



## Rehabilitation program

Under section 37 of the *Safety, Rehabilitation and Compensation Act 1988*

### Information for employees

#### About your rehabilitation program

Your rehabilitation program sets out the details of service and activities to assist you in your rehabilitation. It should be developed in consultation with you and your Case Manager, and may involve discussion with your supervisor, your treating doctor and if relevant your approved workplace rehabilitation provider (WRP). It contains goals or rehabilitation objectives, and details costs, time and actions considered necessary to achieve these goals or objectives.

Your rehabilitation program—when signed by the person (usually the Case Manager) who holds a delegation under section 41A of the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) to arrange your rehabilitation—constitutes a decision under s. 37 of the SRC Act 1988.

If you have any concerns or experience difficulties undertaking your rehabilitation program speak with your Case Manager or WRP as soon as possible.

If you are satisfied with the rehabilitation program, you should sign it and your Case Manager will give you a copy.

#### Notice of rights and responsibilities

##### What is a determination?

A determination is a decision—in this case, a decision made concerning the details of your rehabilitation program by the delegate (usually a Case Manager) under section 37 of the SRC Act 1988. Section 37 of the SRC Act 1988 sets out the matters your delegate should have considered in making the determination. These details are also provided on the signature page of this form.

##### What if I don't agree with a rehabilitation determination made by the delegate?

If you do not agree with the determination made by the delegate you may request that ANU reconsider the determination.

## **To request a reconsideration of your rehabilitation program**

You must provide the following information to the University within 30 days of receiving the determination:

- a copy of the rehabilitation program
- 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:

Manager Injury and Claims  
Work Environment Group – Human  
Resources 10B East Road, Chancelry  
Building Australian National University  
ACTON ACT 2601  
Email: [injurymanagement@anu.edu.au](mailto:injurymanagement@anu.edu.au)

### **30 day limit**

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

### **What happens next?**

Your review officer will consider the available information and will decide to affirm, revoke or vary the determination.

### **What are your responsibilities?**

You are to:

- actively participate in any rehabilitation program developed by your Case Manager or WRP in consultation with you;
- implement any recommended and agreed changes to your work practices, workplace environment and/or home environment in consultation with your employer to minimise the chance of further injuries or accidents.

## **What if I do not participate fully in the rehabilitation program?**

If you refuse or fail, without reasonable excuse, to participate in the rehabilitation program provided by your employer, your rights to compensation entitlements under the SRC Act 1988 (excluding medical treatment costs), and your right to institute or continue any proceedings under the SRC Act 1988 will be suspended until you participate in the rehabilitation program. This means you cannot claim retrospective compensation entitlements (excluding medical treatment costs) for the period of that suspension. Entitlements can only be reinstated on and from the date upon which you recommence participation in your agreed rehabilitation program (see ss. 37(8) of the SRC Act 1988).

Note: If you decide to have a solicitor help you with this process, any legal costs will be your responsibility regardless of the outcome of the University's decision.

## **Privacy information**

Your privacy is important to us. For information about how we handle your personal information, please visit [www.anu.edu.au/privacy](http://www.anu.edu.au/privacy) or contact us on 02 6125 5111 and request a copy of our Privacy Policy.

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

You can write to ANU requesting the documents you need which are held by the University.

## **More information**

If you need any further information about your rights or other specific issues, please email [injurymanagement@anu.edu.au](mailto:injurymanagement@anu.edu.au)

**Employee details**

Surname  Given name(s)   
Date of birth  /  /  ANU claim number   
Employee's pre-injury occupation   
Compensable condition  Date of injury  /  /   
Nature of injury

**Employee's current work status**

At work: pre-injury status  S Was a s36 assessment completed  
reduced hours  R No  Reason   
modified duties  M Yes  when  /  /   
both reduced and modified  B  
Not at work since  /  /  X (Please attach to this form)  
Employment ceased  /  /  C

**Type of rehabilitation program**

Return to work  Redeployment  Referral date  /  /   
Maintain at work  Non return to work  Rehabilitation program start date  /  /   
Non-return to work rehabilitation program goal(s) Expected rehabilitation program end date  /  /

**Medical restrictions**

**Employer details**

Name of employer   
Case Manager's name

**Case Manager's details**

Work phone   
Email

**Where a workplace rehabilitation provider (WRP) is being used complete the following details**

Name of organisation  **WRP contact details**  
Comcare provider number  Phone   
WRP consultant  Fax   
WRP consultant ID number  Email

**I determine that no rehabilitation program is required at this time, for the following reasons**

Delegate's signature

**Note:** By signing here you are making a determination under section 37 not to provide a rehabilitation program at this time.

# REHABILITATION PROGRAM - SERVICE DETAILS

Employee's name

ANU claim number

**Interim goal (RTW)** in terms of workplace, duties and hours *Must be completed*

**Employer** Same  S New  N  
**Duties** Same  S New  N Modified  M  
**Hours** Same  S Reduced  R  
**Not applicable (Non-RTW program)**

Describe the **interim goal** in terms of workplace, duties and hours

**Final goal (RTW)** in terms of workplace, duties and hours

Expected final goal commencement date  /  /

**Employer** Same  S New  N  
**Duties** Same  S New  N Modified  M  
**Hours** Same  S Reduced  R  
**Not applicable (Non-RTW program)**

Describe the **final goal** in terms of workplace, duties and hours

**Responsibilities - Employee**

Responsibilities - Employee	Outcomes expected	Target start date	Target end date
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

**Supervisor - Action**

Supervisor - Action	Outcomes expected	Target start date	Target end date
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

**Case Manager - Action**

Case Manager - Action	Outcomes expected	Target start date	Target end date
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /


**REHABILITATION PROGRAM - SERVICE DETAILS**

Employee's name

ANU claim number

**Workplace rehabilitation provider's responsibilities**

Action	Expected outcomes	Target start date	Target end date	Service code	Hours	Cost (GST inclusive)
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$
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		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$
		/ /	/ /			\$

Is a work trial one of the activities within this rehabilitation program? No  Yes  

Have you attached the signed work trial agreement? No  Yes

Is a return to work schedule (or similar) attached? No  Yes

The Work trial agreement and a work schedule will form part of the determination


Sub-total for service 92	\$
Sub-total for service 93	\$
<b>Total cost (including GST)</b>	\$

**This entire document constitutes a determination under subsection 37(1) of the SRC Act 1988**

Before signing please read the cover page.

**Workplace rehabilitation provider to complete**

I agree to provide this rehabilitation program to the employee named, subject to the University's standards and criteria for workplace rehabilitation providers.

**Workplace rehabilitation provider signature** 

Date / /


Name

Title

Organisation/ Agency

**Supervisor to complete**

I have been involved in the development of this return to work plan and agree to work with the Case Manager and employee to support the return to work process.


**Supervisor's signature** 

Date / /

Name

**Employee to complete**

I have been involved in the development of this rehabilitation program and understand my rights and obligations under the Safety, Rehabilitation and Compensation Act 1988.

**Employee's signature** 

Date / /

Name

I understand that if I am not satisfied with this determination I may request a reconsideration by the University (see 'What if I don't agree with a determination?' on page 1).

**Distribution of copies:** Employee  Case Manager  WRP  Supervisor  CSO  Doctor

**Delegate to complete**


I

(holding a delegation), determine under subsection 37(1) of the Safety, Rehabilitation and Compensation Act 1988 that the employee (being a person who has suffered an injury resulting in an incapacity for work or an impairment), should undertake the rehabilitation program described in this form. The program will be provided by (name of workplace rehabilitation provider where appropriate)

In making my decision I have had regard to subsection 37(3):

- a) any written assessment given under subsection 36(8);
- b) any reduction in the future liability to pay compensation if the program is undertaken;
- c) the cost of the program;
- d) any improvement in the employee's opportunity to be employed after completing the program;
- e) the likely psychological effect on the employee of not providing the program;
- f) the employee's attitude to the program;
- g) the relative merits of any alternative and appropriate rehabilitation program; and
- h) any other relevant matter

Evidence of this is demonstrated by:

**Signature of the delegate** 

Date / /

Name

Organisation/ Agency

Position