



Australian Government

Comcare

REHABILITATION PROGRAM ALTERATION

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

INFORMATION FOR EMPLOYEES

Changes to your rehabilitation program

If your original rehabilitation program changes, the delegate of your rehabilitation authority (usually a Case Manager) is required to complete a rehabilitation program alteration form.

Your rehabilitation program alteration details the changes to your original rehabilitation program. 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.

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

If you have any concerns or experience difficulties undertaking the altered rehabilitation program speak with your Case Manager or WRP as soon as possible.

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 under s. 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 you may request that Comcare reconsider the determination.

To request a review 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:

Reconsiderations team
Comcare
GPO Box 9905
Canberra ACT 2601

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 to Comcare. Comcare will consider the available information 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 altered 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

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 workplace health and safety purposes.

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

Employee's name	<input type="text"/>	Original referral date	<input type="text" value="/"/> <input type="text" value="/"/>	Original rehabilitation program start date	<input type="text" value="/"/> <input type="text" value="/"/>
Comcare claim number	<input type="text"/>	Employee's occupation	<input type="text"/>	Rehabilitation program alteration number e.g. 1, 2,	<input type="text"/>
Nature of injury	<input type="text"/>		Medical restrictions	<input type="text"/>	

Employer details

Case Manager's name	<input type="text"/>	Case Manager's contact details	Work phone	<input type="text"/>
Supervisor's name	<input type="text"/>		Email	<input type="text"/>
		Supervisor's contact 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 consultant	<input type="text"/>	Fax	<input type="text"/>
Comcare provider no	<input type="text"/>	Phone	<input type="text"/>	Email	<input type="text"/>

Final goal of rehabilitation program as described in original program

Please note: Where there has been a significant change in medical circumstance or where a return to the same employer is no longer possible and a new employer goal is required the Case Manager should ensure the original rehabilitation program is closed and a new rehabilitation program is completed.

Describe the **final goal(s)** as described in original program

Expected final goal commencement date

Employer Same ☐ S New ☐ N
Duties Same ☐ S New ☐ N Modified ☐ M
Hours Same ☐ S Reduced ☐ R

Alteration details

The original program was signed on
and was a determination under section 37 of the *Safety, Rehabilitation and Compensation Act 1988*.
It described the rehabilitation program that the employee should undertake. The original determination for that rehabilitation program is now altered as follows:

New expected rehabilitation program end date

REHABILITATION PROGRAM—
SERVICE DETAILS

Employee's name

Comcare claim number

Responsibilities

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	Service code	Extra hours	Extra cost (GST incl)
				\$
				\$
				\$
				\$
				\$

Action	Expected outcomes	Service code	Extra hours	Extra cost (GST incl)
				\$
				\$
				\$
				\$
				\$

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 of this altered rehabilitation program? No ☐ Yes ☐ ►

Is a copy of the signed Work trial agreement attached? No ☐ Yes ☐

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

Is the progress report attached? No ☐ Yes ☐

The Work trial agreement and the 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 paragraph 'Delegation' on 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 rehabilitation program alteration.

**Supervisor's
signature**



Date

/ /

Name

Employee to complete

I have been involved in the development of this rehabilitation program alteration 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 do I do if I disagree with a determination made by the delegate?' on page 1).

Delegate to complete

I (being a delegate), 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 a WRP has been used)

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

/ /

This determination of an alteration to the rehabilitation program applies from the date as stated above.

Name

Position

Organisation/
Agency

Distribution of copies:

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