

This checklist is to assist workplace rehabilitation providers with the entering of information into WorkCover WA Online and does not need to be submitted to any party.

DETAILS

Worker name: Claim number:
Insurer:

SERVICE PROVIDED

- Specific service (please select one assessment)**
- Functional capacity assessment Vocational assessment Workplace assessment
 Aids & Applications assessment Ergonomic assessment
- Rehabilitation program**

REHABILITATION GOAL AT CLOSURE

- Same employer Same duties Date goal agreed:
 New employer New duties

STATUS AT CLOSURE

- Not working / full capacity Working / full capacity
 Not working / partial capacity Working / partial capacity
 Not working / no capacity

If working at full capacity:

Date workplace rehabilitation goal achieved:

Was return to work sustained for 13 weeks? Yes No

Date durability confirmed:

REASON FOR CLOSURE (regulation 39 of the *Workers Compensation and Injury Management Regulations 2024*)

Please select the reason for referral closure from the options below:

(a) an injured worker can no longer undertake or participate in workplace rehabilitation

- Funds exhausted
 Deceased
 Moved interstate/overseas
 Detained in custody
 Section 64 notice to worker under the *Workers Compensation and Injury Management Act 2023*

(b) an injured worker is participating in workplace rehabilitation with a different provider

Change of provider
New provider, if known:

(c) the goal or outcome identified by the provider in providing 1 or more workplace rehabilitation services has been attained

Insurer withdrew from program

Did not proceed past initial assessment

(d) a settlement agreement has been registered under the *Workers Compensation and Injury Management Act 2023*

Settlement

(e) the workplace rehabilitation provider's approval is suspended or cancelled

Workplace rehabilitation provider withdrew from program

(f) the injured worker and the employer agree that the services of the workplace rehabilitation provider are no longer required

Employer withdrew from program

Worker withdrew from program

CLOSURE

Date of case closure:

Case manager:

Date:

Please enter details into WorkCover WA Online Rehabilitation Application within 14 days of date of case closure. Durability details are to be updated 13 weeks after achieving the workplace rehabilitation goal.