



Australian Government

Comcare

PUTTING YOU *FIRST*

APPLICATION FOR A GYM PROGRAM

Please complete this form if you want to claim for a gym program under section 16 of the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act).

Your Claims Services Officer will determine if Comcare is liable to pay compensation for a gym program after assessing all medical evidence.

Please attach a quote for the cost of the proposed gym program to this form.

DISCLOSING AND SHARING OF INFORMATION

Comcare needs to collect your personal information for the purpose of the determining and managing your compensation claim and to assist Comcare in the performance of its functions and exercise its powers under the SRC Act.

Your personal information may also be used by Comcare for the purposes of administering and enforcing other legislation administered by Comcare including the *Occupational Health and Safety Act 1991* (OHS Act) and associated regulations.

In the course of managing your claim, Comcare may need to disclose your personal information to the following third parties:

- > your employer at the date of injury and any subsequent employer
- > your superannuation fund manager or trustee
- > any health professional, hospital or other health institutions
- > your case manager
- > your rehabilitation provider
- > vocational and functional assessor
- > employment agencies
- > legal advisers
- > persons engaged by Comcare to conduct research related activities
- > the Safety, Rehabilitation and Compensation Commission
- > investigators appointed under section 40 of the OHS Act
- > any relevant third party (or insurer) considered by Comcare to have contributed to the injury
- > any other person assisting Comcare in the performance of its functions or exercise of its powers.

In the course of managing your claim, Comcare and the above specified parties may have occasion to collect your personal information from, and disclose records containing your personal information to, one another.

PART A: EMPLOYEE'S DETAILS

Comcare claim reference number

Surname

Given name(s)

Date of birth

Postal address

Date of injury

Accepted condition

Have you previously attended a gymnasium within the past three years? Please give full addresses.

Gymnasium	When attended and what program was undertaken

EMPLOYEE'S DECLARATION

I declare that

- > the information I have supplied on this form and any other attachment is true and accurate
- > I am aware that the making of a false or misleading claim or false or misleading statement in support of that claim is punishable by law under the *Criminal Code Act 1995* and, in that event, I may be liable for prosecution
- > I am aware that any monies paid by Comcare as a result of a false or misleading statement or claim will be recovered.

Signature Date

PART B: GYM PROGRAM (TREATING PRACTITIONER TO COMPLETE)

What gym program are you recommending the employee undertake? How is this related to their accepted condition?

Please supply a detailed program outline.

Will this program be supervised or unsupervised? If supervised, by who?

Please note, Comcare may pay for personal trainers if such treatment is directed by a Legally Qualified Medical Practitioner or if the personal trainer is a registered physiotherapist, osteopath, masseur or chiropractor, Comcare will consider whether such treatment is reasonable.

Can the employee perform the required exercise at home? If not, why?

How long does the employee require the recommended gym program for?

What is the total cost of the proposed program including cost of the initial assessment?

If the employee is not currently at work, how will this program facilitate a return to work and what are the expected outcomes?

TREATING PRACTITIONER'S DETAILS

Name

Address

Phone

Fax

Qualifications

Specialty

Provider number

Signature

Date