



State Insurance  
Regulatory Authority

Reference Number: 2020/016805

Dr Ross Iles  
Deputy Director  
Insurance Work and Health Group  
Monash University  
Wellington Road  
Clayton VIC 3800

Dear Dr Iles

**Certificate Evaluation on Allied Health Providers in NSW – 25 June 2021 to 31 August 2022**

I am writing to inform you that the State Insurance Regulatory Authority (SIRA) wishes to vary the terms and conditions of the contract detailed above.

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In accordance with Clause 23. Variations: Change within scope of the Project of the above contract, SIRA wishes to vary the terms and conditions of this contract as detailed in Appendix 1 – Agreed Variation Form.

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To finalise this variation, you are requested to sign and date the Acknowledgement Acceptance attached and return to me within 10 business days.

Please note that all other Terms and Conditions of the above contract remain unchanged.

Laura Liu is the contact person for this work. If you wish to discuss the project further, please do not hesitate to contact Laura via email [laura.liu@sira.nsw.gov.au](mailto:laura.liu@sira.nsw.gov.au)

Yours sincerely

A handwritten signature in blue ink, appearing to read "Bronwyn Martin", enclosed in a light blue rectangular box.

**Bronwyn Martin**

Acting Director Health Policy, Prevention and Supervision

Date: 6/10/2021

## Appendix 1 – Agreed Variation Form

**2020/016805– Certificate Evaluation on Allied Health Providers in NSW – 25 June 2021 to 31 August 2022**

In accordance with Clause 23. Variations: Change within scope of the Project of the above contract, we of the State Insurance Regulatory Authority (SIRA) and ABN 19 241 815 442 agree to vary the terms and conditions of the contract as detailed below:

**Variation Details**

<b><i>Deliverable</i></b>	<b><i>Original delivery date</i></b>	<b><i>New delivery date</i></b>
1. <i>Final report incorporating the 24-month data analysis and the findings of the survey and brief interviews.</i>	<i>25 June 2021</i>	<i>31 August 2022</i>

All other Terms and Conditions of the above contract remain unchanged.

**Acknowledgement Acceptance**

In accordance with Clause 23. Variations: Change within scope of the Project of the above contract, I/We of Monash University and ABN 12 377 614 012 agree to vary the contract as set out above.

**SIGNED ON BEHALF OF** Monash University and ABN 12 377 614 012

15-oct-2021 | 7:52 AM AEDT

Dated this \_\_\_\_\_ of \_\_\_\_ October 2021

Name: Professor Ross Coppel

Position / Title: Senior Deputy Dean and Director of Research, FMNHS

Signature:  408B91E1F43540E...