

This checklist can be used by workplace rehabilitation consultants to monitor compliance with the *Workplace Rehabilitation Providers Principles and Standards of Practice*.

DETAILS

Name: Claim number:
 Insurer:

CHECKLIST

Standard	Requirement	Start Date	End Date	Met	Comment
1.5	Discussed conflicts of interest with worker				
1.6	Worker made aware of WorkCover WA publications and advisory service				
2.1	Referral accepted in WorkCover WA Online within three days of receipt				
2.2	Progress reports provided every six weeks				
3.1	Specific Service Referral				
3.2	Contact stakeholders within three days of referral				
3.3	Initial Assessment conducted within seven days of referral				
3.4	Initial Assessment Report provided within seven days of Initial Assessment				
3.5	Service Delivery Plan provided within seven days of Initial Assessment				
3.6	Return-to-Work Goal agreed				
3.8	Return-to-Work Programs developed / updated within three days of the need being identified				
3.1	Specific Service Referral				
3.11	Return to work monitored for four weeks after goal achieved				
3.11	Closure reason entered into WorkCover WA Online within 14 days of case closure				
3.11	Closure report provided within seven days				
3.12	Durability confirmation undertaken 13 weeks after goal achieved				
3.12	Durability confirmation entered into WorkCover WA Online within 14 days of confirmation				

COMMENTS

Please record any additional comments related to the above checklist.