



How to enrol as a Health Practitioner to support a Work and Development Order

MORE INFORMATION



www.sdro.nsw.gov.au

Work and Development Order enquiries:



1300 478 879

8:00 am – 5:30 pm, Mon. to Fri.

TTY (02) 6354 7255

(Hearing and speech impaired)

9:00 am – 4:00 pm, Mon. to Fri.



(02) 6354 7112



wdosdro@osr.nsw.gov.au



PO Box A2571

Sydney South NSW 1235

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What is a Work and Development Order?

Recent amendments to the *Fines Act 1996* have introduced Work and Development Orders for a trial period of two (2) years. These amendments are contained in Division 8 of the Act.

Work and Development Orders are made by the State Debt Recovery Office (SDRO) to allow eligible people who have a mental illness, intellectual disability or cognitive impairment, are homeless, or who are experiencing acute economic hardship, to satisfy their fine debt through unpaid work with an approved organisation or by undertaking certain courses or treatment.

A Work and Development Order may only be made if an application is supported by an approved organisation, or in the case of mental health or medical treatment, a health practitioner qualified to provide that treatment.

For the purposes of a Work and Development Order, health practitioner means:

- a registered medical practitioner, or
- a registered psychologist, or
- a nurse within the meaning of the *Nurses and Midwives Act 1991*.

Requirements for enrolment to support a Work and Development Order

Health Practitioners are required to:

- oversee an eligible persons participation under the Work and Development Order
- agree to provide reports on all active Work and Development Orders
- report any non-compliance with the Work and Development Order to SDRO
- notify the eligible person if the Work and Development Order is revoked by SDRO
- agree to comply with record keeping requirements
- agree to have a complaints handling procedure.

How to enrol as a health practitioner to support a Work and Development Order

To be eligible to support a Work and Development Order as a health practitioner, you must sign the attached declaration and return to SDRO.



State Debt Recovery Office

The Fines Division of OSR



State Debt Recovery Office

The Fines Division of OSR

Office of State Revenue
NSW TREASURY
ISO 9001-Quality Certified
ABN: 77 456 270 638

Enquiries 1300 478 879 TTY: (02) 6354 7255
Email wdosdro@osr.nsw.gov.au
Website www.sdro.nsw.gov.au

Health Practitioner Enrolment Request

To request the enrolment of a health practitioner to participate in the Work and Development Order program.

- NOTE:**
- Providing a false or deliberately misleading statement may lead to a prosecution under Section 307A of the *Crimes Act 1900*
 - If you are required to complete a section of the enrolment form and you do not do so, SDRO may be unable to take action on any application for a Work and Development Order you support.
 - Print clearly in the boxed spaces and tick the appropriate boxes.
 - Please send your completed form to the State Debt Recovery Office, PO Box A2571, SYDNEY SOUTH 1235 or fax to **(02) 6354 7112**

Health practitioner details

Full name

Current address

Suburb State Postcode

Practitioner registration no. Email

Contact number () Fax ()

Postal address (if different from above)

Suburb State Postcode

I am: (tick one)

- a registered medical practitioner a registered psychologist a nurse within the meaning of the *Nurses and Midwives Act 1991*

As an approved person supporting a Work and Development Order, I declare that I agree:

- that records relating to a Work and Development Order be subject to independent auditing
- to oversee an eligible person's participation under the Work and Development Order
- to provide reports on all active Work and Development Orders
- to report any non-compliance with the Work and Development Order to SDRO
- to notify the eligible person if the Work and Development Order is revoked by SDRO
- to comply with minimum record keeping requirements for information relating to a Work and Development Order
- to have a complaints handling procedure in place

Full name

Signature Date / / 20

PRIVACY STATEMENT

The information in this form is required by SDRO to determine an application for a Work and Development Order that is supported by you. The information may be provided to third parties with your consent or as required or permitted by law. You may correct or update personal information by contacting SDRO. Information in this form may also be used by other Government Agencies for the purpose of monitoring and evaluation.