



REHABILITATION ASSESSMENT/EXAMINATION

Under section 36 of the *Safety, Rehabilitation and Compensation Act 1988*

DETERMINATION

Determination under sub-section 36(3) of the *SRC Act 1988*

As you

an employee, have suffered an injury on / /

resulting in an incapacity for work or an impairment, I (holding a delegation under s. 41A of the *SRC Act 1988*) have arranged an assessment of your capability to undertake a rehabilitation program. I have determined under subsection 36(3) of the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) that you are required to attend an examination for the purposes of that assessment.

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

Assessor/provider contact details included on next page.

The reasons for this determination are

If you are not satisfied with this determination, you may request a reconsideration by Comcare. Please refer to the section in the *Notice of rights and responsibilities* below titled 'What if I don't agree with a determination made by the delegate'

Signature of delegate

Date / /

Name

Organisation

Position

INFORMATION FOR EMPLOYEES

About the assessment

The rehabilitation assessment takes place with your involvement and usually in consultation with your treating medical practitioner and 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.

Any reasonable costs you may incur in attending this assessment examination will be paid by Comcare, by the forwarding to Comcare of any tax invoice receipts for consideration.

What happens after the assessment?

After the assessment, a rehabilitation program may be required. If a rehabilitation program is required it will outline the actions you will be required to undertake to assist your recovery and return to suitable employment. It will also state who is responsible for the various steps in the program and include a timetable for completion.

If a rehabilitation program is required under s. 47 of the SRC Act 1988 your Case Manager should develop this program in consultation with you. This may involve discussion with your treating medical practitioner, supervisor and an approved Workplace Rehabilitation Provider (WRP), if one has been engaged.

Privacy information

Your privacy is important to us. For information about how we handle your personal information, please visit www.comcare.gov.au/privacy or contact us on 1300 366 979 and request a copy of our Privacy Policy.

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.

NOTICE OF RIGHTS AND RESPONSIBILITIES

What is a determination?

A determination is a decision. In this case, it is a decision made under s. 36 of the *SRC Act 1988*, that you attend an examination as part of your assessment for rehabilitation.

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 assessment examination.

To request a reconsideration of your referral for rehabilitation assessment examination

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

- > a copy of the Rehabilitation assessment examination determination and referral 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:

Disputed Claims
Comcare
GPO Box 9905
Canberra ACT 2601
Team.Reconsiderations@comcare.gov.au

30 day time 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 to Comcare. Comcare will consider the available information and will decide to affirm, revoke or vary the determination.

What if I do not undergo the assessment examination?

If you refuse or fail, without reasonable excuse, to undergo or in any way obstruct an assessment examination, 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 the assessment examination takes place. This means you cannot claim compensation entitlements (excluding medical treatment costs) for the period of that suspension. Your compensation entitlements for this period will not be reimbursed even if the suspension is lifted and your rights to full compensation entitlements are reinstated (see ss. 36(4) of the *SRC Act 1988*).

Legal costs

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

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



REHABILITATION ASSESSMENT EXAMINATION REFERRAL

Under section 36 of the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act)

REFERRAL INFORMATION

Assessor—Name of organisation and address

State _____ Postcode _____

Assessor's name

Phone number () _____

Fax number () _____

- Legally Qualified Medical Practitioner
 Suitably Qualified Person (as described in the section 41 Guidelines for Rehabilitation Authorities 2012)
 Panel (as described in the section 41 Guidelines), list additional panel members on a separate sheet as an attachment.

Injured employee—Name and address

State _____ Postcode _____

Date of birth / / Sex Male Female

Home contact () _____

Work contact () _____

Interpreter required? Language _____
 No Yes ▶

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 number () _____

Comcare claim details

Claim number _____

Liability for compensation determined? Yes No
(Please read 'Costs' below.)

Nature of injury

Assessment services requested

REHABILITATION ASSESSMENT/EXAMINATION APPOINTMENT DETAILS:

Date / / Time _____

Venue address

State _____ Postcode _____

Phone number () _____

Assessor's name

1. _____

2. _____

3. _____

The assessment provider will contact you shortly to arrange a time, date and location for your rehabilitation assessment examination.

COSTS

Comcare will pay the cost of an assessment provided under section 36 where liability for a claim is accepted. When liability for a claim is denied by Comcare under s. 14 of the *SRC Act 1988*, compensation is not payable for any rehabilitation costs incurred by the employer from the date that determination is made. If the employer has undertaken rehabilitation under the provision of the *SRC Act 1988*, prior to a determination of liability being issued, then rehabilitation costs incurred up to the date liability has been denied will be reimbursed by Comcare.

Authorised assessment costs \$ _____

- ATTACHMENTS Medical release authority attached Existing medical information attached Not available Notice of rights attached
 DISTRIBUTION Employee Case Manager Provider Supervisor Comcare Doctor