



REHABILITATION ASSESSMENT

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

DETERMINATION

Determination under subsection 36(1) of the SRC Act.

As you

an employee, 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.

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 (the Guide).

INFORMATION 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.

Existing information reviewed: [list reports/summary of information viewed and, if applicable case file reference]

Additional information sought

This section will only be filled in if the existing information was inconsistent and/or insufficient and I sought more information from your treating practitioner.

I sought information from your treating practitioner on / /

Name of practitioner

Summary of information provided by your treating practitioner

REASONS FOR MAKING THIS DETERMINATION

I consider the available information to be sufficient for a rehabilitation assessment to be carried out without requiring you to attend an examination.

I also consider that an assessment of the available information will assist with determining your capability of undertaking a rehabilitation program.

DETAILS OF THE ASSESSMENT

The assessment 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)

Signature of delegate

Date

 / /

Name

Organisation

Position

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' on page 2.

INFORMATION FOR EMPLOYEES

About the assessment

The assessor will review the information I gave them, including information from your treating practitioner if available. The assessor will then determine your capability of undertaking a rehabilitation program. They may provide a written report of the assessment.

What happens after the assessment?

After the assessment, a rehabilitation program may be required. If a rehabilitation program is required, 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.

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 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 section 36 of the SRC Act.

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.

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.

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.



REHABILITATION ASSESSMENT 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(s)

 Phone number () _____
 Fax number () _____

Employee—Name and address

 State _____ Postcode _____

Date of birth

/ /

Sex

Male Female

Home contact

() _____

Work contact

() _____

Treating medical practitioner—Name and address

 State _____ Postcode _____

Employer—Name of organisation/agency and address

 State _____ Postcode _____

Supervisor—Name

 Phone number () _____

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

Rehabilitation Case Manager—Name

Phone number

() _____

Fax number

() _____

Comcare claim details

Claim number

Liability for compensation determined?

Yes No

Nature of injury

Assessment services requested

COSTS

Authorised assessment costs

\$ _____

Rehabilitation authorities are liable for the costs associated with complying with the Guide and the cost associated with rehabilitation assessments under a subsection 36(1) determination.

ATTACHMENTS

Medical release authority Existing medical information

DISTRIBUTION

Employee Rehabilitation Case Manager Provider Supervisor Comcare Medical practitioner