



Australian Government

Comcare

REHABILITATION PROGRAM

Under section 37 of the *Safety, Rehabilitation and Compensation Act 1988*

INFORMATION FOR EMPLOYEES

About your rehabilitation program

Your rehabilitation program sets out the details of service and activities to assist you in your rehabilitation. It should be developed in consultation with you and your Case Manager, and may involve discussion with your supervisor, your treating doctor and if relevant your approved workplace rehabilitation provider (WRP). It contains goals or rehabilitation objectives, and details costs, time and actions considered necessary to achieve these goals or objectives.

Your rehabilitation program—when signed by the person (usually the Case Manager) who holds a delegation under section 41A of the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) to arrange your rehabilitation—constitutes a decision under s. 37 of the *SRC Act 1988*. If you have any concerns or experience difficulties undertaking your rehabilitation program speak with your Case Manager or WRP as soon as possible.

If you are satisfied with the rehabilitation program, you should sign it and your Case Manager will give you a copy.

NOTICE OF RIGHTS AND RESPONSIBILITIES

What is a determination?

A determination is a decision—in this case, a decision made concerning the details of your rehabilitation program by the delegate (usually a Case Manager) under section 37 of the *SRC Act 1988*. Section 37 of the *SRC Act 1988* sets out the matters your delegate should have considered in making the determination. These details are also provided on the signature page of this form.

What if I don't agree with a determination made by the delegate?

If you do not agree with the determination made by the delegate (usually the Case Manager) you may ask Comcare to reconsider the determination that you undertake a rehabilitation program. Comcare will then consider the information available and will decide to affirm, revoke or vary the delegate's decision.

To request a reconsideration of your rehabilitation program

You must provide the following information to Comcare within **30 days** of receiving the determination:

- > a copy of the rehabilitation program
- > a written request for a reconsideration explaining why you don't agree with the determination
- > any new information that supports your request, such as medical reports that have not previously been considered.

Send the information to:

Disputed Claims

Comcare

GPO Box 9905

Canberra ACT 2601

Team.Reconsiderations@comcare.gov.au

30 day limit

If you are unable to put your request to Comcare within 30 days, you may apply for an extension of time.

What happens next?

Your employer will receive a copy of your request for reconsideration and may provide a response. Comcare will consider the information available and will decide to affirm, revoke or vary the determination.

What are your responsibilities?

You are to:

- > actively participate in any rehabilitation program developed by your Case Manager or WRP in consultation with you;
- > implement any recommended and agreed changes to your work practices, workplace environment and/or home environment in consultation with your employer to minimise the chance of further injuries or accidents.

What if I do not participate fully in the rehabilitation program?

If you refuse or fail, without reasonable excuse, to participate in the rehabilitation program provided by your employer, your rights to compensation entitlements under *the SRC Act 1988* (excluding medical treatment costs), and your right to institute or continue any proceedings under *the SRC Act 1988* will be suspended until you participate in the rehabilitation program. This means you cannot claim retrospective compensation entitlements (excluding medical treatment costs) for the period of that suspension. Entitlements can only be reinstated on and from the date upon which you recommence participation in your agreed rehabilitation program (see ss. 37(8) of *the SRC Act 1988*).

Note: If you decide to have a solicitor help you with this process, any legal costs will be your responsibility regardless of the outcome of Comcare's decision.

Privacy information

Your privacy is important to Comcare. We will only collect, use or disclose your personal information in accordance with the *Privacy Act 1988* and in connection with our functions under the *Safety, Rehabilitation and Compensation Act 1988 (SRC Act)*. Comcare is collecting the information you provide in this form to perform claims management and rehabilitation facilitation functions in accordance with the SRC Act. Comcare may also use and disclose your personal information for these purposes, including to your WRP or your employer. If Comcare is unable to collect your information for these purposes, Comcare may not be able to take action on your claim.

If your rehabilitation is managed by a Workplace Rehabilitation Provider (WRP), Comcare will also collect information about your rehabilitation program from your WRP. This may occur after you make complaints to WRPs or their Consultants about their delivery of services, and when your rehabilitation program is finalised. Comcare will collect this information to facilitate monitoring of WRP performance and compliance with their conditions of approval to provide services to you, in line with Comcare's WRP approval functions under the SRC Act. Comcare may also use and disclose your personal information for this purpose. Your rehabilitation program will not be impacted if you do not provide your personal information to Comcare. Comcare is unlikely to disclose your personal information to overseas recipients.

For a copy of Comcare's Privacy Policy, to request access to or a change of your personal information or to make a privacy complaint please refer to comcare.gov.au/privacy. You can also contact us on 1300 366 979 or email us at privacy@comcare.gov.au.

What if I want copies of documents held on my files?

You can write to Comcare requesting the documents you need held by Comcare.

Requests for information held by your employer or WRP should be directed to them.

More information

If you need any further information about your rights or other specific issues, please contact Comcare on 1300 366 979. You can also make an online enquiry or access resources via the Comcare website www.comcare.gov.au.

You can provide feedback or raise concerns about your workplace rehabilitation provider to Comcare at rehab.approval@comcare.gov.au or call us on 1300 366 979.

Employee details

Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Comcare claim number	<input type="text"/>
Employee's pre-injury occupation	<input type="text"/>		
Compensable condition	<input type="text"/>	Date of injury	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nature of injury	<input type="text"/>		

Employee's current work status

At work:	pre-injury status	<input type="checkbox"/> S	Was a s36 assessment completed	<input type="text"/>
	reduced hours	<input type="checkbox"/> R	No <input type="checkbox"/> Reason	<input type="text"/>
	modified duties	<input type="checkbox"/> M	Yes <input type="checkbox"/> when	<input type="text"/> / <input type="text"/> / <input type="text"/>
	both reduced and modified	<input type="checkbox"/> B		
Not at work since	<input type="text"/> / <input type="text"/> / <input type="text"/>	X	(Please attach to this form)	
Employment ceased	<input type="text"/> / <input type="text"/> / <input type="text"/>	C		

Type of rehabilitation program

Return to work	<input type="checkbox"/>	Redeployment	<input type="checkbox"/>	Referral date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Maintain at work	<input type="checkbox"/>	Non return to work	<input type="checkbox"/>	Rehabilitation program start date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Non-return to work rehabilitation program goal(s)			Expected rehabilitation program end date	<input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="text"/>					

Medical restrictions**Employer details**

Name of employer	<input type="text"/>
Case Manager's name	<input type="text"/>

Case Manager's details

Work phone	<input type="text"/>
Email	<input type="text"/>

Where a workplace rehabilitation provider (WRP) is being used complete the following details

Name of organisation	<input type="text"/>	WRP contact details	
Comcare provider number	<input type="text"/>	Phone	<input type="text"/>
WRP consultant	<input type="text"/>	Fax	<input type="text"/>
		Email	<input type="text"/>

I determine that no rehabilitation program is required at this time, for the following reasons

Delegate's signature

Note: By signing here you are making a determination under section 37 not to provide a rehabilitation program at this time.

REHABILITATION PROGRAM—
SERVICE DETAILS

Employee's name

Comcare claim number

Interim goal (RTW) in terms of workplace, duties and hours
Must be completed

Employer

Same

S

New

N

Duties

Same

S

New

N

Modified

M

Hours

Same

S

Reduced

R

Not applicable (Non-RTW program)

Describe the **interim goal** in terms of workplace, duties and hours

Final goal (RTW) in terms of workplace, duties and hours

Expected final goal commencement date

/

/

/

Employer

Same

S

New

N

Duties

Same

S

New

N

Modified

M

Hours

Same

S

Reduced

R

Not applicable (Non-RTW program)

Describe the **final goal** in terms of workplace, duties and hours

Responsibilities

Employee—Action	Outcomes expected	Target start date	Target end date
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

Employee—Action	Outcomes expected	Target start date	Target end date
		/ /	/ /
		/ /	/ /

Supervisor—Action	Outcomes expected	Target start date	Target end date
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

Case Manager—Action	Outcomes expected	Target start date	Target end date
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

REHABILITATION PROGRAM—
SERVICE DETAILS

Employee's name


Comcare claim number

Workplace rehabilitation provider's responsibilities

Action	Expected outcomes	Target start date	Target end date	Service code	Hours	Cost (GST inclusive)
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$

Action	Expected outcomes	Target start date	Target end date	Service code	Hours	Cost (GST inclusive)
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$

Sub-total for service 92	\$
Sub-total for service 93	\$
Sub total for service 94	\$
Total cost (including GST)	\$

Is a work trial one of the activities within this rehabilitation program? No ☐ Yes ☐ 

Have you attached the signed work trial agreement? No ☐ Yes ☐

Is a return to work schedule (or similar) attached? No ☐ Yes ☐

The Work trial agreement and a work schedule will form part of the determination

This entire document constitutes a determination under subsection 37(1) of the SRC Act 1988
Before signing, please read the cover page.

Workplace rehabilitation provider to complete

I agree to provide this rehabilitation program to the employee named, subject to the Comcare standards and criteria for workplace rehabilitation providers.

Workplace rehabilitation provider's signature



Date

/

/

Name

Title

Organisation/ Agency

Supervisor to complete

I have been involved in the development of this return to work plan and agree to work with the Case Manager and employee to support the return to work process.

Supervisor's signature



Date

/

/

Name

Employee to complete

I have been involved in the development of this rehabilitation program and understand my rights and obligations under the *Safety, Rehabilitation and Compensation Act 1988*.

Employee's signature



Date

/


/

Name

I understand that if I am not satisfied with this determination I may request a reconsideration by Comcare (see 'What if I don't agree with a determination?' on page 1).

Delegate to complete

I (holding a delegation), determine under subsection 37(1) of the *Safety, Rehabilitation and Compensation Act 1988* that the employee (being a person who has suffered an injury resulting in an incapacity for work or an impairment), should undertake the rehabilitation program described in this form. The program will be provided by (name of workplace rehabilitation provider where appropriate)



In making my decision I have had regard to subsection 37(3):

- a) any written assessment given under subsection 36(8);
- b) any reduction in the future liability to pay compensation if the program is undertaken;
- c) the cost of the program;
- d) any improvement in the employee's opportunity to be employed after completing the program;
- e) the likely psychological effect on the employee of not providing the program;
- f) the employee's attitude to the program;
- g) the relative merits of any alternative and appropriate rehabilitation program; and
- h) any other relevant matter

Evidence of this is demonstrated by:

Signature of the delegate



Date

/

/

Name

Position

Organisation/ Agency

Distribution of copies:

Employee ☐ Case Manager ☐ WRP ☐ Supervisor ☐ Comcare ☐ Doctor ☐

SRC 040 June 2025

Page 9 of 9