



# 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 AND EXAMINATION

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 the ANU. 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, is available in the ANU Privacy Policy at [https://policies.anu.edu.au/ppl/document/ANUP\\_010007](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](mailto: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 reconsiderations, 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](mailto: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](mailto: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](mailto:wrp.management@comcare.gov.au) or 1300 366 979.



REFERRAL INFORMATION

Assessor – Name of organisation and address

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

Assessor(s) name(s)

Form fields for Assessor name and contact details, including Phone and 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 ( )

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

Employment status selection fields: 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

Employee's current job title input field

Rehabilitation Case Manager – Name

Rehabilitation Case Manager name input field

Phone number

Phone number input field ( )

Fax number

Fax number input field ( )

Claim details

Claim number

Claim number input field

Liability for compensation determined?

Liability selection fields: Yes [ ] No [ ]

Nature of injury

Nature of injury input field

Assessment services requested

Assessment services requested input field

COSTS

Authorised assessment costs

Authorised assessment costs input field with \$ symbol

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 [ ] Claims Manager [ ] Medical practitioner