

Rehabilitation assessment examination

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

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ee, have suffered an injury on/ /						
resulting in an incapacity for work or an impairment, I (holding a delegation under section 41A of the SRC Act) have arranged an assessment of your capability to undertake a rehabilitation program under subsection 36(1). I have determined under subsection 36(3) of the SRC Act that you are required to attend an examination for the purposes of that assessment.						
In deciding whether to make this determination, I have complied with the requirements under subsection 36(3A) of the SRC Act and Part 1 of Schedule 1 of the Guide for Arranging Rehabilitation Assessments and Requiring Examinations 2024.						
ion considered						
I have considered existing rehabilitation information available and, where applicable, taken into account your circumstances, change in circumstances and relevant matters specified in the Guidelines for Rehabilitation Authorities.						
ormation reviewed: [list reports/summary of information d, if applicable, case file reference]						
formation from your treating practitioner on/ / ractitioner						
of information provided by your treating practitioner and, e, case file reference						
our views and the reason for your views about: ction of the assessor(s) who will conduct this examination you require a support person to attend all or part of the						

Determination under subsections 36(1) and 36(3) of the SRC Act.

Summary of employee views and, if applicable, case file reference
Reasons for making this determination
My reasons for relying/not relying on the information provided by your
treating practitioner are:
My reasons for accepting/not accepting your views are:
Details of the assessment and examination
The assessment and examination will be carried out by:
a legally qualified medical practitioner
a suitably qualified person (other than a medical practitioner) or
a panel comprising legally qualified medical practitioner(s) or other
suitably qualified persons (or both).
Names of assessor(s)
Name of provider organisation(s)
T
The assessment and examination will be on/

examination, this is because: [Add reasons for examination occurring within the minimum interval period if applicable]						
Assessor(s)/provider contact details are provided below.						
Signature of delegate						
Date	/	/				
Name						
Organisation						

If the date of the examination is less than 6 months from the last

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

Information for employees

About the assessment

Position

A rehabilitation examination forms part of the assessment. It takes place with your participation 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 changed to help you to get back to work quickly and safely.

Comcare will pay any reasonable costs you incur in attending this rehabilitation examination. Please forward tax invoice receipts to Comcare.

What happens after the assessment?

After the assessment, the assessor(s) will give your Rehabilitation Case Manager a written assessment about your capability of undertaking a rehabilitation program. You (or your treating practitioner) will receive a copy. If a rehabilitation program is required, the assessment might include details of the kind of program and information about how the rehabilitation program is to be provided. It will outline what you must do to assist your recovery and return to suitable work. It will also state who is responsible for the various steps in the program and include a date for completion.

If a rehabilitation program is required under section 37 of the SRC Act your Rehabilitation Case Manager must 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.

If a rehabilitation program is not required, your Rehabilitation Case Manager will advise you about the next steps in relation to your rehabilitation and return to work.

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. Email general.enquiries@comcare.gov.au.

Requests for information held by your employer or WRP should be

Notice of rights and responsibilities

What is a determination?

A determination is a decision. In this case, it is a decision made under section 36 of the SRC Act, 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 Rehabilitation Case Manager) you may ask Comcare to reconsider the determination that you undertake a rehabilitation assessment examination.

You must make the request within 30 days of receiving the determination. For information about how to request a reconsideration, see Applying for a reconsideration of a determination.

Where to send the information

Mail:

Reconsideration and Appeals Comcare GPO Box 9905

Canberra ACT 2601

Email: 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. For more information see Applying for a reconsideration of a determination.

What happens after I make a request for a reconsideration?

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 (excluding medical treatment costs), and your right to institute or continue any proceedings under the SRC Act will be suspended until the assessment examination takes place (see subsection 36(4) of the SRC Act). 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.

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 wrp.management@comcare.gov.au or call us on 1300 366 979.

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directed to them.



Rehabilitation assessment examination referral

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

Referral(s) inform	nation	Employee's current job title		
Assessor(s)—Name	of organisation and address			
		Rehabilitation Case Manager—Name		
State	Postcode	Phone number ()		
Assessor(s) name(s)	Fax number ()		
		Comcare claim details		
Phone number	()	21:		
Fax number	()	Claim number	Vo.	
Employee—Name a	nd address	Liability for compensation determined? Yes No (Please read 'Costs' below.) Nature of injury		
		Nature of Injury		
State	Postcode	Assessment services requested		
Date of birth	Sex	Assessment services requested		
/ /	Male Female			
Home contact	()			
Work contact	()	Rehabilitation Assessment/Examination Appo	ointment Details:	
Interpreter required?	Language	For an examination with a legally qualified modate of appointment is 14 days or more from		
No Yes -		otherwise agreed by employee.	delemination date unless	
Support person atter	ndina? No Yes	Date / /	Time	
	ctitioner—Name and address	Venue address		
meaning mealcul pla	cimonei—Nume una address			
State	Postcode	State	Postcode	
		Phone number ()		
Employer—Name of	organisation/agency and address		,	
		The assessment provider will contact you date and location for your rehabilitation of		
		Costs		
State	Postcode	Comcare will pay the cost of an examination provided under subsection 36(3) where liability for a claim is accepted. When liability for a claim is denied by Comcare under section 14 of the SRC Act,		
Supervisor—Name				
		compensation is not payable for any rehability employer from the date that determination is r		
Phone number	()	undertaken rehabilitation under the SRC Act, p	rior to a determination of	
Employee's current e	mployment status with this employer	liability being issued, then rehabilitation costs liability has been denied will be reimbursed by		
Ongoing	Casual	Authorised assessment costs	\$	
Ongoing Non-ongoing	Full-time (irregular/intermittent) Part-time Not employed	Aumonsed dssessifiem costs		
Is the employee curre				
ino ompioyoo odire	7, S. WOIN.			
	Medical release authority Existing medical information	Compare Medical practitioner		