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  No  Date 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.**