



Case Manager Update

This form is used to create a new Case Manager, replace a previous Case Manager with a new Case Manager, or update details of an existing Case Manager. Please complete all fields on this form. If you have any questions about this form please call Comcare on **1300 366 979**.

Please attach any additional information on a separate sheet. The information provided on this form may be distributed to other Government agencies and Rehabilitation Providers.

Please return by fax to **02 6274 8679**.

Agency	Customer number
<input type="text"/>	<input type="text"/>

Create Case Manager Amend Case Manager Replace Case Manager

New Case Manager first name	Surname
<input type="text"/>	<input type="text"/>
Position	Phone
<input type="text"/>	<input type="text"/>
Fax	Mobile
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	
Mail address	Postcode
<input type="text"/>	
Does this Case Manager have delegation authority?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>* Delegations under s.36 and s.37 of the SRC Act for the Rehabilitation Authority (s.41a: "Officer of or person employed by the Department, Commonwealth authority or licensed corporation) and Information Privacy Principles must be applied.</small>	
Previous Case Manager name (If applicable)	
<input type="text"/>	

Requesting Officer name (must be agency employee)	Requesting Officer signature
<input type="text"/>	<input type="text"/>
Requesting Officer title	Date
<input type="text"/>	<input type="text"/>

Complaints and Reporting Unit Comcare	Phone 1300 366 979 Facsimile 02 6274 8679
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