



# REHABILITATION PROGRAM CLOSURE RECORD

This closure record must be completed for all rehabilitation program closures. It should record the final outcome of the rehabilitation program and be forwarded to Comcare.

**Employee's name**

Comcare claim number

Date of injury  /  /

Nature of injury

Employee's occupation

Employer

Rehabilitation program start date  /  /

Actual closure date  /  /

**If NO, why not?**

Employee is totally and permanently incapacitated  T

Employee is partially incapacitated but unable to be placed in suitable employment  U

Employee is temporarily incapacitated for work  Z

Provider ceased involvement  P

Voluntary retirement  V

Redundancy  R

Rehabilitation authority (usually employer) ceased involvement  C

Return to work was not a goal  N

**Closure details**

Why is the rehabilitation program being closed?

A. Services finalised and rehabilitation program completed

B. Employee not capable of continuing program

C. New rehabilitation program required because

Goals changed

New provider required

D. Other  (please specify)

Closure comments

If you ticked boxes in B, C or D, the determination on page 2 must be completed.

Is a copy of the WRP's final report attached? No  Yes

Was a non-vocational goal achieved? (please specify)

**Employee signature**

Date  /  /

Name

Were non-vocational goals identified but not achieved? (please specify)

**Work rehabilitation provider (WRP) signature**

Date  /  /

Name

Organisation

Consultant ID number

**Return to work details**

Did a return to work occur?

**If YES**

Actual return to work date  /  /

(Leave blank if maintained at work)

**Supervisor signature**

Date  /  /

Name

**Final rehabilitation goal achieved**

Employer Same  S New  N

Duties Same  S New  N Modified  M

Hours Same  S Reduced  R  (specify hours)

Date this goal was achieved  /  /

**Case Manager signature**

Date  /  /

Name

**Distribution:**  Employee  Case Manager  WRP  Supervisor  Comcare  Doctor



# REHABILITATION PROGRAM CESSATION

Determination under subsection 37(1) of the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act)

I, (holding a delegation under s. 41A of the SRC Act 1988), have determined under ss. 37(1) of the SRC Act 1988 that the rehabilitation program which commenced on

should be closed prior to completion.

Having regard to (please tick):

Section 36 rehabilitation assessment report dated

Any reduction in the future liability to pay compensation if the program is continued

The cost of the program

Any improvement in the employee's opportunity to be employed after completing the program

The likely psychological effect on the employee of not providing the program

The employee's attitude to the program

The relative merits of any alternative and appropriate rehabilitation program

Other relevant matters (please specify)

I make this decision for the following reasons:

Signature of delegate

Date

Name

Organisation

Position

## INFORMATION FOR EMPLOYEES

### Closure prior to the end date

Where the delegate decides to close the rehabilitation program prior to completion because the objectives of that program are no longer achievable, they are required to issue a formal determination notifying you of the reasons for that closure and your right to request a review of that decision (refer to the Notice of rights and responsibilities on this page). The delegate may develop a new rehabilitation program for you or arrange an assessment of your capability to undertake a new rehabilitation program.

Where the rehabilitation program has been completed (i.e. goals have been achieved or the end date reached), a formal determination is not required, however the decision to close the rehabilitation program must be discussed with you.

This form is used to certify the completion of your rehabilitation program, or to close the current rehabilitation program if a new one is required.

## NOTICE OF RIGHTS AND RESPONSIBILITIES

### What is a determination?

A determination is a decision. In this case a decision made by the delegate (usually a Case Manager) under s. 37 of the SRC Act 1988 to cease your rehabilitation program prior to completion.

### 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 ask Comcare to reconsider the determination that your rehabilitation program cease.

### To request a reconsideration 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 and closure record
- > 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 information available and will decide to affirm, revoke or vary the determination.

### 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.

### Privacy information

For information about how we handle personal information, please visit [www.comcare.gov.au/privacy](http://www.comcare.gov.au/privacy) or contact us on 1300 366 979 and request a copy of our Privacy Policy.

### 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](http://www.comcare.gov.au)