



# Amendment to Referral for Rehabilitation Assessment

Under section 36 of the SRC Act

## About this form

This form is used to amend the terms of engagement of a suitably qualified person (e.g. approved rehabilitation provider) or legally qualified medical practitioner or panel, to assess an injured/ill employee's capability of undertaking a rehabilitation program with a view to achieving an early and safe return to work.

The form provides to the provider relevant information about the employee and when signed constitutes a determination by the employer under section 36 of the *Safety, Rehabilitation and Compensation Act 1988* (the SRC Act). It also forms part of the contract for services between the provider and the employer as the Rehabilitation Authority.

## Case Manager

The case manager (sometimes referred to as rehabilitation case manager) is responsible for initiating, co-ordinating and monitoring the rehabilitation process at the workplace and is a representative of the employer.

(ref. *All about Workers' compensation – a guide for employees*)

## Information for case managers and approved rehabilitation providers

### Contract for services between the employer and the approved rehabilitation provider

Any contract should specifically provide that the terms of any determination(s) made by a rehabilitation authority form part of the contract.

## Delegations

The person who signs the amendment to the referral for rehabilitation assessment, is making a decision under the SRC Act and must be an employee of the rehabilitation authority (the employer) and hold the appropriate delegation by the employer under section 41A of the SRC Act. In most cases the delegate will be the case manager.

## Costs

This form provides the means by which the rehabilitation authority amends the approved services or costs for a rehabilitation assessment. The rehabilitation authority must also approve expenditure on service invoices prior to their submission to Comcare for payment.

Comcare will pay the cost of an assessment where liability for a claim is accepted. Where Comcare does not accept liability, the rehabilitation authority (the employer) is responsible for costs incurred in undertaking the assessment.

## Information for Employees

### About the assessment

The rehabilitation assessment takes place with your involvement and in consultation with your treating medical practitioner and your supervisor. It may include a review of your workplace to identify any reasonable adjustments that need to be made, or work practices which need to be altered to help you to get back to work quickly and safely.

Note: if you refuse or fail, without reasonable excuse, to undergo an assessment examination, your rights to compensation and your rights to institute or continue proceedings under the SRC Act will be suspended until the assessment examination takes place. You cannot claim compensation for the period of that suspension even if the suspension is lifted and your rights to compensation are reinstated (see section 36(4) of the SRC Act).

### What happens next?

After the assessment, a Return to Work program may be required. A Return to Work Plan will be developed which will outline the rehabilitation program you will be required to undertake to assist your return to suitable employment; who is responsible for the

various steps in the plan and a timetable for completion of the program.

If a Return to Work Program is required under s37 your case manager will develop this program in consultation with you, your treating medical practitioner and your supervisor. Where appropriate an approved rehabilitation provider may be involved in the development and monitoring of the program.

If you refuse or fail, without reasonable excuse, to undertake a rehabilitation program provided by your employer, your rights to compensation under this Act, and to institute or continue any proceedings under this Act in relation to compensation are suspended until you begin to undertake the program.

## Privacy

In collecting, using and distributing the information on this form, your rights are safeguarded by the *Privacy Act 1988* which prevents the use of this information other than for compensation, rehabilitation and occupational health and safety purposes.

## What if I want copies of documents held on my file?

You can write to Comcare requesting the documents you need. Requests for information held by your employer or the approved rehabilitation provider should be directed to them.

## What if I don't agree with a determination made by my employer?

You may request that Comcare reconsider the determination and should include the reasons why you do not agree with the decision and any additional evidence in support of your reasons. Comcare will then consider the evidence and may decide to either affirm, revoke or vary the employer's decision.

### To request a review of your referral for rehabilitation assessment

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

- a copy of the *Referral for Rehabilitation Assessment form*
- 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:

Claims Services (Reconsiderations)  
Comcare  
GPO Box 9905  
Canberra ACT 2601

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

## What happens next?

Your employer will receive a copy of your request for reconsideration and may provide a response. Comcare will reconsider the determination and make a decision either affirming, revoking or varying the determination.

## What if I don't agree with a determination made by Comcare?

You can apply for Comcare's determination to be reviewed by the Administrative Appeals Tribunal (AAT). Full details are available in the publication *All About Worker's Compensation*, available at [www.comcare.gov.au](http://www.comcare.gov.au)

## More information

If you need any further information about your rights, or any other specific issues, please contact Comcare on **1300 366 979** or [www.comcare.gov.au](http://www.comcare.gov.au)



# Amendment to Referral for Rehabilitation Assessment

Under section 36 of the SRC Act

**Provider** – Name of organisation and address

State	Postcode

Contact person (if known)

Phone number	(   )
Fax number	(   )

**Injured employee** – Name and address

State	Postcode

Date of birth	Sex
/ /	Male <input type="checkbox"/> Female <input type="checkbox"/>

Home contact	(   )
Work contact	(   )

Interpreter required?	Language
No <input type="checkbox"/> Yes <input type="checkbox"/>	

**Doctor** – Name and address

State	Postcode

**Employer** – Name of organisation/agency and address

State	Postcode

**Supervisor** – Name

Phone number	(   )

Injured employee's current employment status with this employer

Ongoing  Full-time  Casual (irregular/intermittent)

Non- Ongoing  Part-time  Not employed

Is the employee currently at work? No  Yes

Employee's current job title

**Case Manager** – Name

Phone number	(   )
Fax	(   )

**Comcare claim details**

Claim number

Liability for compensation determined? No  Yes

*Please read 'Costs' on page 1.*

Nature of injury

Additional Assessment services requested – *Complete if required*

Amended Authorised Assessment Costs \$

Date of Initial Determination for assessment / /

**Determination under sub-section 36(1) of the SRC Act**

*Before signing, please read 'Delegations' on page 1.*

As the employee has suffered an injury on / /

Resulting in an incapacity for work or an impairment, I (being the delegate of the rehabilitation Authority) have determined under subsection 36(1) of the *Safety, Rehabilitation and Compensation Act 1988* that the employees capability to undertake a rehabilitation program be assessed.

The assessment will be carried out by (name of provider organisation)

The reasons for this amended determination are

If the employee is not satisfied with this determination, they may request a reconsideration by Comcare. Please refer to the attached information "What if I don't agree with a determination made by my employer?" on page 1

**Signature Delegate of the Rehabilitation Authority**

Date / /

Name

Organisation/ Agency

Position

**Attachments** Medical release authority: Attached  Existing medical information: Attached  Not available  Notice of rights: Attached

**Distribution** Original to: Employee  Copy each to: Case manager  Provider  Supervisor  Comcare  Doctor