



REHABILITATION ASSESSMENT EXAMINATION

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

DETERMINATION

Determination under subsections 36(1) and 36(3) 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 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.

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]

I sought information from your treating practitioner on / /

Name of practitioner

Summary of information provided by your treating practitioner and, if applicable, case file reference

I sought your views and the reason for your views about:

- the selection of the assessor(s) who will conduct this examination
- whether you require a support person to attend all or part of the examination and,
- any other matter relevant to the decision to require you to undergo the examination.

Date views were sought / /

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)

The assessment and examination will be on / /

If the date of the examination is less than 6 months from the last examination, this is because: [Add reasons for examination occurring within the minimum interval period if applicable]

Assessor(s)/provider contact details are below.

Signature of delegate

Date

Name

Organisation

Position

If you are not satisfied with this determination, you may request a reconsideration by the ANU. 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

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.

The ANU will pay any reasonable costs you incur in attending this rehabilitation examination. Please forward tax invoice receipts to injurymanagement@anu.edu.au.

What happens after the assessment?

After the assessment, the assessor(s) will give me 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.

Privacy information

Your privacy is important to us. For information about how we handle your personal information, is available in the ANU Privacy Policy at https://policies.anu.edu.au/ppl/document/ANUP_010007.

What if I want copies of documents held on my files?

You can write to the ANU injury management team requesting the documents you need.

Email injurymanagement@anu.edu.au

Requests for information held by your 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, 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 ANU 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](https://www.comcare.gov.au/claims/disagree-determination/reconsideration) <https://www.comcare.gov.au/claims/disagree-determination/reconsideration>.

Where to send the information:

ANU Injury Management Team

Email: injurymanagement@anu.edu.au

30-day time limit

If you are unable to put your request to the ANU within 30 days, you may apply for an extension of time.

What happens after I make a request for a reconsideration?

The ANU 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 the Injury Management Team on injurymanagement@anu.edu.au.

You can also access resources via the ANU website at <https://services.anu.edu.au/human-resources/health-safety/workers-compensation-at-anu>.

You can provide feedback or raise concerns about your workplace rehabilitation provider to Comcare at wrp.management@comcare.gov.au or 1300 366 979.



REFERRAL(S) INFORMATION

Assessor(s) – Name of organisation and address

Form fields for Assessor(s) name and address, including State and Postcode.

Assessor(s) name(s)

Form fields for Assessor(s) name(s) and phone/fax numbers.

Employee – Name and address

Form fields for Employee name and address, including State and Postcode.

Date of birth

Date of birth input field (/ /)

Sex

Sex selection fields: Male [] Female []

Home contact

Home contact phone number input field ()

Work contact

Work contact phone number input field ()

Interpreter required?

Interpreter required? Yes [] No []

Language

Language input field

Support person attending? No [] Yes []

Treating medical practitioner – Name and address

Form fields for Treating medical practitioner name and address, including State and Postcode.

Employer – Name of organisation/agency and address

Form fields for Employer name and address, including State and Postcode.

Supervisor – Name

Supervisor name input field

Phone number

Supervisor phone number input field ()

Employee's current employment status with this employer

Employee's current employment status selection fields: Ongoing [], Full-time [], Part-time [], Not employed [], Casual (irregular/intermittent) []

Is the employee currently at work? Yes [] No []

ATTACHMENTS

Medical release authority []

Existing medical information []

Employee's current job title

Employee's current job title input field

Rehabilitation Case Manager – Name

Rehabilitation Case Manager name input field

Phone number

Rehabilitation Case Manager phone number input field ()

Fax number

Rehabilitation Case Manager fax number input field ()

Comcare claim details

Claim number

Claim number input field

Liability for compensation determined?

Liability for compensation determined? Yes [] No []

(Please read 'Costs' below.)

Nature of injury

Nature of injury input field

Assessment services requested

Assessment services requested input field

REHABILITATION ASSESSMENT/EXAMINATION APPOINTMENT DETAILS:

For an examination with a legally qualified medical practitioner, the date of appointment is 14 days or more from determination date unless otherwise agreed by employee.

Date

Date input field (/ /)

Time

Time input field

Venue address

Venue address input field

State

Postcode

State and Postcode input fields

Phone number

Venue phone number input field ()

Assessor's name

Assessor's name list with 3 numbered input fields

[] 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 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, compensation is not payable for any rehabilitation costs incurred by the employer from the date that determination is made.

Authorised assessment costs \$

Authorised assessment costs input field

Distribution

- Employee
- Case Manager
- Provider
- Supervisor
- Claims Manager
- Medical practitioner