

Sample Guidance for Occupational Rehabilitation Providers – Internal Vocational Rehabilitation Assessment Report

Internal vocational rehabilitation is a commitment to supporting and assisting injured workers to remain with the hospital in a new role where the injured worker is unable to return to their pre-injury role.

To be effective, it requires agreement from the injured worker (with support, if they choose, from a representative of their choice), and their treating practitioner that alternative nursing employment opportunities should be identified.

In participating in Internal Vocational Rehabilitation the nature and frequency of specific physical and psychological demands of any particular role will be aligned with the injured worker's medical restrictions.

The Hospital will not make roles for injured and/or ill workers, but encourages injured workers to apply for internal roles that match where they want to go with their career. It is important to note the merit principle will be applied.

An Internal Vocational Rehabilitation Assessment Report is to assist the injured worker and their employer with outlining where they have been in their career, defining their skills and identifying training needs.

The Internal Vocational Rehabilitation Assessment is an indepth assessment of the injured worker's career.

Sample Internal Vocational Rehabilitation Assessment Report

Worker Details

Worker Name		Assessment Type	
Address	Phone	Claim No.	
Date of Birth	Date of Injury	Injury Type	Interpreter Required
			<input type="checkbox"/> Yes: <input type="checkbox"/> No
Ceased Work Date	Expected Return to Work Date	At Work	
		<input type="checkbox"/> Yes: <input type="checkbox"/> No	

Employer Details

RTW Coordinator		Email	
Address	Telephone	Facsimile	

Occupational Rehabilitation Provider Details

Consultant Name	Provider Name	Address
Telephone	Facsimile	Email

Internal Vocational Rehabilitation Assessment Outcomes

Referral Date:	Assessment Date	Report Completed
Outcomes		

Worker's Injury Condition

Diagnosis/Prognosis/Treatment/Medication/Medical Restrictions.

Education and Training history

1. Institution	Course
Completed date:	
2. Institution	Course
Completed date:	
3. Institution	Course
Completed date:	
4. Institution	Course
Completed date:	
5. Institution	Course
Completed date:	

Detail Short Courses:

Worker's Employment History

1. Dates	Position/role	Employer
Duties & Demands:		
2. Dates	Position/role	Employer
Duties & Demands:		
3. Dates	Position/role	Employer
Duties & Demands:		
4. Dates	Position/role	Employer
Duties & Demands:		
5. Dates	Position/role	Employer
Duties & Demands:		
6. Dates	Position/role	Employer
Duties & Demands:		
7. Dates	Position/role	Employer
Duties & Demands:		
8. Dates	Position/role	Employer
Duties & Demands:		
9. Dates	Position/role	Employer
Duties & Demands:		
10. Dates	Position/role	Employer
Duties & Demands:		

Note: Include paid and voluntary work

Transferable Skills/Abilities for work:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Please comment on issues impacting on return to work?

Cognitive:
Financial:
Pain:
Physical:
Psychological:
Social:

Roles identified by client

Role Identified	Transferable Skills	Training Needs	Matches medical restrictions

Note: This should reflect the clients interests and preferences for employment.

Other Comments

--

REHABILITATION CONSULTANT:	
SIGNATURE:	