icare.nsw.gov.au)

### Attachment 1 - Case Management Service Description

Please provide a statement about yourself, your service and/or your business for inclusion on the Case Manager Finder.

The statement will begin with “About [Delia]”

**Please follow these rules to complete your statement:**

* Use first-person language – “I am…”, “I have…”
* Maximum 300 words
* No acronyms for disabilities or professions (state acronyms such as NSW are OK)
* Avoid capitalising names of professions, roles and disabilities – eg. use case manager, occupational therapist and spinal cord injury
* Reference to Lifetime Care is to be written as Lifetime Care or Workers Care or icare if referring to the bigger organisation (not LTCS, not the Scheme or the Authority, not icare Lifetime Care)
* No names of past employers
* Avoid years of experience if this will become out of date (eg Delia has worked as a case manager for the past 15 years – consider saying “since 2005” instead.)
* While not a requirement, it is worth knowing that your audience is often interested to know your professional background (eg. registered nurse, physiotherapist, disability worker)
* Do not include regions that you cover or lists of specialty disability services – these are built into the search-by-location and filter-by-specialty features of the data base.

Your audience is participants, their families, discharging treating teams, health professionals, other case managers and icare employees. While some degree of personalisation is good, this is a professional data base on the icare website, so we cannot include your logos, photographs or any unprofessional, subjective language. The CMF does provide the opportunity to link to your own website, the content and style of which is up to you.

If you would also like to provide a statement about the business you work for, please ensure there is a maximum of 300 words for the combined statement.

**Presentation on the web page will be as follows:**

**About Delia**

“I am…

**About Excite Rehab**

“Excite Rehab is… or “We are….

Note that the web-link may provide a better opportunity to promote the business that you work for, particularly in terms of the range of other services offered.

Please note:

* We may include some additional information such as languages you have nominated at the end of your statement.
* You may choose not to provide a service description for use on the Case Manager Finder. Please be advised that we will not construct one for you, and your page on the CMF will therefore contain only your name and contact details.