This form is to assist WRPs with entering of information into WorkCover WA Online and does not need to be submitted to any party.

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| **Details** |
| **Name (Worker):**  |
| **Insurer:**  | **Claim number:**  |

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| **Service provided** |
| [ ]  **Specific service** *(please select one assessment)* |
| [ ]  Functional capacity assessment[ ]  Vocational assessment[ ]  Ergonomic assessment | [ ]  Job demands assessment[ ]  Workplace assessment[ ]  Aids & appliances assessment |
| **or** |  |
| [ ]  **Rehabilitation program** *(please select worker’s status at closure of referral)* |
| **Rehabilitation goal at closure** |
| [ ]  Same employer[ ]  New employer | [ ]  Same duties[ ]  New duties | Date goal agreed: |
| **Status at closure** |
| [ ]  Working at full capacity | Date workplace rehabilitation goal achieved Was return to work sustained for 13 weeks? [ ]  Yes [ ]  NoDate durability confirmed: |
| [ ]  Working at partial capacity[ ]  Not Working has full capacity[ ]  Not Working has partial capacity[ ]  Not Working has no capacity | Reason for closure of referral[ ]  Change of provider[ ]  Worker withdrew from program[ ]  Insurer withdrew from program[ ]  Employer withdrew from program[ ]  Workplace rehabilitation provider withdrew from program[ ]  Funds exhausted[ ]  Section 61 Notice to Worker[ ]  Did not proceed beyond initial assessment[ ]  Deceased[ ]  Moved interstate/overseas[ ]  Detained in custody[ ]  Settlement |

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| **Closure** |
| **Date closed:**  | **Case manager:**  |
|  | **Date:**  |

**Please enter details into WorkCover WA Online Rehabilitation application within 28 days of date of case closure. Durability details are to be updated 13 weeks after achieving the workplace rehabilitation goal.**