

## Australasian Rehabilitation Outcomes Centre AMBULATORY MEMBERSHIP Form

– Use this form if your Inpatient Rehabilitation Service is an existing AROC member –

### Section A — REHABILITATION SERVICE DETAILS

Name of inpatient rehabilitation service adding ambulatory rehabilitation service to their current AROC membership:

\_\_\_\_\_

Name to go on Ambulatory benchmark report: \_\_\_\_\_

If different to inpatient service:

Rehab service phone (\_\_\_\_) \_\_\_\_\_ Rehab service email \_\_\_\_\_

### Section B — MODE OF AMBULATORY DATA COLLECTION — AROC Online Services (AOS) will be used for:

Direct data entry\*

\* complete Section D below

Data upload → Please specify the data entry system you will use: \_\_\_\_\_

### Section C — AMBULATORY REHABILITATION STAFF DETAILS

Please enter details of key staff members involved in AMBULATORY rehabilitation at your service.

AROC contact role:	Director of Ambulatory Rehabilitation	Ambulatory Rehabilitation Program Manager
Name:		
Position in organisation:		
Telephone / Mobile:		
E-mail address (work):		
AROC contact role:	Ambulatory Data Contact Person	Other key ambulatory rehabilitation contact person
Name:		
Position in organisation:		
Telephone / Mobile:		
E-mail address (work):		

### Section D — DATA ENTRY STAFF (APPLICATION FOR AOS ACCOUNT TO COMPLETE DIRECT DATA ENTRY)

Please enter details of staff who will be entering AMBULATORY data into the AOS Data Entry System.

- Existing inpatient AOS account holders will have their accounts updated to include both inpatient and ambulatory collections.
- Ambulatory only data entry staff will have an AOS account set up and emailed to each individual.

**DO NOT COMPLETE IF UPLOADING YOUR DATA TO AROC**

Name:		
Position in organisation:		
Telephone / Mobile:		
E-mail address (work):		
Data entry for:	<input type="radio"/> Inpatient + Ambulatory <input type="radio"/> Ambulatory only	<input type="radio"/> Inpatient + Ambulatory <input type="radio"/> Ambulatory only
Name:		
Position in organisation:		
Telephone / Mobile:		
E-mail address (work):		
Data entry for:	<input type="radio"/> Inpatient + Ambulatory <input type="radio"/> Ambulatory only	<input type="radio"/> Inpatient + Ambulatory <input type="radio"/> Ambulatory only

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### Section E — AMBULATORY REHABILITATION SPECIALTY DETAILS

Specialty areas or programs (tick all that apply)	Outpatient	Community	Same day
Orthopaedic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amputee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurological	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reconditioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialists' position in organisation	Specialists' name	Rehabilitation physician	Geriatrician	General physician	Other (please specify)
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

### Section F — USE OF AROC DATA

AROC reserves the right to use non-identifiable data for reporting, benchmarking and research purposes.

Rehabilitation services will receive reports with their data benchmarked against the national and other benchmark data sets. However, individual rehabilitation services will not be identified in reports sent to any third party.

AROC will only release information that identifies a rehabilitation service with the consent of that service. Participating rehabilitation services will be given the opportunity to give consent to AROC to release data that identifies a service under one of the following circumstances:

- Under an industry regulation, a copy of which is held by AROC
- As a condition of funding, a copy of which is held by AROC
- In accordance with an existing contract between the submitting organisation and an insurer or other third party payer
- To any other AROC member nominated by the submitting organisation

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**Section G — CONFORMITY WITH PRIVACY LEGISLATION AND OTHER MEASURES DESIGNED TO PROTECT THE CONFIDENTIALITY OF CONSUMERS**

We \_\_\_\_\_ (NAME OF SERVICE) accept responsibility for ensuring that the data we submit to AROC will be collected in accordance with relevant Commonwealth, State or Territory legislation designed to protect the privacy of individual patients and absolve AROC of any responsibility in relation to the way that data is collected or stored by the service or transmitted to AROC.

Yes / No (please circle)

**Section H — DATE OF COMMENCEMENT**

Date from which ambulatory data will be / has been submitted to AROC: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comment: \_\_\_\_\_

**Section I — NAME OF INDIVIDUAL MAKING THE APPLICATION ON BEHALF OF THE ORGANISATION**

The person completing this membership form has the authority within the organisation to provide the above information.

Name: \_\_\_\_\_

Position in organisation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_