



Veterans' Vocational Rehabilitation Scheme

Instrument 2015 No. R11

made under subsection 115B(1) of the

Veterans' Entitlements Act 1986

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About this compilation

This compilation

This is a compilation of the *Veterans' Vocational Rehabilitation Scheme* that shows the text of the law as amended and in force on 15 December 2022 (the *compilation date*).

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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Chapter 1—Preliminary

1.1—The Scheme

1.1.1 Making the Scheme

The Repatriation Commission makes this Veterans' Vocational Rehabilitation Scheme under subsection 115B(1) of the *Veterans' Entitlements Act 1986*.

Transitional

1.1.4 If, immediately before the commencement of this Scheme, a person is a participant in an approved program under the *Veterans' Vocational Rehabilitation Scheme* (Instrument 1997 No. 5 – the former Scheme), then on the commencement of this Scheme the program is taken to be provided under this Scheme as an approved program and the person taken to be a participant in that program.

Note: *approved program* is defined in the former Scheme and this Scheme.

1.1.5 A form approved by the Commission under the *Veterans' Vocational Rehabilitation Scheme* (Instrument 1997 No. 5 – the former Scheme) for the purposes of paragraph 2.1.1(b) and section 4.1.2 respectively of the former Scheme is incorporated-by-reference into this Scheme as an approved form for the purposes of, respectively, paragraph 2.1.1(b) and section 4.1.2 as the form existed on the date this Scheme commenced.

1.1.6 If, before the commencement of this Scheme, a person lodges an application for approval to participate in the *Veterans' Vocational Rehabilitation Scheme* (Instrument 1997 No. 5 – the former Scheme), and on the commencement of this Scheme the application had not been determined, then on the commencement of this Scheme the application is to be determined under this Scheme as if it had been made under this Scheme.

1.1.7 If, before the commencement of this Scheme, a person lodges an application for a grant under the *Veterans' Vocational Rehabilitation Scheme* (Instrument 1997 No. 5 – the former Scheme), and on the commencement of this Scheme the application had not been determined, then on the commencement of this Scheme the application is to be determined under this Scheme as if it had been made under this Scheme.

1.1.8 A process commenced under the *Veterans' Vocational Rehabilitation Scheme* (Instrument 1997 No. 5 – the former Scheme) that had not been finalised on the commencement of this Scheme is to be finalised under this Scheme as if it had been instigated under this Scheme.

Section 1.2.1

1.2—Objectives and Principles of the Scheme

1.2.1 Objectives

The objectives of the Scheme are to assist veterans to find, or continue in, suitable paid employment, with particular emphasis on:

- (a) facilitating the transition from service in the Australian Defence Force to suitable paid employment;
- (b) assisting those veterans whose jobs are in jeopardy to retain suitable paid employment; and
- (c) in conjunction with Part VIA of the Act, providing an income safety net for certain veterans in receipt of pensions under sections 23 or 24 of the Act, or invalidity service pension, who wish to engage in suitable paid employment.

1.2.2 Principles

The principles of the Scheme are that:

- (a) participation in the Scheme is voluntary;
- (b) a rehabilitation plan is to be approved only if the veteran has undergone an assessment of rehabilitation capability by a suitably qualified person;
- (c) rehabilitation services are to be provided only in accordance with an approved plan that has been developed and agreed with the veteran;
- (d) rehabilitation services are to be provided only if the Commission is satisfied that these services will result in a suitable paid employment outcome;
- (e) rehabilitation services are to be approved according to principles of cost-effectiveness and will generally be the minimum necessary to achieve a suitable paid employment outcome;
- (f) there are no penalties for withdrawal from or failure to complete an approved program, although rehabilitation services may be discontinued in such circumstances;
- (g) rehabilitation services are not to be provided concurrently with another vocational rehabilitation program.

Note: *suitable paid employment outcome* is defined in paragraph 1.3.1.

1.3—Interpretation

1.3.1 Definitions

For the purposes of this Scheme, unless a contrary intention appears:

Act means the *Veterans' Entitlements Act 1986* as amended from time to time;

approved plan means the particular rehabilitation plan relating to a veteran that has been approved by the Commission under this Scheme;

approved program has the meaning given by paragraphs 1.3.2 and 1.3.3;

Commission means the Repatriation Commission, continued in existence by section 179 of the Act;

Department means the Commonwealth Department of Veterans' Affairs;

income safety net means the pension income protection provided by sections 115C, 115D and 115F of the Act whereby:

- (a) while a veteran is undertaking an approved program, the rate of pension payable to the veteran is not to be less than the rate the veteran would receive if the veteran were not undertaking an approved program; and

Note: section 115C of the Act provides this protection.

- (b) after a veteran has completed an approved program under Chapter 2, if the veteran is, for any reason, unemployed for a continuous period of at least two weeks, the pension reduction amount for each pension payday is reduced to nil so that pension is to be restored to the veteran's pension rate at the commencement of an approved program; and

Note: subsection 115D(4) of the Act provides this protection.

- (c) if the sum of the veteran's salary, wages or earnings per fortnight from remunerative work and the fortnightly rate of pension would be less than the rate of pension that the veteran would have received if the veteran had not undertaken the approved program, the pension reduction amount can, upon application to the Commission under Section 115E of the Act, be reduced;

Note: section 115F of the Act provides this protection.

medical management service means a service that is an adjunct to medical treatment and is designed to monitor a person's medical treatment with the aim of restoring or maximising the person's physical or psychological function;

Note: Examples of medical management services include, but are not limited to, coordination of medical providers to establish a treatment program, and intensive case management to facilitate regular attendance at medical appointments.

psychosocial service means a rehabilitative, skill-building or recovery-oriented service that aims to restore a person to his or her optimal level of independent functioning within the community;

Section 1.3.2

Note: Examples of psychosocial services include, but are not limited to, community inclusion activities, pain management, adjustment to disability counselling, family education, and drug and alcohol management.

Scheme means this Veterans' Vocational Rehabilitation Scheme;

Secretary means the Secretary to the Department;

semester has the meaning given by section 34 of the *Higher Education Funding Act 1988*;

service provider means a person or organisation with which the Commission or the Department has entered into an arrangement to provide services for the purposes of this Scheme;

suitable paid employment outcome means, as a minimum:

- (a) if the veteran is not undertaking any remunerative work—recommencing substantial remunerative work;
- (b) if the veteran is undertaking part-time remunerative work—increasing substantially the number of hours of remunerative work undertaken;
- (c) if the veteran is undertaking part-time remunerative work and the veteran is at risk of losing that work—maintaining the veteran in part-time remunerative work;
- (d) if the veteran is undertaking full-time remunerative work and the veteran is at risk of having to reduce that work substantially—maintaining the veteran in full-time remunerative work;
- (e) if the veteran is undertaking full-time remunerative work and the veteran is at risk of losing that work—maintaining the veteran in substantial remunerative work;
- (f) if a veteran is otherwise at risk of having to cease remunerative work in the short term—maintaining the veteran in long-term remunerative work;

being work that the veteran is likely to be able to sustain in the long term and which is not likely to worsen the veteran's health.

Tribunal means the Administrative Appeals Tribunal, established by section 5 of the *Administrative Appeals Tribunal Act 1975*;

veteran has the meaning given by section 115A of the Act.

Note: section 115A of the Act provides that for the purposes of Part VIA, **veteran** means:

- (a) a person:
 - (i) who is, because of section 7, taken to have rendered eligible war service; or
 - (ii) in respect of whom a pension is payable under subsection 13(6); or
 - (iii) who satisfies subsection 37(3); or
- (b) a member of the Forces; or
- (c) a member of a Peacekeeping Force.

1.3.2 Approved program

For the purposes of this Scheme, **approved program** means the particular vocational rehabilitation program under Chapter 2 or the particular rehabilitation

Section 1.3.3

program under Chapter 3, relating to a veteran, that has been approved by the Commission under this Scheme.

Note: see paragraphs 2.2.2 and 3.2.1 in relation to the approval of a program.

1.3.3 Content of an approved program

An *approved program* may include, but is not limited to, one or more of the following elements:

- (a) general advice and assistance on job seeking;
- (b) referral for vocational assessment;
- (c) vocational guidance and counselling;
- (d) case management;
- (e) assistance with updating skills and retraining;
- (f) assistance with entry to other vocational rehabilitation programs;
- (g) advice or assistance if the veteran's job is in jeopardy;
- (h) assistance with job placement including selection interview skills training and involvement in job clubs;
- (j) provision of an advocacy service for the veteran with the veteran's employer;
- (k) transport and accommodation assistance under Chapter 4;
- (m) grants for aids, appliances and workplace modifications under Chapter 4;
- (n) education programs and related assistance under Chapter 4;
- (o) the provision of medical management services;
- (p) the provision of psychosocial services;

but only if an element is not reasonably available to the veteran without significant cost from another source.

1.3.4 When an application is taken to be made

For the purposes of this Scheme, if an application under this Scheme (other than an application to the Administrative Appeals Tribunal) is required to be made in writing, the application will only be taken to have been made when it is received at an office of the Department in Australia.

1.3.5 Chapter 2 vocational rehabilitation program

A vocational rehabilitation program under Chapter 2 of the Scheme is:

- (a) a "vocational rehabilitation program" for the purposes of Division 2 of Part VIA of the Act; and
- (b) a "rehabilitation program" for the purposes of subsection 24A(2) and section 37AAA of the Act.

Note: Division 2 of Part VIA of the Act applies to veterans who have participated in a vocational rehabilitation program under Chapter 2.

1.3.6 Chapter 3 rehabilitation program

A rehabilitation program under Chapter 3 of the Scheme is neither:

Section 1.3.6

- (a) a “vocational rehabilitation program” for the purposes of Division 2 of Part VIA of the Act; nor
- (b) a “rehabilitation program” for the purposes of subsection 24A(2) and section 37AAA of the Act.

Note: Division 2 of Part VIA of the Act applies to veterans who have participated in a vocational rehabilitation program under Chapter 2.

1.4—Information to be obtained by Secretary

1.4.1 Assessment of a veteran for participation in the Scheme

For the purposes of obtaining information about any matter relevant to a determination under this Scheme, the Secretary may require a veteran to be examined or assessed, or both, by a relevant service provider.

1.4.2 Report from a service provider

Upon completing the examination or assessment, the service provider must provide a report to the Secretary concerning the examination or assessment.

1.4.3 Report and other material to be provided to the Commission

The Secretary must cause the report from a service provider and any other material that is relevant to the determination of a matter to be provided to the Commission for its determination of that matter.

Section 1.5.1

1.5—Rehabilitation plan

1.5.1 A rehabilitation plan must first be prepared and approved

Before a veteran can be approved to participate in the Scheme or undertake a rehabilitation program, a rehabilitation plan must:

- (a) be prepared in consultation with the veteran, either by a service provider or the Secretary; and
- (b) be approved by the Commission.

1.5.2 Veteran to be involved in preparing the rehabilitation plan

If a service provider or the Secretary prepares a rehabilitation plan, that person must:

- (a) involve the veteran in its preparation; and
- (b) reach an agreement with the veteran as to its details.

1.5.3 Amending an approved plan

An approved plan may be amended from time to time with:

- (a) the agreement of the veteran; and
- (b) the approval of the Commission.

1.5.4 Services to be in accordance with an approved plan

Before any service can be provided to a veteran under this Scheme, that service must be in accordance with an approved plan.

Chapter 2—Programs for special rate and intermediate rate pensioners and invalidity service pensioners

Purpose of this Chapter: Certain veterans who are in receipt of:

- a pension by way of compensation at the special rate or the intermediate rate; or
- the invalidity service pension;

may participate in a vocational rehabilitation program under this Scheme. This Chapter provides the rules for participation in the Scheme and the criteria by which applications and proposed vocational rehabilitation programs are to be assessed.

Section 2.1.1

2.1—Participation in the Scheme by veterans in receipt of certain pensions

2.1.1 Application for approval to participate in the Scheme

A veteran who is in receipt of a pension at the rate provided for in section 23 or 24 of the Act or invalidity service pension under Division 4 of Part III of the Act may apply to participate in the Scheme, as provided in this Chapter, by making an application:

- (a) in writing; and
- (b) in accordance with a form approved by the Commission for that purpose; and
- (c) accompanied by authorisation from the veteran for the Secretary to obtain information, relevant to the application, concerning the veteran from health care providers, including the Vietnam Veterans' Counselling Service.

2.2—Vocational rehabilitation program

2.2.1 Participation in the Scheme

Participation in the Scheme involves undertaking an approved vocational rehabilitation program that is intended to assist the veteran to return to, or continue in, work, including work of a type that the veteran might not have previously undertaken.

2.2.2 Approval of a vocational rehabilitation program

The Commission may approve a vocational rehabilitation program for a veteran having regard to:

- (a) the veteran's vocational, trade and professional skills, qualifications and experience; and
- (b) the kinds of remunerative work which a person with the skills, qualifications and experience referred to in subparagraph (a) might reasonably undertake; and
- (c) the veteran's capacity to be retrained to undertake different kinds of remunerative work; and
- (d) the type of remunerative work to which the program is likely to lead; and
- (e) the degree to which the veteran's physical or mental impairment has affected the veteran's capacity to undertake the program; and
- (f) if the veteran is not currently engaged in substantial remunerative work—the suitability of the proposed program in assisting the veteran to return to work (which may be a different type of work to that which the veteran previously undertook); and
- (g) the cost of the proposed program; and
- (h) the relative merits of any alternative appropriate programs; and
- (j) any other relevant matter.

2.2.3 Criteria for participation in the Scheme

The Commission may approve a veteran's participation in the Scheme only if the Commission is satisfied that the veteran is likely:

- (a) to complete an approved program satisfactorily; and
- (b) to obtain a suitable paid employment outcome following completion of the approved program.

Note: *suitable paid employment outcome* is defined in paragraph 1.3.1.

2.2.4 Labour market

Without limiting the matters that may be taken into account in considering whether a veteran is likely to recommence remunerative work, the Commission may have regard to the state of the labour market:

- (a) in the geographical area in which the veteran will probably seek to obtain work;

Section 2.2.5

- (b) at the time when the veteran will probably seek to obtain work.

2.2.5 Medical management and psychosocial services

The Commission may approve the inclusion of medical management services or psychosocial services in a vocational rehabilitation program for a veteran if the Commission is satisfied that the services are reasonably required to:

- (a) assist the veteran to achieve or retain suitable paid employment; or
- (b) address an identified rehabilitation barrier as part of the process of assisting the veteran to achieve or retain suitable paid employment.

2.3—Commencement and cessation of a vocational rehabilitation program

2.3.1 Commencement of a vocational rehabilitation program

For the purposes of this Scheme and section 115C of the Act, a veteran is taken to have commenced undertaking a vocational rehabilitation program on the date specified as the commencement date by the Commission in the determination approving the veteran's participation in an approved program, which must not be a date earlier than the date of the determination.

2.3.2 Failure to comply with an approved plan or approved program

If the Commission is satisfied that a veteran:

- (a) has, without reasonable cause, failed to comply with, or participate in, an important element of an approved plan or vocational rehabilitation program; or
- (b) is not capable of completing an approved program;

the Commission may determine that the veteran is no longer participating in, or undertaking, a vocational rehabilitation program under this Chapter.

2.3.3 Cessation of a vocational rehabilitation program

For the purposes of this Scheme and subsection 115C of the Act, the Commission may specify a date on which the veteran is taken to have ceased to be undertaking a vocational rehabilitation program, which may be a date earlier than the date of the determination.

Chapter 3—Programs for other veterans

Purpose of this Chapter: Certain veterans who are not in receipt of a pension by way of compensation at the special rate or intermediate rate or invalidity service pension may participate in a rehabilitation program, whether they are in receipt of a pension or not. Rehabilitation programs under this Chapter may assist veterans:

- to obtain remunerative work if they are not currently employed; or
- to increase the number of hours of remunerative work if they are in part-time employment; or
- to maintain them in employment, if they are having difficulties in coping with their current work; or
- who have recently separated, or are soon to separate, from the Australian Defence Force in their transition to civilian employment.

This Chapter provides the rules for their participation and the criteria by which applications and programs are assessed.

3.1—Participation in the Scheme by veterans other than those referred to in Chapter 2

3.1.1 Application for approval to participate in the Scheme

A veteran, other than a veteran who is in receipt of:

- (a) a pension at the rate provided for by section 23 or 24; or
- (b) an invalidity service pension;

may apply to participate in the Scheme, as provided in this Chapter, by making an application:

- (c) in writing; and
- (d) in accordance with a form approved by the Commission for that purpose.

Section 3.2.1

3.2—Rehabilitation program

3.2.1 Approval of a rehabilitation program

The Commission may approve a rehabilitation program for a veteran having regard to:

- (a) the veteran’s vocational, trade and professional skills, qualifications and experience; and
- (b) the kinds of remunerative work which a person with the skills, qualifications and experience referred to in subparagraph (a) might reasonably undertake; and
- (c) the veteran’s capacity:
 - (i) to be retrained to undertake different kinds of remunerative work; or
 - (ii) following undertaking the program, to continue in the veteran’s current employment on a long-term basis; and
- (d) if the veteran is not currently engaged in substantial remunerative work—
 - (i) the type of remunerative work to which the program is likely to lead; and
 - (ii) the suitability of the proposed program in assisting the veteran to return to work (which may be a different type of work to that which the veteran previously undertook); and
- (e) the degree to which the veteran’s physical or mental impairment has affected the veteran’s capacity to undertake the program; and
- (f) the cost of the proposed program; and
- (g) the relative merits of any alternative appropriate programs; and
- (h) any other relevant matter.

3.2.2 Criteria for participation in the Scheme

The Commission may approve a veteran’s participation in the Scheme only if the Commission is satisfied that the veteran is likely:

- (a) to complete an approved program satisfactorily; and
- (b) to obtain a suitable paid employment outcome following completion of the approved program.

Note: *suitable paid employment outcome* is defined in paragraph 1.3.1.

3.2.2A Medical management and psychosocial services

The Commission may approve the inclusion of medical management services or psychosocial services in a rehabilitation program for a veteran if the Commission is satisfied that the services are reasonably required to:

- (a) assist the veteran to achieve or retain suitable paid employment; or
- (b) address an identified rehabilitation barrier as part of the process of assisting the veteran to achieve or retain suitable paid employment.

3.2.3 Elements not normally included in an approved program

An approved program should not normally include an element to be provided at Commonwealth expense that a normally prudent person would be expected to provide for themselves in order to protect their employment.

3.2.4 Failure to comply with an approved plan or approved program

If the Commission is satisfied that a veteran:

- (a) has, without reasonable cause, failed to comply with, or participate in, an important element of an approved rehabilitation program; or
- (b) is not capable of completing an approved program;

the Commission may determine that the veteran is no longer participating in, or undertaking, a rehabilitation program under this Chapter.

Chapter 4—Other assistance to veterans participating in the Scheme

Purpose of this Chapter: Veterans participating in an approved program may receive other assistance under this Scheme. This Chapter provides the rules for such other assistance and the criteria by which applications for assistance are assessed.

4.1—Other assistance available under this Chapter

4.1.1 Availability of other assistance

A veteran who is participating in an approved program under Chapter 2 or Chapter 3 may receive one or more of the following kinds of assistance under this Chapter:

- (a) transport and accommodation assistance;
- (b) aids, appliances and workplace modifications; and
- (c) education expenses;

only if the relevant kind of assistance is not reasonably available to the veteran from another source.

4.1.2 Application for a grant under this Chapter

A veteran who is participating in an approved program under Chapter 2 or Chapter 3 may apply for a grant under this Chapter by making an application:

- (a) in writing; and
- (b) in accordance with a form approved by the Commission for that purpose.

Section 4.2.1

4.2—Transport and accommodation assistance

4.2.1 Grant may be made in special circumstances

The Commission may, in special circumstances, make a grant towards assisting a veteran to meet additional transport and accommodation costs involved in obtaining rehabilitation services, medical management services, psychosocial services or other assistance under this Scheme that are provided a substantial distance from the veteran's usual place of residence.

4.3—Aids, appliances, and workplace modifications

4.3.1 Grant to veteran or employer

The Commission may make a grant to a veteran or to a veteran's employer (for the veteran's benefit) for the provision of aids, appliances or modifications of the veteran's workplace that would enable the veteran to obtain or retain particular employment, and which the employer would not normally have to provide as an equal opportunity employer providing a safe working environment.

4.3.2 Assessment report to be obtained

If a veteran has applied for a grant under paragraph 4.3.1, the Secretary must obtain a report from a relevantly qualified person (such as an occupational therapist or rehabilitation specialist) assessing the veteran's need for any aid, appliance or modifications of the veteran's workplace for which an application has been made.

4.3.3 Regard must be had to assessment report

In considering an application for a grant under paragraph 4.3.1, the Commission must have regard to an assessment report obtained under paragraph 4.3.2.

4.3.4 Grant not to be for tools of trade or establishing a business

A grant under paragraph 4.3.1 is not to be made for the purchase of tools of trade or to assist in establishing a business.

Section 4.4.1

4.4—Education programs

4.4.1 Education programs

An education program may be part of an approved program and may include short course or other studies (not being a post-graduate degree or graduate diploma course) at an educational institution, if the veteran requires:

- (a) a refresher course; or
- (b) an upgrade of existing qualifications; or
- (c) short term study;

to obtain employment in the same field or a related field in which the veteran has expertise or experience, provided that:

- (d) the studies are essential for the veteran to retain or obtain employment in the relevant field; and
- (e) there is a reasonable expectation that the veteran will retain or obtain sustainable employment in that field during, or at the end of, the studies; and
- (f) the Commission is satisfied that the veteran has the capacity to complete the education program successfully.

4.4.2 Grants for text books and study materials

Subject to paragraph 4.4.4, the Commission may approve grants totalling not more than \$500 per semester to a veteran participating in the Scheme towards the cost of purchasing text books, a computer, software and other study materials necessary for the veteran's approved program.

4.4.3 Application for excess expenses grant

If a veteran considers that the necessary expenditure in a semester will be substantially greater than the amount specified in paragraph 4.4.2, the veteran may apply for an excess expenses grant.

4.4.4 Commission may make excess expenses grant

The Commission may approve, in whole or in part, an application under paragraph 4.4.3 for an excess expenses grant, and in considering the application, must take into account:

- (a) the cost and availability of the required text books, a computer and other study materials from other reasonably accessible sources, such as educational institutions and libraries; and
- (b) the cost and availability of second-hand text books and other study materials.

4.4.5 Payment of Higher Education Loan Program fees

If the Commission has approved an education program as part of a veteran's approved program, the Commission may grant to the veteran an amount equal to

the amount for which the veteran would be liable under the Higher Education Loan Program for the current semester of study.

4.4.6 Payment of Higher Education Loan Program fees after the first semester of a course of study

After the first semester of an education program, the Commission may make a grant under paragraph 4.4.5 to the veteran for the current semester of study only if:

- (a) the veteran has achieved a satisfactory standard of academic performance in the previous semester; or
- (b) the Commission is satisfied that the veteran will gain a significant vocational benefit from pursuing the course of study.

4.4.7 Payment of student union fees

If the Commission has approved an education program as part of a veteran's approved program, the Commission may grant to the veteran an amount equal to the amount for which the veteran is liable for student union fees.

Section 4.5.1

4.5—Grants must be applied to the relevant purpose

4.5.1 Proof of payment may be required

If the Commission has made a grant under this Chapter, the Secretary may require the veteran to provide documentary evidence to show that the grant has been applied to the purpose for which it was granted.

4.5.2 Recovery of grant if not applied for the proper purpose

If the Commission has made a grant under this Chapter, and the Commission is satisfied that the grant (either in whole or in part) has not, within a reasonable time, been applied to the purpose for which it was granted, so much of that grant as the Commission determines has not been applied to that purpose, is an unauthorised payment for the purposes of paragraph 205(1)(d) of the Act and may be recovered in accordance with section 205 of the Act.

Chapter 5—Notification of decisions and review rights

Purpose of this Chapter: Veterans are to be notified of decisions of the Commission under this Scheme and if they are dissatisfied with any such decisions they may have them reviewed. This Chapter sets out those notification and review rights.

Section 5.1.1

5.1—Notification to veteran

5.1.1 Notification of decision and review rights

As soon as practicable after the Commission makes a decision under this Scheme, the Commission must cause to be served on the veteran:

- (a) a copy of its decision; and
- (b) particulars of the veteran's right to have the decision reviewed.

5.2—Review of decisions by the Repatriation Commission

5.2.1 Who may seek a review

A veteran who is dissatisfied with a decision of the Commission under:

- (a) section 115F of the Act; or
- (b) this Scheme;

may apply to the Commission to review the decision.

5.2.2 Making a request for review

An application for review of a decision must:

- (a) be made within 3 months after the veteran was notified of the decision in accordance with paragraph 5.1.1; and
- (b) set out the grounds on which the request is made; and
- (c) be in writing.

5.2.4 Review by the Commission

If an application for review of a decision is made in accordance with paragraph 5.2.1, the Commission must review the decision.

5.2.5 Delegate cannot review own decision

If the Commission has delegated its powers under this Scheme to the person who made the decision under review, that person must not review the decision.

5.2.6 The Commission's powers on review

If the Commission reviews a decision under this Scheme, the Commission must affirm the decision or set it aside.

5.2.7 Substituted decision

If the Commission sets the decision aside it must substitute a new decision in accordance with this Scheme.

5.2.8 Notification of decisions upon review

As soon as practicable after the Commission makes a decision under paragraph 5.2.6 or 5.2.7, the Commission must cause to be served on the veteran:

- (a) a copy of its decision; and
- (b) a statement of reasons for that decision; and
- (c) particulars of the veteran's right to have the decision reviewed.

Section 5.3.1

5.3—Review by the Administrative Appeals Tribunal

5.3.1 Application to the Administrative Appeals Tribunal

If the Commission has made a decision under paragraph 5.2.6 that affirms or sets aside and substitutes a decision, an application may be made to the Administrative Appeals Tribunal for a review of the decision of the Commission that was so affirmed or substituted.

5.3.2 Manner of applying for review

A veteran's right to apply to the Tribunal under paragraph 5.3.1 is subject to section 29 of the *Administrative Appeals Tribunal Act 1975*.

Note: section 29 of the *Administrative Appeals Tribunal Act 1975* deals with the manner of applying for review, and among other things, requires an application to be in writing, in accordance with the approved form, setting out a statement of reasons for the application, and lodged with the Tribunal within the prescribed time.

5.3.3 Application of the Administrative Appeals Tribunal Act

Section 29 of the *Administrative Appeals Tribunal Act 1975* applies to and in relation to an application to the Tribunal for a review of a decision of the Commission under this Scheme:

- (a) as if “ending 3 months” were substituted for “ending on the twenty-eighth day” in subsection (2) of that section; and
- (b) as if at the end of subsection (7) there were added “until such date, being a date not more than 12 months after the date on which the document setting out the terms of the decision was furnished to the applicant, as the Tribunal deems fit”.

Note: The effect of this provision is that an application to the Tribunal must be made within 3 months of notification of the decision of the Commission, and the Tribunal may extend time to appeal up to 12 months after such notification, but not later.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and “(md not incorp)” is added to the amendment history.

Endnotes

Endnote 2—Abbreviation key

Endnote 2—Abbreviation key

| | |
|--|--|
| ad = added or inserted | o = order(s) |
| am = amended | Ord = Ordinance |
| amdt = amendment | orig = original |
| c = clause(s) | par = paragraph(s)/subparagraph(s) /sub-subparagraph(s) |
| C[x] = Compilation No. x | pres = present |
| Ch = Chapter(s) | prev = previous |
| def = definition(s) | (prev...) = previously |
| Dict = Dictionary | Pt = Part(s) |
| disallowed = disallowed by Parliament | r = regulation(s)/rule(s) |
| Div = Division(s) | reloc = relocated |
| ed = editorial change | renum = renumbered |
| exp = expires/expired or ceases/ceased to have effect | rep = repealed |
| F = Federal Register of Legislation | rs = repealed and substituted |
| gaz = gazette | s = section(s)/subsection(s) |
| LA = <i>Legislation Act 2003</i> | Sch = Schedule(s) |
| LIA = <i>Legislative Instruments Act 2003</i> | Sdiv = Subdivision(s) |
| (md) = misdescribed amendment can be given effect | SLI = Select Legislative Instrument |
| (md not incorp) = misdescribed amendment cannot be given effect | SR = Statutory Rules |
| mod = modified/modification | Sub-Ch = Sub-Chapter(s) |
| No. = Number(s) | SubPt = Subpart(s) |
| | <u>underlining</u> = whole or part not commenced or to be commenced |

Endnote 3—Legislation history

Endnote 3—Legislation history

| Name | Registration | Commencement | Application, saving and transitional provisions |
|---|------------------------------|-----------------------|--|
| Veterans' Vocational Rehabilitation Scheme | 13 Aug 2015 (F2015L01263) | 14 Aug 2015 (s 1.1.2) | |
| Veterans' Vocational Rehabilitation Scheme Amendment Instrument 2016 | 8 Mar 2016 (F2016L00248) | 20 Mar 2016 (s 2) | — |
| Veterans' Entitlements Legislative Instruments Omnibus Variation Determination 2022 | 14 Dec 2022 (F2022L01649) | 15 Dec 2022 (s 2) | — |

Endnotes

Endnote 4—Amendment history

Endnote 4—Amendment history

| Provision affected | How affected |
|---------------------------|---------------------|
| Chapter 1 | |
| s 1.1.2..... | rep LA s 48D |
| s 1.1.3..... | rep LA s 48C |
| s 1.3.1..... | am F2016L00248 |
| | ed C1 |
| s 1.3.3..... | am F2016L00248 |
| s 1.3.5..... | am F2016L00248 |
| s 1.3.6..... | am F2016L00248 |
| s 1.5.1..... | am F2016L00248 |
| Chapter 2 | |
| Chapter 2..... | am F2022L01649 |
| s 2.2.5..... | ad F2016L00248 |
| Chapter 3 | |
| Chapter 3..... | am F2022L01649 |
| s 3.2.1..... | am F2016L00248 |
| s 3.2.2A..... | ad F2016L00248 |
| s 3.2.4..... | am F2016L00248 |
| Chapter 4 | |
| s 4.2.1..... | am F2016L00248 |



[Home](#) > [Rehabilitation Policy Library](#) > [1 Introduction to Rehabilitation](#) > 1.2 What are the aims of rehabilitation?

1.2 What are the aims of rehabilitation?

Last amended

29 June 2023

DVA rehabilitation helps a person adapt to, and wherever possible, recover from an injury or accepted condition that is related to their Australian Defence Force (ADF) service.

Section 38 of the *Military Rehabilitation and Compensation Act 2004* ([MRCA](#) [2]) defines this as:

"The aim of rehabilitation is to maximise the potential to restore a person who has an impairment, or an incapacity for service or work, as a result of a service injury or disease to at least the same physical and psychological state, and at least the same social, vocational and educational status, as he or she had before the injury or disease."

DVA rehabilitation aims to assist veterans to build skills to enable them to maximise their wellbeing.

Wellbeing is underpinned by a combination of factors relating to a person's physical, mental, emotional and social health. DVA provides clients with the skills to maximise their capacity and functioning in all of those areas so that the client can optimise their wellbeing.

DVA provides assistance with skill and capacity development in multiple areas of a client's life, which may be impacting on a client's ability to achieve their rehabilitation goals, not just factors relating to their accepted conditions. Whilst rehabilitation can provide assistance with whole of person factors this does not extend to the client being able to access treatment and other DVA benefits in relation to all aspects of their life.

Support under DVA rehabilitation is broken down into three areas – medical management, psychosocial and vocational. Veterans should only access support in the areas where they have a genuine need.

Goal Attainment Scaling is central to achieving the aims of a DVA rehabilitation program. This is because the Goal Attainment Scaling process provides an opportunity for veterans to identify goals and objectives to help them start to make life changes, or set a new direction, after a service injury or disease. The support of a rehabilitation provider in helping the veteran to set, work towards and achieve rehabilitation goals helps to build confidence and a sense of hope for the future.

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[1] [http://auth-](http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21086%23comment-form)

[clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21086%23comment-form](http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21086%23comment-form)

[2] <https://www.legislation.gov.au/Series/C2004A01285>



1.4.1 Principles guiding rehabilitation under the MRCA

(Italics are quotes from the Act)

1. *"The aim of rehabilitation is to maximise the potential to restore a person who has an impairment, or an incapacity for service or work, as a result of a service injury or disease to at least the same physical and psychological state, and at least the same social, vocational and educational status, as he or she had before the injury or disease."* source: section 38 of [MRCA](#) [2].

2. A person can be considered for rehabilitation where the Military Rehabilitation and Compensation Commission (the Commission) has accepted liability for an injury or disease, which causes incapacity for work, or caused impairment that requires medical or social rehabilitation.

3. If the Commission has accepted liability for a person's injury or disease that person can request an assessment for suitability to undertake rehabilitation and that request must be complied with.

4. The Commission can determine that a person undertakes a rehabilitation program having regard to the following:

- *"any written report in respect of the person under subsection 46 (3) of MRCA;*
- *any reduction in the future liability of the Commonwealth to pay or provide compensation if the program is undertaken;*
- *the cost of the program;*
- *any improvements in the person's opportunity to be engaged in work after completing the program;*
- *the person's attitude to the program;*
- *the relative merits of any alternative and appropriate rehabilitation program; and*
- *any other matter the rehabilitation authority considers relevant."*
source: subsection 51 (2) of [MRCA](#) [2].

5. Any reference to written reports or relevant material in the Act, may include reports provided from the person's principal treating practitioner and any other report provided by the claimant in respect of both assessments of the person's capacity for rehabilitation and the development of the rehabilitation program.

6. The rehabilitation program can include vocational and social rehabilitation.

7. Persons with suitable qualifications or expertise in rehabilitation will assess a person's capacity for rehabilitation and where applicable provide guidance on the type of program the person should undertake.

8. If a person fails to undertake a rehabilitation assessment or program without reasonable excuse the Commission may suspend the person's right to compensation (but not treatment).

9. Rehabilitation will be coordinated, integrated and adequately resourced to achieve effective outcomes.

10. Relevant incapacity payments (income replacement) are payable whilst a person is undertaking a rehabilitation program and they are unfit for work.

11. All determinations relating to rehabilitation, with the exception of a determination relating to the suspension of compensation for refusing or failing to undergo a rehabilitation examination, or refusing or failing to undertake a rehabilitation program, are original decisions and subject to review and appeal.

Source URL (modified on 15/05/2015 - 4:49pm): <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-library/1-introduction-rehabilitation/14-mrca-rehabilitation-principles-protocols/141-principles-guiding-rehabilitation-under-mrca>

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[1] [http://auth-](http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21083%23comment-form)

[clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21083%23comment-form](http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21083%23comment-form)

[2] <http://www.comlaw.gov.au/Series/C2004A01285>



1.4.2 Protocols of rehabilitation under the MRCA

Last amended

4 April 2023

Rehabilitation screening

1. Where a person seeks a payment for impairment or incapacity for work a delegate will consider whether that person should undertake an assessment of capacity to undertake rehabilitation.
2. Where it is considered that such an assessment should be undertaken, a written determination must be made.
3. A person may request an assessment of their capacity for rehabilitation at any time.

Rehabilitation assessment

4. Persons who have requested an assessment, or where it has been determined that such an assessment is required, will be referred to a rehabilitation provider for a professional and comprehensive assessment.
5. The rehabilitation assessment is a comprehensive investigation undertaken by a suitably qualified or experienced professional in the field of medical management, psychological and vocational rehabilitation to measure the capacity and needs of the person.
6. The suitably qualified or experienced professional who will perform the rehabilitation assessment is determined by the rehabilitation authority from a list of approved providers.
7. In the event that a dispute arises between a person and the approved provider performing the rehabilitation assessment, the Department will endeavour to resolve the issues. If the issues cannot be resolved, the Department undertakes to use its best endeavours to assign another approved provider to conduct the rehabilitation assessment.
8. Subsection 41(1) of the [MRCA](#) [2] defines that: "***vocational assessment and rehabilitation*** consists of or includes any one or more of the following:
 - *assessment of transferable skills;*
 - *functional capacity assessment;*
 - *workplace assessment;*
 - *vocational counselling and training;*

- *review of medical factors;*
- *training in resume preparation, job-seeker skills and job placement; and*
- *the provision of workplace aids and equipment."*

A vocational assessment will also include an assessment of employability taking into account age, capability, tertiary and other qualifications, and labour market conditions.

9. Vocational training and education is generally provided to return a person to the workforce to at least the level of the person's former employment. If, in order to regain employment, the rehabilitation assessment determines that education or training to a higher level, including tertiary studies, is required to achieve reasonable likelihood of a return to the workforce, and such assistance is considered to be appropriate and cost effective, training or education to that level will be considered.

10. Matters that must be considered when determining the cost effectiveness of further education include:

- the person's rehabilitation goals and the primary focus of their current rehabilitation plan;
- the person's current medical status, previous educational qualifications, employment history, training undertaken through their defence role, and current job opportunities available to them;
- the cost of the training or education, including where applicable HECS - HELP;
- the type of course and the fee structure that applies to that course;
- access to suitable training institutions/courses or opportunities in the person's local area;
- local, regional and state labour market factors and employment opportunities which may impact on the client's future employability;
- the potential to assist the client towards a sustainable return to work and therefore financial self sufficiency and to help reduce future Commonwealth liability for ongoing payment of compensation;
- the client's ability to cope with the pressures and demands of study and the likelihood of them successfully meeting the course requirements;
- the client's commitment to self-manage their study, and if required seek assistance from the university support systems and their rehabilitation provider when needed; and
- the potential to assist the client to achieve the health benefits of being actively engaged in meaningful employment.

Further education will only be supported when the client is undertaking a vocational rehabilitation plan and working towards a return to work goal.

Further information about retraining and further education can be found in [section 9.8](#) [3] of this Guide.

11. It is important, as part of a whole-of-person approach to rehabilitation, that psychosocial rehabilitation is always considered. The aim of psychosocial rehabilitation is to assist a person to maximise their functioning in the community, manage their life circumstances as effectively as

possible, and to work towards a fulfilling and meaningful future by providing appropriate behavioural and basic training skills for living and participating in a community setting.

Rehabilitation Plan

12. A rehabilitation program will only be developed if the person has undergone an assessment of their capacity for rehabilitation by a suitably qualified provider.

13. The rehabilitation program will be described by a rehabilitation plan. It will list the goals that both the client and the provider believe to be achievable, as well as provide an indication of how difficult the client perceives these goals will be to achieve. It will list the services that will be provided, the time period covered under the plan and the expected outcome at the completion of the plan.

14. All parties to the plan, which includes, at a minimum, the person's rehabilitation coordinator (delegate), an approved rehabilitation provider and the person will be consulted during the preparation of the plan. This will enable each party to commit to the plan and goals within the plan. The consultation will include providing the person with information and options to allow them to make informed decisions. Please refer to [Goal Attainment Scaling in Chapter 15 of this Guide](#) [4] for detailed instructions on how to develop a plan.

15. DVA's whole of person approach to rehabilitation means that support and services can have a primary focus on:

- vocational rehabilitation;
- psychosocial rehabilitation; or
- medical management rehabilitation.

Rehabilitation support is tailored to each client's individual circumstances. It is likely that a rehabilitation plan may include activities across each of these three areas.

16. The plan will include an outline for the coordination arrangements for each of the rehabilitation services.

17. Rehabilitation plans are subject to review, as requested, to ensure they remain relevant to the person's current needs.

18. Any major changes to a rehabilitation plan, including closure of the plan, must be based on discussions between the client, their treatment doctor (if appropriate) and the rehabilitation provider, and be agreed by the rehabilitation coordinator.

Rehabilitation services

19. Rehabilitation services, including assessment, are to be provided by approved rehabilitation providers only.

Approved rehabilitation providers are:

- providers approved by Comcare for the purposes of the *Safety, Rehabilitation and Compensation Act 1988* (SRCA) or ; and
- providers with appropriate skills and expertise approved by the Commission.

20. The delivery of the services will be coordinated to ensure they are delivered in an efficient and timely manner and are appropriate to the client's current needs and circumstances.

Rehabilitation delivery costs

21. The Commonwealth will meet the cost of all rehabilitation activities approved by a rehabilitation coordinator (delegate). This includes examinations, assessments, aids, appliances (where they can not be provided through the Rehabilitation Appliances Program) and other activities included in a plan. Treatment costs, including nursing care costs, cannot be met through a rehabilitation plan.

22. Where a person is incapacitated for work due to a combination of compensable and non-compensable conditions, or being medically discharged due to a non-compensable condition, the Commission will consider paying for rehabilitation costs of the non-compensable injuries if it has the potential to be cost effective in facilitating a return to improved functioning and a return to work outcome.

23. If there is a requirement to travel to undertake a rehabilitation examination, then the Commonwealth will pay compensation for any costs reasonably incurred in that journey. If the person is also required to stay in accommodation in the area as a result of the journey then compensation for all reasonable costs will be paid.

24. Section 48 of the [MRCA](#) [2] describes that when: "*determining the amount payable, the rehabilitation authority must have regard to:*

- *(a) the means of transport available to the person for the journey; and*
- *(b) the route or routes by which the person could have travelled; and*
- *(c) the accommodation available to the person."*

Further information about travel to undertake a rehabilitation assessment can be found in [section 9.1 of the MRCA policy manual](#) [5] and [chapter 90 of the SRCA general handbook](#). [6]

Deeming a person able to earn income

25. Where a person fails to accept an offer of suitable employment, or fails to begin or continue such employment, without reasonable excuse, the person can be deemed to be earning the amount that they would have received if they had been in this employment.

26. If a person fails to seek suitable work as part of an agreed vocational rehabilitation plan, they can also be deemed to be earning an amount that they could reasonably be expected to earn, having regard to the labour market. If the person can show genuine yet unsuccessful attempts to obtain employment, they will not be "deemed" when suitable employment is not possible.

Section 5 of the [MRCA](#) [2] defines: "**suitable work** for a person means work for which the person is suited having regard to the following:

- *(a) the person's age, experience, training, language and other skills;*
- *(b) the person's suitability for rehabilitation or vocational retraining;*
- *(c) if work is available in a place that would require the person to change his or her place of residence – whether it is reasonable to expect the person to change his or her residence;*
- *(d) any other relevant matter."*

27. Discussions must always occur between the person's rehabilitation coordinator, and their incapacity delegate, before a deeming decision is made.

Assistance in finding work

28. Where a person's injury or disease results in an incapacity for work, the rehabilitation authority, through the rehabilitation provider and the rehabilitation coordinator, must take all reasonable steps to assist the person to find suitable work in the civilian workforce.

29. If liability for the injury or disease ceases, the requirement to provide assistance in finding suitable work also ceases.

Review

30. A person's capacity for rehabilitation may vary from time to time depending on their medical status. This may mean that a person not previously able to undertake rehabilitation due to medical factors may subsequently be able to do so. Alternatively, a person in a rehabilitation program may no longer be able to continue that program due to medical factors.

It is important that the person's rehabilitation provider is proactive in informing the rehabilitation coordinator of any changes to the client's circumstances that are creating barriers to them participating in their rehabilitation program. The rehabilitation coordinator must liaise with the client's incapacity delegate to ensure that the client is able to access their correct entitlements if they are not able to participate in employment or rehabilitation for a period of time.

31. The provision and review of treatment and rehabilitation will continue to be relevant in post working age years. A person may at any time request that the Commission undertake a review to ensure that they are receiving the most appropriate level of rehabilitative services. The review must consider whether appropriate levels of household services, attendant care services, assistance with motor vehicle modifications, medical management, psychosocial and vocational rehabilitation programs and services are being provided.

32. The frequency of reviews will be determined taking account of advice from treating physicians and specialists, and as specified in a rehabilitation plan. Up to the age at which incapacity payments would normally cease, the Commission will at a minimum, undertake a review at least every 5 years, including consideration of whether appropriate treatment and services are being provided. A more regular review cycle is highly recommended. Where a principal treating practitioner states that a review must be undertaken with particular care, the rehabilitation coordinator or the incapacity delegate must first contact the treating practitioner. In this case, a file review may be more appropriate. It is vital that the incapacity delegate and the rehabilitation coordinator communicate regularly to better manage activities that are being undertaken regarding the client.

33. The Commission or a person can at any time seek a review of services being provided.

34. Where a person's capacity for work changes following a medical review, a reassessment of their rehabilitation capacity should also be undertaken. This would involve the person undergoing an assessment for rehabilitation. The incapacity delegate and the rehabilitation coordinator must work together in a coordinated way in this circumstance, and ensure that each is aware of activities being undertaken regarding the client.

Appeal mechanisms

35. All aspects of a rehabilitation plan, including the selection of provider are subject to review.

36. Further information about a person's appeal rights can be found in [section 13.4](#) [7] of this Library.

37. A person has the right to be accompanied by a person of their choice, including a family member, an ex-service organisation or ADF service representative, or a legal representative to interviews and in phone conversations relating to any aspect of their claim including at reconsideration and appeal. The only exceptions are VRB proceedings, which are non-adversarial and legal representation is not permitted.

38. Legal Aid may be available in respect of AAT matters, subject to relevant Legal Aid guidelines and priorities, including merit and/or means testing for eligibility.

39. Determinations relating to the suspension of compensation for refusing or failing to undergo a rehabilitation examination, or refusing or failing to undertake a rehabilitation program are not “original determinations” and are not subject to either reconsideration or review by the Veterans' Review Board or the Administrative Appeals Tribunal. These decisions can only be appealed on a matter of law to the Federal Court. All other determinations concerning rehabilitation are “original determinations” and are subject to merit review.

Interaction with the ADF Rehabilitation Program

40. While an ADF member is still serving, the Chief of the Defence Force is their rehabilitation authority. For members of the Permanent Forces and Reservists on continuous full time service (CFTS), rehabilitation support is provided through the ADF Rehabilitation Program (ADFRP). For all other Reservists, rehabilitation support is provided through the Rehabilitation for Reservists Program (R4R). Interaction between the ADFRP/R4R and DVA is necessary to ensure ADF members are aware of and able to utilise all services and support available to them from DVA. This includes compensation, household services, attendant care services, rehabilitation aids and appliances and DVA's motor vehicle assistance schemes.

Permanent force members and Reservists on CFTS also have access to a variety of entitlements through the ADF's Career Transition Assistance Scheme (CTAS), including training, resume preparation, job seeking and on-the-job training.

41. It is important that timely support is provided to members who are in the process of separating from the ADF to ensure that there is a smooth transition of rehabilitation authority from the Chief of the Defence Force to the MRCC. Interaction between the member's ADFRP Rehabilitation Consultant/R4R Case Manager and the DVA location who will be managing their ongoing rehabilitation is vital. Wherever possible, DVA is required to continue rehabilitation activities that have been approved by the ADFRP/R4R, and to continue to have the person's plan managed by the same rehabilitation provider.

Further information about the ADF rehabilitation programs can be found in [Chapter 4.1 of this library](#) [8].

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Links

[1]

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[2] <http://www.comlaw.gov.au/Series/C2004A01285>

[3] <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/9-vocational-rehabilitation/98-retraining-and-further-education>

[4] <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/15-goal-attainment-scaling>

[5] <http://auth-clik.dvastaff.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-9-other-benefits-under-military-rehabilitation-and-compensation-act-2004>

[6] <http://auth-clik.dvastaff.dva.gov.au/military-compensation-srca-manuals-and-resources-library/general-handbook/ch-90-compensation-travel-and-accommodation-costs-under-safety-rehabilitation-and-compensation-act-1988-srca>

[7] <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/13-rights-and-obligations/134-reconsideration-and-review-mechanisms-rehabilitation>

[8] <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/4-adf-rehabilitation-programs/41-overview-adf-rehabilitation-programs>



2.3.1 Rehabilitation Definitions

Last amended

3 April 2023

Rehabilitation program

Section 4 of the [DRCA](#) [2] defines a rehabilitation program in both medical and vocational terms as:

"Rehabilitation program includes medical, dental, psychiatric and hospital services (whether on an in-patient or out-patient basis), physical training and exercise, physiotherapy, occupational therapy and vocational training"

Suitable employment

Section 4 of the [DRCA](#) [3] defines suitable employment as:

"Suitable employment, in relation to an employee who has suffered an injury in respect of which compensation is payable under this Act, means:

(a) in the case of an employee who was a permanent employee of the Commonwealth or a licensee on the day on which he or she was injured and who continues to be so employed – employment by the Commonwealth or the licensed corporation, as the case may be in work for which the employee is still suited having regard to:

(i) the employee's age, experience, training language and other skills;

(ii) the employee's suitability for rehabilitation or vocational retraining;

(iii) where employment is available in a place that would require the employee to change his or her place of residence – whether it reasonable to expect the employee to change his or her place of residence; and

(iv) any other relevant matter; and

(b) in any other case – any employment including self-employment), having regard to the matters specified in subparagraphs (a)(i), (ii), (iii) and (iv)"

A delegate must have regard to the definition of suitable employment when determining whether work is suitable for a person.

In making this assessment, regard must be paid to **all four criteria** and the individual circumstances of the person.

(i) the person's age, experience, training, language and other skills

This criterion makes it necessary to have regard to the person's employment background. For example, if a former RAAF General Hand was injured to the extent that their work prospects were limited to sedentary office-based work, such work would be inappropriate if the person had poor literacy and numeracy skills. Similarly, work as a cleaner would generally not be considered suitable work for a former RAAF pilot or skilled Officer Engineer.

(ii) the person's suitability for rehabilitation or vocational retraining

This criterion is generally guided by a formal rehabilitation assessment, as per section 36 of the [DRCA](#) [3], of a person's capacity for rehabilitation. A rehabilitation assessment examines a person's transferable skills in relation to the local labour market. If there is a gap between a person's transferable skills and the availability of work commensurate with the person's pre-injury vocational status, then retraining may be appropriate.

The former RAAF General Hand in the example above may be provided with literacy and office skills training as part of a rehabilitation program, and therefore become suitable for clerical work.

A highly trained RAAF pilot has already demonstrated the ability to undertake training. If that pilot is unable to fly due to their service injury or disease, s/he would be suitable for retraining for new employment at a level commensurate with their previous capacity.

There may be occasions where, due to the nature of the service injury or disease, a person is so severely impaired that they are not suitable for rehabilitation in a vocational sense. However it is envisaged that these cases will be rare.

(iii) if work is available in a place that would require the person to change his or her place of residence – whether it is reasonable to expect the person to change his or her place of residence

If it is unreasonable for a person to move, the work would not be suitable work. Factors affecting the reasonableness of a requirement to move could include:

- continuity of school attendance for the person's children;
- existing or potential work of the person's spouse;
- availability of family support;
- long-standing social networks;
- continuing contact with children after marital separation;
- availability of appropriate and affordable housing; or
- access to medical services.

Where a person moves to an area of low work without a reasonable explanation, such as the reasons listed above, it may be appropriate to consider suitable work in either the new location or the previous location.

In some circumstances, assistance with removal costs may be considered where a person is required to relocate because they have secured suitable employment in a new location. Refer to [section 9.12.4](#) [4] for further information about when relocation assistance might be appropriate.

(iv) any other relevant matter

This criterion encompasses a wide variety of individual circumstances in the person's case. It includes all the person's medical restrictions, whether or not they arise out of the person's compensable condition.

For example, a motor mechanic with recurrent shoulder problems may not be considered suitable for work in a workshop where they are required to regularly work, on vehicles on hoists, above shoulder height. This is irrespective of whether the shoulder condition is compensable.

When considering a person's capacity for work, it is also appropriate to consider the availability of work that is suitable given the state of the local labour market.

Source URL (modified on 03/04/2023 - 4:07pm): <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/2-legislative-provisions/23-safety-rehabilitation-and-compensation-defence-related-claims-act-1988-drca/231-rehabilitation-definitions>

Links

[1] <http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21150%23comment-form>

[2] <https://www.legislation.gov.au/Series/C1988A00156>

[3] <http://www.legislation.gov.au/Series/C1988A00156>

[4] <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/9-vocational-rehabilitation/912-assistance-finding-suitable-employment/9124-relocation-assistance>



[Home](#) > [Rehabilitation Policy Library](#) > [2 Legislative Provisions](#) > [2.3 The Safety, Rehabilitation and Compensation \(Defence-related Claims\) Act 1988 \(DRCA\)](#) > [2.3.3 Part III of the DRCA](#) > 2.3.3.2
Section 37 Provision of Rehabilitation Program

2.3.3.2 Section 37 Provision of Rehabilitation Program

Last amended

4 April 2023

Subsection 37(1) of [DRCA](#) [2] provides the legislative authority to determine that a client who has suffered an injury resulting in an incapacity for work, or an impairment, should undertake a rehabilitation program. This includes the authority to amend or close a rehabilitation program. This section also provides the authority to appoint an approved rehabilitation program provider.

Subsection 37(3) describes what factors the delegate must have regard to when determining that a client will undertake a rehabilitation program.

"In making a determination under subsection (1), a rehabilitation authority shall have regard to:

- (a) any written assessment given under subsection 36(8);*
- (b) any reduction in the future liability to pay compensation if the program is undertaken;*
- (c) the cost of the program;*
- (d) any improvement in the employee's opportunity to be employed after completing the program;*
- (e) the likely psychological effect on the employee of not providing the program;*
- (f) the employee's attitude to the program;*
- (g) the relative merits of any alternative and appropriate rehabilitation program; and*
- (h) any other relevant matter."*

Subsection 37(7) provides the authority to suspend the client's entitlements to compensation should the client refuse or fail, without reasonable excuse, to undertake a rehabilitation program.

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Links

- [1] <http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/78495%23comment-form>
- [2] <https://www.legislation.gov.au/Series/C1988A00156>



2.4.2 Rehabilitation Definitions

Last amended

5 April 2023

Rehabilitation authority

Section 39 of the [MRCA](#) [2] defines who the rehabilitation authority is in relation to current and former members of the Australian Defence Force (ADF).

If a person is a full-time serving member, reservist on Continuous Full Time Service or part time reservist and not identified to be medically discharged, then the Chief of the Defence Force is the rehabilitation authority.

The MRCC is the rehabilitation authority in all other cases where the Chief of the Defence Force identifies the member as “likely to be discharged” for medical reasons, or if the MRCC, after considering advice from the Chief of the Defence Force, determines, in writing, that the Commission is to be the rehabilitation authority for a specified person at a specified time.

Approved program provider

Section 41 of the [MRCA](#) [2] defines that an approved program provider means:

- (a) a person or body that is an approved program provider for the purposes of DRCA; or
- (b) a person nominated in writing by a rehabilitation authority, being a person the rehabilitation authority is satisfied has appropriate skills and expertise to design and provide rehabilitation programs.

Approved rehabilitation program

Section 41 of the [MRCA](#) [2] defines that an approved rehabilitation program means a rehabilitation program determined under section 51 for a person by the person's rehabilitation authority.

Rehabilitation program

Section 41 of the [MRCA](#) [2] defines that a rehabilitation program means a program that consists of or includes any one or more of the following:

- (a) medical, dental, psychiatric and hospital services (whether on an in-patient or out-patient basis);
- (b) physical training and exercise;
- (c) physiotherapy;
- (d) occupational therapy;
- (e) vocational assessment and rehabilitation;

- (f) counselling;
- (g) psycho-social training.

Vocational assessment and rehabilitation

Section 41 of the [MRCA](#) [2] defines that vocational assessment and rehabilitation consists of or includes any one or more of the following:

- (a) assessment of transferable skills;
- (b) functional capacity assessment;
- (c) workplace assessment;
- (d) vocational counselling and training;
- (e) review of medical factors;
- (f) training in resume preparation, job-seeker skill and job placement;
- (g) provision of workplace aids and equipment.

Suitable work

Section 5 of the [MRCA](#) [2] defines suitable work in almost identical terms to the definition of suitable employment in section 4 of the [DRCA](#). [3] Accordingly, the commentary included in [section 2.3.1](#) [4] of this Library is equally relevant for MRCA.

Suitable work for a person means work for which the person is suited having regard to the following:

- (a) the person's age, experience, training, language and other skills;
- (b) the person's suitability for rehabilitation or vocational retraining;
- (c) if work is available in a place that would require the person to change his or her place of residence, whether it is reasonable to expect the person to change his or her place of residence; and
- (d) any other relevant matter.

In some circumstances, assistance with removal costs may be considered where a person is required to relocate because they have secured suitable employment in a new location. Refer to section 9.12.4 for further information about when relocation assistance might be appropriate.

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Links

- [1] <http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21120%23comment-form>
- [2] <https://www.comlaw.gov.au/Series/C2004A01285>
- [3] <https://www.legislation.gov.au/Series/C1988A00156>
- [4] <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/2-legislative-provisions/23-safety-rehabilitation-and-compensation-defence-related-claims-act-1988-drca/231-rehabilitation-definitions>



2.4.4 Provision of Rehabilitation Programs

Rehabilitation program determination

Section 51 of the [MRCA](#) [2] provides the authority for the rehabilitation authority to determine that the person is to undertake a rehabilitation program, following a rehabilitation assessment made under section 44.

In making such a determination, the rehabilitation authority is to have regard to the following:

- a. any written report in respect of the person under subsection 46(3);
- b. any reduction in the future liability of the Commonwealth to pay or provide compensation if the program is undertaken;
- c. the cost of the program;
- d. any improvement in the person's opportunity to be engaged in work after completing the program;
- e. the person's attitude to the program;
- f. the relative merits of any alternative and appropriate rehabilitation program; and
- g. any other matter the rehabilitation authority considers relevant.

Failure to undertake a rehabilitation program

Section 52 of the [MRCA](#) [2] provides the authority to suspend the person's entitlements to compensation, but not the person's right to medical treatment or compensation for treatment (under Chapter 6 of the MRCA) should the person fail or refuse, without reasonable excuse, to undertake a rehabilitation program.

Cessation or variation of a rehabilitation program

Section 53 of the [MRCA](#) [2] provides the authority to cease or vary a rehabilitation program. The rehabilitation authority may on its own initiative or on written application by the person, determine that:

- (a) the rehabilitation program cease; or
- (b) the rehabilitation program be varied.

However, before making such a determination under subsection 53(2), the rehabilitation authority **must**:

- (a) undertake an assessment under section 44 of the person's capacity for rehabilitation; and
- (b) consult the person about the proposed determination.

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Links

[1] [http://auth-](http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21119%23comment-form)

[clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21119%23comment-form](http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21119%23comment-form)

[2] <https://www.comlaw.gov.au/Series/C2004A01285>



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2.10 Determining the 'reasonableness' of a request for a rehabilitation item or service

Last amended

6 April 2023

The key principle in considering any request or proposal for the provision of a rehabilitation item or service for a client, is whether or not the item being requested is **reasonably** required to assist the client to achieve a rehabilitation goal.

The first criteria in determining 'reasonableness' is the requirement for the request to be covered under current legislative/policy provisions.

To be eligible for the provision of home alterations, modifications, aids and or appliances and other rehabilitation services, clients must meet the following criteria:

- they have an accepted claim for compensation;
- they have an impairment as a result of a service injury or condition; and
- the client must either:
 - be undertaking, or has completed, an approved rehabilitation program in respect of the impairment; or
 - has been assessed (under section 44 of [MRCA](#) [2] or section 36 of [DRCA](#) [3]) as not being capable of undertaking a rehabilitation program.

Secondly, the client's rehabilitation and medical or allied health provider (i.e. GP, Specialists, Occupational Therapists, Physiotherapists, Podiatrists, Rehabilitation Service Providers or other allied health providers) is expected to provide objective, professional advice recommending or suggesting the item or service, based on the client's accepted medical condition and level of impairment, will help:

- achieve an agreed rehabilitation goal;
- the clients recovery (help alleviate pain/suffering);
- provide remedial support for the accepted condition(s);
- ensure the client's personal safety; and
- impact on the client's quality of life – mobility, independence, community engagement, their maintenance of wellbeing, general functioning and or capacity to return to or perform at work.

Where necessary, further clarification from a rehabilitation or health professional or other source (eg. item manufacturer or supplier) may be required if the items or services are considered uncommon, expensive or a specific type of item or service is being requested.

Finally, other considerations which may have to be taken into account include:

- the urgency of the request and availability of the items or services;
- the length of time the items or services will be required;
- the cost effectiveness in purchasing the item or service, which requires consideration of the:
 - cost of the item or service;
 - impact on future liability; and
 - improvements to the client's general functioning, and wellbeing;
- possible alternatives to purchasing such as, leasing or hiring options;
- the expected duration of the client's impairment and the likely time the items or services will be required;
- client preference, possible contributions and input into the decision/agreement; and
- whether provision of the support requested is above the level that would normally be required for the medical condition or level of impairment.

Source URL (modified on 06/04/2023 - 9:26am): <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/2-legislative-provisions/210-determining-reasonableness-request-rehabilitation-item-or-service>

Links

[1] [http://auth-](http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21125%23comment-form)

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[2] <https://www.legislation.gov.au/Series/C2004A01285>

[3] <https://www.legislation.gov.au/Series/C1988A00156>



3.8.2 The Rehabilitation Plan

- [Log in \[1\]](#) to post comments

Last amended

6 October 2023

REHABILITATION ASSESSMENT REPORT and REHABILITATION PLAN DEVELOPED
The whole of person assessment and plan are submitted by rehabilitation provider for the Rehabilitation Coordinator's consideration.

The assessment will cover:

Physical and mental health status, psychosocial circumstances, vocational skills/interests, possible barriers identified, provider recommendations, rehabilitation goals and objectives summarised as required.

The Rehabilitation Plan will cover:

Overall rehabilitation goal, specific activities/items, people involved, expenses, time frames, reviewed and approved, rights and obligations signed off, Plan to be signed by client/provider/coordinator

NB This is a formal determination point and as such is a reviewable decision

The recommendations made by the Rehabilitation Provider in the client's Rehabilitation Assessment Report, form the foundation of the Rehabilitation Plan (the plan) drafted by the provider.

Two types of plans can be drafted around the assessment report recommendations:

- Whole-of-person rehabilitation plans; or
- Specific service(s) plans which are appropriate when the client only has short term needs for services such as household or attendant care services, aids and appliances or assistance with modifications to motor vehicles.

Rehabilitation plans should be uploaded electronically by the Rehabilitation Provider to R&C ISH. The DVA Rehabilitation Delegate will need to send the Rehabilitation Provider an email with information about how to upload to R&C ISH and the Transaction Reference Number (TRN) to be used for the individual client.

Whole-of-person rehabilitation plans

A whole-of-person rehabilitation plan should address all of the client's assessed needs. This means that even if there is evidence that a person has the capacity for employment, and is working towards vocational rehabilitation goals, their rehabilitation plan should also include

medical management, or psychosocial activities if this is appropriate for their needs and circumstances.

The plan will provide a structured series of individualised services and activities agreed to by all stakeholders which aim to assist a client to live as full and meaningful life as possible, while facilitating independence and self-management. This may include, if appropriate to the client's circumstances, financial independence through employment. Such plans may be complex in nature, involving multiple service providers and extend over a reasonable time period. They may also be of short duration if the rehabilitation assessment indicates that the client only requires specific and targeted assistance over a short period to reach their rehabilitation goals.

Vocational, psychosocial and medical management rehabilitation activities may be provided in tandem rather than in sequence to ensure overall progress is maintained and the client remains focused throughout. However, if more appropriate to the client's circumstances, the plan may include a stepped approach to provide the right support at the right time. For example, medical management and psychosocial rehabilitation may be delivered prior to, or concurrently with, re-training, provision of work related aids and appliances, job search, work placement processes or other similar vocational rehabilitation activities, depending on each client's individual circumstances and needs.

Whole-of-person rehabilitation plans must:

- be goal and outcome focused;
- clearly demonstrate a focus on the person's whole-of-person needs;
- clearly state the person's rehabilitation goals and proposed services/activities to assist the person to work towards these goals;
- the cost effectiveness of approving and implementing the services/activities;
- clearly outline all case management activities to be undertaken by the rehabilitation provider;
- specify the rehabilitation provider costs and third party costs for all activities;
- include a start date and an end date;
- identify potential barriers to rehabilitation and recovery and include activities to address these;
- be informed by medical evidence as to the appropriateness of proposed rehabilitation activities;
- be realistic and achievable for the client; and
- incorporate Goal Attainment Scaling, consistent with [chapter 15 of this Guide](#). [2]

Specific service plans

Specific service plans are “in house” plans that are managed by the DVA Rehabilitation Delegate, and not by a rehabilitation provider. “In house” plans are distinct from whole-of-person rehabilitation plans and are generally only created where a client requires targeted assistance and the Rehabilitation Coordinator is satisfied that the client has no other rehabilitation needs.

“In house” specific service plans can be created to assist the client's:

- independence and functioning in the home, community or workplace through the provision of aids, appliances or alterations that cannot be provided through the Rehabilitation Appliances Program; and/or

- provision of household services and/or attendant care services; and/or
- mobility and independence by the provision of modifications to, or purchase of, a motor vehicle through the Motor Vehicle Compensation Scheme or section 39 of the DRCA.

For example, an “in house” specific service plan will be required to provide aids, appliances or alterations through section 56 of the MRCA, if the Rehabilitation Delegate is satisfied that the client does not require any other rehabilitation assistance. This plan is used as an administrative mechanism only, to enable funding to be released. Please refer to section 10.3.4 of this Guide ^[3] for further information about information about determinations for specific service plans that have been opened to enable provision of aids and appliances.

Issues that are not identified or addressed at the first available opportunity have the potential to return in the long-term as far more costly and complex barriers to successful rehabilitation. It is therefore recommended that a general principle, whole-of-person rehabilitation plans are utilised rather than specific service plans, unless there is clear evidence that the client has no other rehabilitation needs or barriers to rehabilitation for which they require support.

Goal Attainment Scaling does not apply to specific service plans.

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Links

[1] <http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21024%23comment-form>

[2] <http://clik.dva.gov.au/rehabilitation-library/15-goal-attainment-scaling>

[3] <http://clik.dva.gov.au/rehabilitation-library/10-alterations-modifications-aids-appliances/103-provision-aids-and-appliances-through-rehabilitation-provisions/1034-monitoring-and-record-keeping-rehabilitation-provisions>



3.8.3 Development of the Rehabilitation Plan

Last amended

6 April 2023

The development of a rehabilitation plan must be a collaborative process between the client and the rehabilitation provider. Where appropriate, the client's family, the client's treating medical practitioner, allied health professionals and employers/work colleagues should also be involved.

This is consistent with an enablement approach [NSW Agency for Clinical Innovation, Rehabilitation Goal Training, 2013], veteran and family centric service provision and systematic review evidence which supports the value of shared decision making within goal setting for rehabilitation [Rose A, Rosewilliam S and Soundy A, Shared decision making within goal setting in rehabilitation settings: A systematic review, Patient Education and Counselling, 2017; Sivaraman Nair, K.P. (2003). Life goals: The concept and its relevance to rehabilitation. Clinical Rehabilitation, 17, 192-202.]. This will enable a shared understanding of a client's priorities and motivations, their expectations and their understanding of the rehabilitation process, and the roles and responsibilities within this.

The Delegate will ensure that Providers receive adequate referral information to enable a comprehensive assessment of the person's whole-of-person needs, to better inform their rehabilitation program.

All parties – the Client, Provider and Delegate should work constructively and proactively work with to manage any arising issues or concerns. Effective communication is required to ensure that, where possible and reasonable, goals (and the activities to support the achievement of these) reflect the client's priorities while managing expectations of what may be relevant or reasonable within a rehabilitation context.

It is important that the roles and responsibilities of the Provider and the Delegate are clearly defined and maintained during the rehabilitation process to maintain the integrity of the relationship between the client and provider. Delegates remain responsible for communication of any concerns they have or decisions or determinations made with regard to the client and their rehabilitation plan (eg: client's attitude, costs or alternative programs). The Provider should not be asked to communicate this information, nor should they initiate communication with the client around these matters.

Authority for expenditure of money is only provided when a delegate approves an individual's rehabilitation plan.

Rehabilitation plan approval

When considering a rehabilitation plan for approval, the Delegate is required to consider a range of factors (MRCA section 51(2), or DRCA section 37(3)).

If significant variation exists between the client's expectations or requested goals or activities from that of the Providers' recommendations, or if the Delegate has a concern that they may not approve the proposed plan, the Delegate may seek appropriate and reasonable adjustments to the proposed plan be made after discussion and negotiation between all parties.

If, having considered all factors, the delegate is satisfied the rehabilitation plan will support the aim of rehabilitation for the client, their approval determination will provide the authority for the rehabilitation program.

DVA's whole-of-person approach to rehabilitation must always be used to guide decision making, and to ensure that a client's rehabilitation plan is tailored to their current needs and circumstances. This approach reinforces that vocational rehabilitation must not be the only, and may not be the first priority, in assisting a person to re-establish themselves within a civilian context after a service related injury.

In addition, the delegate is to have regard to the minimum standards of documentation and service required of providers by DVA with regard to the development of a rehabilitation plan.

Documentation standards must be met by both the provider and delegate, with all required information documented within DVA systems. This information provides the baseline outcome measure for the client, provides a comprehensive overview of a client's rehabilitation experience and contributes to DVA data for the purpose of analysis of performance, policy and future services.

The Delegate must make a determination regarding the rehabilitation plan in a timely fashion to ensure rehabilitation activities can commence as soon as possible, supporting a 'future focussed' approach for the client.

Following delegate approval (by signing the rehabilitation plan), the Provider is required to sign the rehabilitation plan, and the client is requested to do so. While ideal that the client provides a tangible indication of their agreement to participate in the rehabilitation program, they may choose not to sign the rehabilitation plan.

Authority to proceed with the rehabilitation plan occurs with the Delegate's determination. The determination must be advised in writing to the veteran, along with information regarding the client's rights and obligations.

The determination letter, the relevant and the approved rehabilitation plan constitute a formal determination that a person is undertake a rehabilitation plan under section 37 of [DRCA](#) [2], section 51 of [MRCA](#) [3] or section 13.2 of the [VVRS Instrument](#). [4] This determination is a reviewable decision.

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[1]

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[2] <https://www.legislation.gov.au/Series/C1988A00156>

[3] <https://www.legislation.gov.au/Series/C2004A01285>

[4] <https://www.legislation.gov.au/Series/F2015L01263>



9 Vocational Rehabilitation

Last amended

29 June 2023

WORK IN PROGRESS

We are improving this policy library. While work is underway, content of this chapter may not be the most current information available. Please contact rehabilitation@dva.gov.au [2] if you have any questions.

This chapter provides information about vocational rehabilitation available to former Australian Defence Force (ADF) members with entitlements under the *Military Rehabilitation and Compensation Act 2004* (MRCA) and the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA).

Details about vocational assessments, functional capacity evaluations, worksite assessments, work trials and employer incentives can be found in specific sections of this chapter.

9.1 What is Vocational Rehabilitation?

- [Log in](#) [3] to post comments

Last amended

29 June 2023

Vocational rehabilitation has the aim to assist the veteran obtain or sustain suitable “good work” in the civilian workforce. Good work is defined as work that is safe, enables a person to be productive and engaged and contributes to financial stability, independence and personal interaction.

The DVA Rehabilitation Program can support veterans translate their values, skills, qualifications and work history into a civilian setting, assist with necessary upskilling to increase competitiveness in job seeking and help with understanding and navigating the labour market. Veterans will be assessed on their level of need to determine the amount of support required. Support can include the following activities:

- vocational counselling and guidance
- job seeking support and linking in with recruiting or employment agencies
- work readiness preparation such as navigating a new workplace

- work experience to build confidence, skills and provide recent employment history
- vocational assessments to assist with identifying skill gaps, labour market opportunities and suitable employment or retraining options
- assessments to assist with determining capacity and ergonomic requirements

A vocational rehabilitation program can also include [psychosocial rehabilitation](#) [4] and [medical management rehabilitation](#) [5] activities as part of a whole of person approach to helping a person return to sustainable employment when the time is right.

Goal Attainment Scaling is mandatory when developing a whole-of-person plan that includes vocational rehabilitation. Please refer to [chapter 15 of this library](#) [6] for more information about Goal Attainment Scaling.

Health benefits of good work

DVA's whole-of-person approach to vocational rehabilitation is underpinned by compelling evidence about the health benefits of good work. Good work is defined as work that is safe, enables the person to be productive and engaged and provides economic stability and personal interaction.

Research shows that long-term work absence and unemployment are harmful to physical and mental health and wellbeing. Moreover, the negative impacts of remaining away from work do not only affect the absent worker. Families, including the children of parents out of work, suffer consequences including poorer physical and mental health, decreased educational opportunities and reduced long term employment prospects.

Recent evidence on return to work rates indicate that the longer a person is absent from work, the harder it is for them to return to work. For example, people who are absent from employment for 20 days, have a 70% return to work rate. However, people who are absent from work for 70 days, have a 35% return to work rate. This reinforces the importance of employment as an early intervention approach to facilitating recovery after a service injury or disease.

This research indicates that good work:

- helps to reduce the risk of depression;
- promotes wellbeing and recovery from both physical and mental health injuries;
- is an important part of the process of rehabilitation, and not just an end goal of rehabilitation;
- leads to better short term and long term physical and mental health outcomes;
- provides people with a valued and productive role which is recognised by their community and their family;
- promotes long term financial security;
- provides a sense of community and social inclusion;
- gives structure to a person's life; and
- increases physical activity and reduces engagement with risky behaviours such as excessive drinking.

Further information about the health benefits of good work can be found on the [Royal Australian College of Physicians \(RACP\) website](#) [7].

The DVA website includes a range of [transition stories](#) [8], where veterans describe their transition experiences from leaving the ADF to learning how their experiences and qualifications assist with returning to work after injury.

9.2 What is Suitable Work/Employment?

- [Log in](#) [9] to post comments

Last amended

11 April 2023

The intent of vocational rehabilitation provided through DVA is to assist clients to secure *suitable work*, as legislatively defined in the [VVRS Instrument](#) [10], Section 4 of the [DRCA](#) [11] and Section 5 of the [MRCA](#) [12].

Detailed information about the concept of suitable work/employment is included in [section 2.3.1](#) [13] of this library. While this information is focused on the definition of suitable employment in Section 4 of the DRCA, it is equally applicable to the notion of suitable work/employment under the MRCA and for the [VVRS](#) [14].

The definitions of suitable work/employment are designed to ensure that a client undertaking a vocational rehabilitation program is able to find paid work that is suitable, taking into account the client's individual circumstances including:

- their transferrable skills from employment they undertook prior to their injury or disease;
- their general employment background including any training and other skills;
- their suitability to undertake vocational retraining;
- the labour market in the location where the person resides; and
- any restrictions or limitations imposed by any medical condition, not just those which have been accepted as service related, from which the person suffers; and
- any other barriers to the client being able to undertake employment in their chosen field, such as their ability to pass a security clearance, or working with vulnerable people check.

The points above should all be identified as part of a comprehensive vocational assessment. Refer to [section 9.5](#) [15] of this library for further information on vocational assessments.

Liaison with the client's treating health practitioners, particularly their treating GP or specialist, is important to inform understanding of the types of employment that may be most suitable for a client. At times, it is likely to be important to share information about the client's accepted conditions or medical restrictions with an employer. This may occur, for example, prior to commencement of a work trial, to ensure that the employer is able to confirm that the working environment is safe and suitable for the client and his/her work colleagues. It is important that the client's consent is always obtained before any medical information, including information about the

client's accepted conditions, is shared with an employer. This approach ensures that the client's privacy is protected, consistent with the [Australian Privacy Principles](#). [16]

9.3 Who is eligible for vocational rehabilitation

- [Log in](#) [17] to post comments

Last amended

11 April 2023

Former members of the Australian Defence Force (ADF) with entitlements under the [DRCA](#) [11] or the [MRCA](#) [12], whose accepted conditions impact on their ability to undertake or sustain employment, are eligible for vocational rehabilitation assistance. This includes "declared" members, ADF Cadets, Officers of Cadets and Instructors of Cadets. Serving ADF members including Reservists on Continuous Full Time Service (CFTS) and part time Reservists may also access vocational rehabilitation assistance in specific circumstances.

Vocational rehabilitation is normally provided through a whole of person rehabilitation plan drafted around individual needs and tailored to assist the person to meet their vocational rehabilitation goals. A vocational rehabilitation plan may also include psychosocial rehabilitation interventions to assist a client to learn to manage their accepted conditions more effectively and deal with issues that may impact on their ability to return to sustainable employment. The costs of these interventions may be met as a third party cost under the client's vocational rehabilitation plan.

[Veterans' Vocational Rehabilitation Scheme](#) [14] (VVRs) clients can also be provided with vocational rehabilitation assistance. VVRs clients could be expected to have a whole of person rehabilitation plan developed to capture their return to work activities, covering medical management, retraining, provision of work related aids and appliances, job search and placement processes.

9.4 Managing vocational rehabilitation plans

Date published

Friday, July 8, 2016

- [Log in](#) [18] to post comments

Last amended

18 August 2023

A whole-of-person approach to return to work

In many cases, a vocational rehabilitation program will include [psychosocial rehabilitation](#) [4] and [medical management rehabilitation](#) [5] activities as part of a whole of person approach to helping a person return to sustainable employment. This will be particularly important where a person has been out of the workforce for some time as work absence tends to perpetuate itself, with the barriers to a person returning to work increasing, the longer that they are disconnected from the workforce. Psychosocial and medical management rehabilitation activities can assist with overcoming these barriers to rehabilitation and return to work by assisting a person to develop a sense of hope for the future and to learn to self-manage their conditions as effectively as possible.

Where a person's long term goal is to return to work, particularly after a long term absence from employment, a vocational rehabilitation plan should be opened. Any medical management or psychosocial activities should be recorded under the return to work plan, as they will assist in helping the person to prepare for a return to work, and therefore to reach their rehabilitation goal.

Volunteer work may also be considered as an approved activity to assist a person to build confidence and update their skills and experience as part of working towards a goal of returning to paid employment.

The costs of psychosocial and medical management rehabilitation activities should be paid and recorded in R&C ISH as a rehabilitation or third party cost under the vocational rehabilitation plan.

Interactions between incapacity payments and rehabilitation

It is essential that there is good communication between a person's Rehabilitation Coordinator and their incapacity delegate at all times. However, this is even more important where a person who has been out of work for some time is working towards a return to work goal, and may be particularly vulnerable to negative messages about their ability to return to employment. For this reason, it is important that the focus remains on what the person can do, rather than what they cannot do. This is consistent with initiatives being undertaken by organisations such as Comcare, which are trialling GP certificates detailing a person's "capacity for work" rather than their "incapacity for work".

Client working towards a return to work goal

If a client is actively and fully participating in a rehabilitation plan which has the overall goal of return to employment, then there is no requirement that the person continue to provide medical certificates of their capacity for employment and incapacity delegates should not actively seek this information from the person. Rather, when medical evidence of the person's ongoing capacity for work is required, the rehabilitation provider should obtain this from the treating doctor.

Clients should also not be asked to continue to provide evidence of their capacity for employment, whenever they are working towards a goal of returning to employment, even if they are focusing on [medical management](#) [5] and [psychosocial rehabilitation](#) [4] activities as a starting point to overcome barriers to return to work. Incapacity payments are made on the basis of finite periods in-line with either medical certification or the rehabilitation plan start and end dates. The end date of the formal determination for incapacity payments should therefore align with the end date of the person's medical certificate or rehabilitation plan.

This authority to pay incapacity benefits against the rehabilitation plan start and end dates will only apply as long as the person is participating fully and actively in their approved rehabilitation activities. The incapacity delegate and the Rehabilitation delegate will need to work together, to ensure that when a rehabilitation plan is extended, the incapacity determination is applied from the end date of the old plan, to the end date of the new plan.

Rehabilitation plan length

A client's vocational rehabilitation plan should remain open for as long as DVA is providing support to assist the client to reach their rehabilitation goals. The plan should therefore remain open until:

- all rehabilitation goals have been achieved;
- a return to an optimum level of functioning has been achieved and the client does not require any further support or services; and

- a sustainable return to work has been achieved, and the client has been able to maintain optimum hours/duties for a period of at least 3 months;

Where a client is undertaking tertiary study or retraining courses, their vocational rehabilitation plan should remain open for the whole period of the study. This ensures that the client has access to support from their rehabilitation provider whenever they need it. However, it is important that the Rehabilitation Coordinator and the provider have discussed and agreed:

- how often the provider will make contact with the client;
- how often the provider will supply progress reports; and/or
- the level of funding that will be allocated for case management activities.

It is important that a flexible approach is applied, and that these arrangements can be varied if the client's needs change.

If a client is undertaking an apprenticeship lasting 3-4 years, a more flexible approach can be taken. This is because the employer will also be monitoring whether the client is meeting the expectations of their role. In this case, a Rehabilitation Coordinator may decide, for example, that a rehabilitation provider will continue to manage the client's rehabilitation plan for a period of 12 months. The level of involvement from the provider is likely to change as the plan progresses whereby there would be intensive involvement in the beginning to ensure the activity is progressing well and the client is coping, and then move to more of a monitoring role.

After twelve months, for the majority of clients, it may be more appropriate to move to the plan being managed "in-house", if this is considered to be appropriate by the delegate. This means the client will still need to provide evidence each semester that they are meeting the requirements of their apprenticeship, but there is no requirement for the involvement of a rehabilitation provider. A Rehabilitation Coordinator will need to make a judgement about case management arrangements, with an awareness of each client's individual circumstances. If there is evidence the client would benefit from the continued involvement of a rehabilitation provider, then this can continue.

Addressing concerns with vocational rehabilitation progress

If there are issues with the person's compliance with their rehabilitation obligations, or their capacity for rehabilitation and return to work, then the person's rehabilitation provider should be asked to investigate this further. Appropriate investigation could include discussing issues and concerns with the person's treating doctor, or organising for the client to undertake a functional capacity evaluation with their rehabilitation service provider.

Where the client has been participating in a return to work rehabilitation plan with a vocational focus for more than six months, and there has been no success securing employment, the 'Job Seeking Questionnaire' can be used by Rehabilitation Coordinators, to seek more detailed information from providers. This questionnaire may assist in identifying any barriers to the client securing employment and any further assistance the client may require. The questionnaire is D9283 on the [DVA forms portal](#) [19]. Where this questionnaire is completed, it must be uploaded as an attachment to the client's R&C ISH case.

DVA staff are also strongly encouraged to utilise the department's advisers, particularly the DVA Psychology Adviser and the DVA Rehabilitation Advisers, to discuss specific cases, and to help determine a way forward for individual clients.

If it is agreed that a medical review by an independent specialist is required, then a discussion will need to occur between the incapacity delegate and the rehabilitation coordinator to decide who should liaise with both the specialist and the client about this. It is essential that a client-centric approach is taken, and that all communication with a client reinforces the department's support in helping them achieve their return to work goal.

Finding a client non-compliant with their rehabilitation program should always be used as an option of last resort. Further information about making a decision to suspend compensation benefits can be found in [section 13.3.2 of this Guide](#). [20]

Client undertaking a non-return to work rehabilitation plan

Where a person is not working towards an eventual return to work goal, then they will be on a non-return to work plan. In this case, the client will be expected to provide medical certificates of their capacity for employment. The person's incapacity delegate is responsible for ensuring that these certificates are provided and that a new determination is made for each period of incapacity.

9.5 Vocational Assessments

- [Log in](#) [21] to post comments

Last amended

12 April 2023

What is a vocational assessment?

A vocational assessment is an objective evaluation of an individual's skills, capacity, employment experiences and vocational goals, to inform recommendations about sustainable and suitable job options. More information regarding suitable work can be found in [section 9.2](#) [22] of this library.

Information to inform a vocational assessment should include, but not be limited to, the following tools and activities:

- [transferrable skills analysis](#) [23];
- [aptitude inventories](#); [24]
- [psychometric testing](#) [25];
- [functional capacity evaluations](#) [26]; and
- labour market analysis.

Each component of the vocational assessment should be undertaken by suitably qualified professional. A comprehensive vocational assessment should include information about a person's:

- previous employment experience, education history and formal qualifications, including those gained in the ADF;
- transferrable skills and experiences including volunteering, language and Defence skills;
- the individual's functional and work capacity;
- realistic and current employment options following analysis of the person's location/ local labour market;

- any surmountable barriers to the individual being able to undertake employment in a particular field, such as their ability to pass a working with vulnerable people check;
- any barriers to an individual being able to pursue employment in a particular field, such as any prior convictions;
- restrictions or limitations imposed by any medical conditions which the person has;
- training and/or education needs directly related to potential employment, including:
 - vocational counselling;
 - job seeking skills such as writing a resume, submitting job applications, interview skills and being accountable;
 - opportunities for Recognition of Prior Learning and/or credit transfer.
 - work trials;
 - upskilling or re-training needs*; and
 - vocational preferences**.

Note:

** DVA delegates have a responsibility to consider the cost-effectiveness of any education or retraining option available to individual clients. Where more than one option for education or retraining to achieve suitable and sustainable employment exists, the delegate should preference the lower cost option for support unless there is compelling and supporting evidence that the client will only gain the required benefit from the more expensive alternate. When considering the appropriateness of further education for upskilling/ retraining, the further education checklist in Chapter 9.8.3 should be considered.*

*** A client's vocational preference should be noted as part of the assessment process. Where a client's personal goals/preferences vary from the recommendations arising from an objective vocational assessment, this should be documented. This provides transparency around any subsequent vocational activity options pursued and a client's participation in these.*

Suitably qualified professionals must be used

Each component of a vocational assessment should be undertaken by suitably qualified professional. While generally a registered psychologist may be the most appropriate professional to undertake psychometric elements of a vocational assessment, other practitioners should be used to gather information which informs the assessment. This includes for instance where testing requirements are outside their scope of practice (eg, undertaking functional capacity evaluation).

9.5.1 Assessing Transferable Skills and Experience

- [Log in](#) [27] to post comments

Last amended

12 April 2023

Transferable Skills Analysis

A transferable skills analysis (TSA) is an assessment of the skills and knowledge a person acquires from the actual performance of a job and from learned situations, community, work and school environments.

TSA is most beneficial when assessing people who have a wide range of experiences, skills and employment history and who generally do not require retraining to re-enter the open labour market. A TSA can define a person's skills and experience for new job placements or a change in role with their current employer.

This tool is used to guide employers, rehabilitation service providers, Rehabilitation Coordinators and clients to define a person's skills and experience for new placements or positional changes.

Recognition of Prior Learning

Recognition of prior learning (RPL) is a process that involves assessment of an individual's relevant prior learning, including formal, informal and non-formal learning, and the extent to which this prior learning can provide credit towards a destination qualification. Credit through the RPL process may allow for entry into and/or provide credit towards a qualification. Credit given may reduce the time required for a student to achieve a qualification.

For veterans undertaking vocational rehabilitation through DVA, an RPL assessment should be considered where the destination qualification is consistent with the veteran's vocational rehabilitation and future employment goals.

For more information about retraining and further education, please visit [section 9.8 of this chapter](#) [28]. For more information about the Veterans' Vocational Rehabilitation Scheme for VEA clients, please visit [chapter 12.5.4 of this Library](#). [29]

9.5.2 Psychometric testing

- [Log in](#) [30] to post comments

Designed by psychologists, psychometric assessments are used to assess a person's abilities, personality, motivations, values and interests under standardised conditions in line with a particular role. There are many different types of assessment all with the aim of helping the assessor build an overall profile of the client and, importantly, how that client might fit within a specific workplace.

Psychometric assessments typically fall into two categories: aptitude tests and personality inventories.

Psychological assessment (psychometric testing) can add value to the whole-of-person assessment approach by:

- developing a picture of an individual's aptitudes and attributes; and
- predicting how these will affect their performance in a particular situation.

There are a large number of psychometric testing tools available and the test required will depend on the type of rehabilitation setting (medical, psychosocial and or vocational). They must be selected and administered in ways that are unbiased and don't lead the client.

Psychometric assessments typically fall into two categories: aptitude tests and personality tests.

There are aptitude tests for:

- general problem solving;
- numerical reasoning
- verbal reasoning;
- critical thinking;
- mechanical, clerical, linguistic, musical or artistic abilities;
- manual dexterity;
- reaction time and
- hand/eye coordination.

There are personality tests for:

- interpersonal style;
- work/team style;
- leadership style; and
- motivational style.

Psychometric tests should not be the sole instrument used for the assessment and placement of clients. They should be used in conjunction with other assessment tools, as one element of the assessment process. Most commonly, they are used to assess the person's preferred strengths for a position or job type.

These tests define the critical characteristics needed for success in a position, to determine the match between the person's profiles and the "ideal" profile for a specific workplace.

Psychometric Tests may be used in conjunction with general assessment tools. Some of these are discussed in the following topics.

9.5.3 Aptitude inventories

- [Log in](#) [31] to post comments

The Congruence Occupational Reading Test (CORT) is one type of aptitude test used to assess the reading ability of individuals in relation to work reading demands at different levels.

The specific skills assessed by CORT include:

- identifying material through basic sign and word recognition;
- determining the main information presented in graphs, diagrams, tables and text;
- finding specific information in work and general documents;

- interpreting graphs, tables, diagrams and text to deduce conclusions not specifically given; and
- comprehending and critically evaluating information.

The content of the tests are based on materials used in a variety of occupations. The sorts of material include work environment signs, words from labels, invoices or tickets, written job instructions, memoranda, factory signs, traffic signs, diagrams, plans and street directories, tables, reports, work-related legal documents, and policy statements.

The Congruence Arithmetic Test (CAT) is another aptitude designed to assess the basic arithmetic skills used in sales, clerical and technical occupations.

The ACER Short Clerical Test is designed to measure two aspects, speed and accuracy, of aptitude for routine clerical work. This test is used as an aid in vocational counselling to assess aptitude for clerical work.

9.5.4 Personality Tests

- [Log in](#) [32] to post comments

The Congruence Personality Scale Form 1 (CPS-1) is an example of a personality test used to facilitate career decision-making.

The CPS-1 assesses how a person prefers to relate to others, how people react to pressure, how dependable they are in performing tasks, how they approach problem solving and how they behave in a group.

It is designed to assess the following personality traits:

- Social Orientation - assesses individual differences in people's preferences for social activity and social interaction;
- Cognitive Orientation - assesses individual differences in people's preferences for thinking about and solving problems;
- Interpersonal Orientation - assesses individual differences in people's preferences for relating to other individuals and how they handle conflict with others;
- Task Orientation - assesses individual differences in people's preferences for how they approach tasks; and
- Emotional Orientation - assesses individual differences in people's reaction to stress and pressure.

9.6 Functional Capacity Evaluations

- [Log in](#) [33] to post comments

A functional capacity evaluation (FCE) may be useful where a client's treating Doctor is unable to provide clear and specific return to work medical guidelines. An FCE may also be indicated where a

client reports difficulties with work tasks that are inconsistent with the current return to work medical guidance.

An FCE can assess a person's physical capabilities for work, performing specific tasks or for their overall strength and activity capacity. An FCE determines functional limitations based on a physical examination, and provides objective evaluation of performance and reporting.

An FCE is the evaluation of an injured person's functional and physical abilities as they relate to work performance or general functioning. However, an FCE can maximise the use of objective measurements of an injured person's ability to perform the physical demands of specified work tasks in the vocational rehabilitation setting.

In this setting it is useful for:

- determining a person's physical ability to perform work;
- determining the person's potential ability to perform work after the return to work program is completed;
- guiding and adjusting the return to work program; and
- documenting changes after a return to work program has been implemented.

One of the major decisions that must be made following an injury is deciding when a person is physically ready to return to work. The FCE can be tailored to consider the specific tasks that are essential to the job in question and to help the rehabilitation service provider and an employer develop a specific return to work program for the injured person in consultation with that person, the Rehabilitation Coordinator and approved and cleared by the person's treating doctor. An FCE can also be used to develop a graduated program of safe, appropriate and thorough tasks to guide a successful work-hardening process as part of a return to work program.

Clearance to undertake an FCE must be obtained from the client's treating doctor before a rehabilitation service provider can do the FCE. The referral must clearly explain the specific purpose of the evaluation request. Details of the medical conditions impacting on a person's ability to work and any other restrictions should also be included. FCE reports should contain details about the person's capacity for work, a summary of the assessment process and findings, and clear recommendations for ongoing management to achieve agreed goals.

Functional education, as a result of a functional evaluation is the process of educating a person with an injury or disability, or a person who is at risk of an injury, on strategies to maintain good physical and mental health at home and or in the workplace. It helps a person to take responsibility for maximising function, avoiding injury or further aggravation.

9.6.1 Tools used to conduct Functional Capacity Evaluations

- [Log in](#) [34] to post comments

Last amended

8 August 2023

Much of the following information has been provided by Dr Ev Innes, an occupational therapist. The intention is to provide some basic information for Rehabilitation Delegates about the types of FCEs, to help inform decisions about when conducting an FCE may be appropriate. It should be noted that

most assessors within rehabilitation service provider organisations will only have access to a single tool.

Situational assessments may be conducted in artificial work environments or during formalised work trials. These assessments are reliant on observation by the assessor and self-reporting from the client. While functional testing is best assessed in the workplace, this may not always be possible. Therefore, a rehabilitation service provider may recommend a clinically-based assessment using one of the tools referred to below.

The **Ergo-Kit** FCE incorporates fifty five standardised work-related tasks, including lifting, carrying and simulation exercises. The Physical Agility Tester, a component of the Ergo-Kit FCE, is used to test work postures and movements, handling and dexterity.

The **Ergoscience Physical Work Performance Evaluation (PWPE)** consists of thirty six standardised tasks covering six areas including dynamic strength, position tolerance, mobility, balance, endurance, and coordination of fine motor skills.

The **Isernhagen Work Systems (IWS)** FCE consists of twenty work-related tasks covering weighted tasks, flexibility and positional tasks, static work, ambulation/mobility tasks, and upper limb coordination.

The **EPIC Lift Capacity Test** examines an individual's capacity for occasional lifting and frequent lifting over three ranges, waist to shoulder, floor to waist, and floor to shoulder.

The **Progressive Isoinertial Lifting Evaluation (PILE)** assesses lifting through two ranges, the lumbar test from floor to waist, and the cervical test from waist to shoulder.

Baltimore Therapeutic Equipment (BTE) has three work capacity evaluation devices. The BTE Work Simulator II assesses a wide range of movements associated with various functional tasks. It was developed primarily for upper limb assessment. The BTE Primus has application for the upper and lower limbs and trunk. The BTE ER Functional Testing System incorporates a computerised version of the EPIC Lift Capacity Test and the Functional Range of Movement (FROM) Assembly Test.

The **Ergos Work Simulator** consists of five work stations that use simulated work tasks to assess strength, body mechanics, cardiovascular endurance, movement speed, and accuracy.

There are more than twenty **Valpar Component Work Samples (VCWS)** that simulate generalised work-like tasks associated with industrial jobs. VCWS 4 assesses upper extremity range of motion. VCWS 8 assesses simulated assembly. VCWS 9 assess whole body range of motion. VCWS 11 assesses eye-hand-foot coordination. VCWS 19 assesses dynamic physical capacities.

A **Jamar dynamometer** is used to assess grip strength, often comparing bilateral grip strength with community norms.

Some other functional capacity assessment tools include: the WorkHab functional capacity evaluation, Key functional assessment, Blankenship functional assessment, Work evaluation systems technology, Jebsen hand function assessment, Bennett hand tool dexterity test, Purdue pegboard, Minnesota rate of manipulation test, and Crawford's small parts dexterity test.

Innes, E., Matthews, L. R., & Johnson, K. L. (2010). Assessment of occupational functioning. In E. Mporfu & T. Oakland (Eds.), Assessment in rehabilitation and health (pp. 466-485). Upper Saddle River, NJ: Merrill/Pearson Education.

9.7 Worksite Assessments

- [Log in](#) [35] to post comments

A worksite assessment forms the basis for a safe return to work by assessing the suitability of work duties and to gain a better understanding of the nature of the client's work. It assesses the physical, psychosocial, cognitive and communication demands of the job.

Workplace assessment includes a visit to the workplace by the rehabilitation service provider to meet with the client and their supervisor to identify suitable duties for the client, investigate return to work options and provide assistance to the employer. This may involve a detailed assessment of the workplace and associated job tasks (task analysis) to design an appropriate return to work program.

Where the worksite assessment involves an assessment of the physical aspects of the workplace this should ideally be conducted by an Occupational Therapist or Ergonomist.

The assessment also provides a good opportunity to give the client information and education about safe work practices (e.g. manual handling, warm-up and stretching routines, posture) and advice on work restrictions. A workplace assessment may also help the provider design an individual, work-oriented conditioning program. This program may then take place at either the workplace using a graduated return to work process or off-site, for example at home, to improve physical and functional capacities in readiness for return to work.

The worksite assessment may identify any risk factors that may place the injured employee at risk of any physical or psychosocial injury or illness and determines whether workplace modifications or job redesign are required to support the return to work program.

9.7.1 Workplace modifications and job redesign

- [Log in](#) [36] to post comments

The workplace assessment may also include advice regarding modification of either the work station or equipment to be used by the client, or the provision of aids, appliances or other materials. This help for the client should be arranged as soon as possible after the injury or in readiness for their return to work.

Assessed workplace modifications refer to any adjustments made in the workplace to enable an injured employee to return to work effectively and perform the duties in a safe manner. These may be administrative, environmental or procedural changes, and they may be temporary or long-term.

Job redesign is about modifying the way the work is done, as distinct from providing physical modifications to the workplace. It involves assessing the skill set of the client and the tasks required to safely undertake a job and adjusting **how** these tasks are performed by either modifying the way they are done or eliminating them where possible and providing training on the modified practices. Assessing the client's skill set against the job requirements can identify areas where a client may need some reskilling to perform their job safely and effectively.

9.8 Retraining and further education

- [Log in](#) [37] to post comments

Last amended

12 April 2023

Overview

A key component of the vocational aspect of a rehabilitation plan is to provide appropriate assistance to enable the client to secure suitable and sustainable employment in a civilian setting. More information regarding **suitable work** can be found in [section 9.2](#) [22] of this library. For injured workers, upskilling or re-training through formal education and training can be important for securing meaningful employment at a reasonable level of income and job security. For more information about what constitutes 'good' work, visit the [Health Benefits of Good Work](#) [7] webpage.

Where a comprehensive **vocational assessment** determines that further training and/or education is needed for a client to be able to return to the workforce in suitable and sustainable employment, then this must be considered. This approach applies equally to all DVA clients, regardless of the rank achieved during their employment in the ADF or the length of time which has passed since they have served in the ADF. For more information about what should be included in a vocational assessment, please see [section 9.5](#) [15] of this library.

Further education and training options:

There are many further education and training options which can assist with improving a person's employment prospects, including:

- on-the-job training;
 - For instance, work based, on-the-job training may be gained through participating in [work trials](#) [38], or gaining employment through the [Employer Incentive Scheme](#) [39].
- short courses;
 - For instance, forklift training, Workplace Health and Safety training, first aid, or training in software applications such as MYOB. This may or may not be a course that falls within scope of the Australian Qualifications Framework.
- a combination of on-the-job training and short-term courses, which could include apprenticeships;
- secondary education, where the course of study is either an accredited secondary or a preparatory course. This is considered 'study' for the purpose of this policy;
- tertiary education* courses within the Australian Qualifications Framework (AQF);
 - Training within the AQF includes Certificate level (Certificate I-IV), Diplomas, Advanced Diplomas/Associate Degrees, Bachelor-level degrees, Graduate Certificates/ Diplomas, and other post graduate qualifications. This is considered 'study' for the purpose of this policy;
 - Institutions offering these courses include:

- Technical and Further Education (TAFE) colleges;
- Higher education institutions (eg, university); and
- Accredited Registered Training Organisations (RTO).

* More information about tertiary education can be found in [Section 9.8.1](#) [40] of this library.

Positive impacts of vocational training and education*:

- *Harness existing motivation:* Where clients are highly motivated to undertake vocational training, research indicates that they are more likely to make a successful return to work once they undertake their desired course of training**.
- *Transferable skills:* A course of vocational education or training can equip a client with transferrable skills and empower rehabilitation clients, giving them the confidence to pursue a new career without reliance on DVA for longer term ongoing support.
- *Job security:* Nationally recognised qualifications can provide a person with job security within the labour market generally. Even if they choose to cease employment with one employer, their qualifications and experience can be transferrable to other employers.
- *Time to adjust to new circumstances:* A period of retraining also provides rehabilitation clients with time to adjust to and learn to manage new circumstances, prior to commencing ongoing employment. For example, participating in retraining may help a person to identify triggers that make them feel anxious or angry. This can inform activities as part of rehabilitation plan designed to help a client to address and manage these triggers more effectively.
- *Psychosocial benefits:* DVA recognises the positive benefits that can be gained through participating long-term training like vocational training and education. These may include for example, building social connections, positive work habits and confidence. In some cases, it may be appropriate, given a client's unique circumstances, to consider participation in study where a person is not participating in a rehabilitation plan with the explicit goal of returning to employment in the short term. Further information about study as part of a psychosocial rehabilitation activity can be found in [section 6.9](#) [41] of this library.

** DVA acknowledges the positive impacts of vocational training and education, but notes the funding of such activities under a DVA rehabilitation program is subject to meeting other eligibility requirements.*

*** Situations may arise where education is requested for DVA funding that is outside the scope of what DVA will support. In these circumstances, Rehabilitation Providers are expected to manage the client's expectations by understanding and communicating what can reasonably be considered for funding through DVA.*

9.8.1 Tertiary education

Date published

Friday, July 8, 2016

- [Log in](#) [42] to post comments

Last amended

12 April 2023

Overview

The intent behind supporting tertiary education is that a client will be provided with appropriate assistance to help them to achieve suitable and sustainable employment within their local labour market. To achieve this, it may be appropriate and necessary for DVA to support a client to undertake tertiary education. DVA has a responsibility to consider the cost-effectiveness of the wide range of educational options that are available to individual clients.

- Tertiary education within the Australian Qualifications Framework (AQF) includes;
- Certificate level courses (Certificate I-IV);
- Diplomas, Advanced Diplomas/Associate Degrees;
- Bachelor-level degrees, Graduate Certificates/ Diplomas, and other post graduate qualifications.

Institutions offering these courses include Technical and Further Education (TAFE) colleges, Universities, and accredited Registered Training Organisation's (RTOs). [My Skills](#) [43] is a government training directory that can assist you to identify accredited training providers.

Note: The Australian Qualifications Framework (AQF) is the national policy for regulated qualifications in Australian education and training. For further information about AQF, please visit their [website](#) [44].

What is tertiary education?

Tertiary education includes the following qualifications from the Australian Quality Framework (AQF):

| AQF Level and equivalent qualification | Category of qualification | Considered for funding by DVA?* |
|--|-----------------------------------|---------------------------------|
| Level 1 – Certificate I | Registered Training Organisations | Yes |
| Level 2 – Certificate II | Registered Training Organisations | Yes |

| AQF Level and equivalent qualification | Category of qualification | Considered for funding by DVA?* |
|---|--|--|
| Level 3 – Certificate III | Registered Training Organisations | Yes |
| Level 4 – Certificate IV | Registered Training Organisations | Yes |
| Level 5 – Diploma* | Higher Education/ University Qualification | Yes |
| Level 6 – Advanced Diploma*, Associate Degree | Higher Education/ University Qualification | Yes |
| Level 7 – Bachelor Degree | Higher Education/ University Qualification | Yes |
| Level 8 – Bachelor Honours Degree, Graduate Certificate*, Graduate Diploma* | Higher Education/ University Qualification | Not typically considered |
| Level 9 – Masters Degree | Higher Education/ University Qualification | Not typically considered |
| Level 10 – Doctoral Degree | Higher Education/ University Qualification | Not typically considered |

*NOTE: These qualifications can also be obtained through Registered Training Organisations

As the AQF levels increase from 1-10, so does the complexity associated with the qualification. There are distinct differences in the expected learning outcomes and requirements of subsequent levels. Given the range of further education options at lower levels, higher level qualifications should attract a greater degree of scrutiny from Rehabilitation Coordinators.

Generally, DVA will only fund a university qualification up to the Bachelor Degree level. In this instance, funding would be considered where:

- it is the first Bachelor degree a person has undertaken; and
- it will be undertaken as a Commonwealth Supported place at an Australian University.

Qualifications listed in level 8 – 10 of the AQF are not typically in scope of what can be funded by DVA, as a client with an existing education at Bachelor Degree level is considered to be competitive within the civilian employment sector. Refer to Section 9.8.1.1 of this library for frequently asked questions about tertiary education.

All decisions about tertiary education must be based on, but not limited to, evidence from a comprehensive vocational assessment. Where a client is receiving incapacity payments from DVA and is fully participating in an education and/or training course approved under their rehabilitation program, then they will continue to receive these payments. However, if a client fails to meet their rehabilitation obligations, then the usual processes for considering [suspension of compensation payments](#) [20] must be used.

Can a client appeal study related decisions made by DVA?

Yes. If having considered all relevant evidence and having made a determination regarding the rehabilitation program that study is not an appropriate activity to fund, the client may seek this determination to be reviewed.

Where a rehabilitation delegate requires advice about the appropriateness of a request, they should discuss this with their team leader, who can contact Rehabilitation@dva.gov.au [45] where further guidance is required.

Key Considerations for rehabilitation coordinators

- Tertiary education funded under a rehabilitation program should be informed by a comprehensive vocational rehabilitation assessment, to ensure the course of study is appropriate for the client, and is likely to lead to a suitable and sustainable employment outcome. See [section 9.5](#) [15] of this library for further information on vocational assessments.
- Funding for a university level qualification should only be considered where a person has already demonstrated an ability to successfully manage study. This can be demonstrated through successfully undertaking formal study at a lower level.
- Generally, DVA will only fund a university qualification up to the Bachelor Degree level. In this instance consideration will be granted where it is the first Bachelor degree a person has undertaken **and** it will be undertaken as a Commonwealth Supported place at an Australian University. Where you have identified a case that sits outside of these criteria and warrants further consideration, please contact rehabilitation@dva.gov.au [2]
- DVA Rehabilitation Coordinators must also use the tertiary education policy guidelines to guide their decision making and approval process - See [section 9.8.3](#) [46] of this library for further information.

9.8.2 Additional considerations where tertiary education has been approved by the ADF

- [Log in](#) [47] to post comments

Last amended

30 August 2018

This section provides information relevant only to those who have had tertiary education assistance approved for funding by the ADF, and where the course of study has continued after separating from the ADF. The intent of this information is to outline *additional* considerations for this specific cohort of veterans, further to those outlined in [section 9.8.1](#) [40] of this library.

Like all other tertiary education requests for DVA clients, decisions for separating or recently separating members must be underpinned by evidence. In addition to the eligibility criteria outlined in Section 9.8.1 of this library, below are further sources of evidence that should be taken into consideration when determining eligibility for tertiary education funding for this cohort:

- **Tertiary education as a component of ADF training**

Where an ADF member was enrolled to complete full time undergraduate tertiary studies or tertiary equivalent courses as part of their ADF training, it can be taken as given that a judgement had already been made that the person had the capacity to undertake the course, and that it was an appropriate option for them, given their skills, interests, experience and educational background.

In this scenario, if the client's expected career path is interrupted by a service related injury or illness, which leads to their medical separation from the ADF, then support with funding for tertiary studies must be considered for approval. This applies regardless of whether the client had actually commenced their tertiary studies prior to their discharge from the ADF, or is requesting support to continue with studies that they had already started. If a Rehabilitation Coordinator has concerns about the client's ability to successfully complete their studies because of medical restrictions as a result of their service injury or illness, then they must discuss this with the client's treating health professional and if appropriate, their ADFRP Rehabilitation Consultant, and use this information to inform their determination.

- **Tertiary education as a component of an Australian Defence Force Rehabilitation Program**

In some instances, ADF members may have received support for tertiary studies as part of an extended transition process, or vocational rehabilitation activities delivered through the ADFRP or the Rehabilitation for Reservists Program. It is important that ADF members understand that in this instance, support for tertiary studies is not automatic once DVA becomes the person's rehabilitation authority. This applies even if the person had already started their course prior to their separation from the ADF. This is because DVA's usual process for considering tertiary study includes the need for a comprehensive vocational assessment to be undertaken. This vocational assessment is always used to guide decision making about whether tertiary education is likely to lead to suitable and sustainable employment outcomes in a civilian setting.

This approach is particularly relevant, where a person has existing qualifications which are highly transferrable to a civilian setting, and would enable them to earn at a similar salary level to their ADF role, but requests assistance with upgrading these qualifications. The key issue that must be considered is whether the further study will enable the person to find and sustain ongoing

meaningful employment. An example would be a recently separated member who has nursing qualifications, but wishes to undertake further study to enable them to work as a paramedic. In this case, a labour market analysis will be essential to guide decision making. If this analysis shows that there will be better opportunities for the person to be able to find secure and sustainable employment as a paramedic in their local or neighbouring labour market, then it may be considered reasonable to approve this additional study. Before a determination is made to approve this study, it will also be essential to gain medical evidence that the person will be able to meet the ongoing physical and emotional demands of ongoing employment as a paramedic.

- **Other documentary information collected by the ADF**

It is important that any information collected while the client was still a serving ADF member, to inform decisions about tertiary education, is requested by the DVA Rehabilitation Coordinator and considered when making a decision about the appropriateness of continuing to fund tertiary education.

If a Rehabilitation Coordinator is not satisfied that a detailed vocational rehabilitation assessment, including a labour market analysis, was completed prior to the member's separation from the ADF, they must consider the points in step one, outlined in [section 9.8.3](#) [46] of this chapter, to inform their decision about whether to continue funding the client's chosen course.

If a client has already commenced their study, they must also submit a copy of their academic record to the Rehabilitation Coordinator help inform the determination process. This will assist the Rehabilitation Coordinator to be satisfied as to whether the client has successfully met all of their course requirements.

All clients must provide a statement outlining their reasons for requesting assistance with tertiary education and sign the tertiary education assistance agreement before funding for their course can be released. This applies regardless of whether the client has already commenced their course. Please refer to steps two and three in [section 9.8.3](#) [46] of this chapter, for further information.

Any information received that is relevant to the client's tertiary studies request, must be uploaded as an attachment to the client's ISH case. Rehabilitation Coordinators are encouraged to contact rehabilitation@dva.gov.au [2] for policy advice if they have any concerns about continuing to support study programs already being undertaken by separating ADF members. Any policy advice received must be uploaded as an attachment to the client's R&C ISH case.

9.8.3 Steps for approving tertiary education

Date published

Monday, January 16, 2017

Last amended

Monday, October 23, 2023

Overview

To ensure all relevant information is captured and considered when approving funding for tertiary education under a vocational rehabilitation program, the following steps need to be followed. Note, tertiary education is defined in [section 9.8](#) [28] of this library.

Step 1: Vocational assessment

Step 2: Supplementary evidence and client statement submitted

Step 3: Consider the evidence and approve where appropriate

Step 4: All parties sign the D9303 Vocational Education and Training Application Form

Step 5: Ongoing management of a client of undertaking tertiary study

Further detail is provided below and is intended as a resource for both DVA rehabilitation coordinators and rehabilitation providers.

Step 1: Vocational assessment

A comprehensive vocational assessment should provide the evidence to determine whether tertiary education is reasonably required for the client to find suitable and sustainable work. The vocational assessment must take into account all of the considerations outlined in [section 9.5](#) [15] of this library. Even where a client expresses a strong preference to pursue a specific education pathway, it is expected that the vocational assessment will provide objective recommendations for achieving suitable and sustainable employment.

Step 2: Supplementary evidence and client statement submitted

Where tertiary education has been recommended through a comprehensive vocational assessment, and approval for the course of study is being pursued under a vocational rehabilitation program, the following should be made available to the rehabilitation coordinator to assist with their decision making:

Supplementary evidence

- evidence to demonstrate the course of study is a reasonable option to enable a client to achieve suitable and sustainable work. Where a higher education course is being recommended, there should be specific and justifiable reasons why this qualification is required, over alternative options noted in [section 9.8.2](#) [48] of this library;
- medical advice that tertiary study is an appropriate option for the client, and that they have the medical capacity to undertake work, for which the course is preparing them, at the conclusion of studying. In most cases, it is expected that medical evidence is sourced from the client's treating health practitioner or specialist. In some cases however, particularly where conflicting evidence exists, advice of an Occupational Physician can be helpful;
- evidence that the client's capacity for study has been duly considered. This includes:
 - the client's aptitude for, and ability to commit to, the proposed course of study;
 - the client's capacity to manage both the contact and expected non-contact hours required to successfully complete units;
 - the client's capacity to manage any required training or placements related to the proposed course with consideration of their other life commitments; and
 - the mode of study that is most appropriate for the client (i.e. face-to-face, or distance education delivered online);
- Other considerations that may be indicative of a person's capacity for study includes:

- the level or number of hours of study that is recommended due to the client's health conditions;
- if there is a discrepancy between capacity for work and capacity for study, a detailed explanation and justification of this discrepancy is required; and
- any suggestions that the practitioner believes may assist the client in being successful in undertaking study.

Where a client has had tertiary education approved by the ADF, and this course of study will continue post separation from the ADF there are further considerations that must be taken into account before this study will be supported through DVA. Please see [section 9.8.4](#) [49] of this library for further information.

If a rehabilitation coordinator is not satisfied with, or queries the medical evidence provided, the appropriate course of action depends on the circumstances of the case. However, some options for rehabilitation coordinators include:

- seeking advice from a relevant Departmental Medical Advisor;
- requesting a supplementary report from the treating practitioner;
- participating in a case conference with the rehabilitation provider and treating practitioner and/or other parties as required.

For cases which commenced after 29 May 2017, vocational assessments and medical evidence should be uploaded as an attachment to the client's R&C ISH case. For cases that commenced prior to this date, this evidence should be saved to the client's TRIM folder.

Client Statement

A client statement in support of their application for tertiary education is required and must demonstrate the client's:

- understanding of the requirements of the course (including the number of contact hours, additional study hours to complete course requirements, work placements etc)
- awareness of and expectations of their ability to meet the course requirements within the context of managing competing demands on their time (such as regular appointments or child care commitments);
- anticipated plan to balance competing demands while meeting the requirements of the course (NB: The rehabilitation provider can assist clients to investigate options for managing their time/competing demands identified in the client statement).

Step 3: Consider the evidence and approve where appropriate

After considering the evidence provided through the Vocational Assessment (step 1) and the supplementary evidence/ client statement (step 2) the rehabilitation coordinator should have enough information to make a decision about whether further education can be approved as an activity funded through the clients vocational rehabilitation plan.

- Rehabilitation coordinators should complete the *D9303* Vocational Education and Training Application Form, which is available on the [DVA forms portal](#) [19].

This application form ensures all relevant policy requirements have been considered. Where further education has been approved as part of a rehabilitation program, the completed D9303 form should be uploaded to R&C ISH.

Where further education is not approved, the reason why it was not considered an appropriate activity to fund through DVA rehabilitation should be communicated to the rehabilitation provider and documented. Where appropriate, alternative options should also be communicated.

Step 4: All parties sign the D9303 Vocational Education and Training Application Form

This step becomes applicable once further education has been approved as an activity on a client's rehabilitation program.

- A *D9303* Vocational Education and Training Application Form must be signed by the client, the rehabilitation provider, and the rehabilitation coordinator. This form is available on the [DVA forms portal](#) [50].

The purpose of this form is to:

- outline the specifics of the course the client will be undertaking; and
- explain the roles and responsibilities of the client, rehabilitation provider and rehabilitation coordinator for the duration of study.

It is important that all parties are familiar with, understand, and as evidence of this understanding, can explain their obligations as outlined in the document. By signing and submitting this form each party acknowledges that they have agreed to meet these expectations throughout the course of study.

For new cases after 29 May 2017 once the agreement is signed, the agreement must be uploaded as an attachment to the client's R&C ISH case. For existing cases, the agreement must be saved to the client's TRIM folder.

Step 5: Ongoing management of a client undertaking study

All clients undertaking further education as an approved activity under a return to work rehabilitation plan should have an open rehabilitation plan throughout the study period, identifying a clear return to work goal. This is necessary as the plan provides the administrative mechanism for the education fees to be paid.

The plan must be managed by an approved rehabilitation provider, with the skills and experience to provide support and assist the client in a proactive way throughout the course of study. The rehabilitation plan must remain open for the duration of the course, and for any additional period required for job seeking at the conclusion of the plan.

It is important that the rehabilitation provider works with the client throughout the course of study to identify, explore and address barriers that may prevent the client from successfully completing their studies. Where appropriate, psychosocial rehabilitation activities may be put in place to help address these barriers. For example, it may be appropriate to include psychosocial activities, such

as [pain management or adjustment to disability counselling](#) [51] in the client's rehabilitation plan if these issues are creating barriers to the client achieving their study goals. A pro-active approach must be taken to assist the client and respond to their current needs and circumstances. Rehabilitation providers are expected to keep in touch with the client's DVA rehabilitation coordinator about the client's progress in their course.

Further information about the payment of education and training fees can be found in [section 9.8.4](#) [49] of this library.

Tags

- [tertiary study](#) [52]

9.8.4 Payment of tertiary education and training course fees

- [Log in](#) [53] to post comments

Last amended

7 February 2022

Background

It is preferred that education and training approved as part of a DVA rehabilitation program are undertaken through an institution which enables access to Commonwealth assistance for the course of study.

Commonwealth assistance is provided through the Higher Education Loan Program (HELP). HELP is an Australian Government loan program to help eligible students pay their student contributions (HECS-HELP); tuition fees (FEE-HELP or VET Student Loans); and/or student services and amenities fees (SA-HELP). These loans are repaid through the Australian tax system. If the request for tertiary education is approved by DVA, the student contribution, tuition fee, and/or student services and amenities fee will be the amount DVA contributes.

How is education and training funded by DVA?

There are two methods in which an amount owed by DVA for a client's approved education and/or training can be paid. In both circumstances, the costs of the course fees needs to be included as a third party cost to a rehabilitation plan in ISH.

| | |
|--|---|
| Option 1: Payment made <i>up front</i> for the study period | Payment for each unit of study is made " <i>up front</i> " before the client has Where DVA has already paid for a unit of study which the client has sub has the discretion to not pay for further units the client enrolls in. |
| Option 2: Payment made at <i>completion</i> of study period | Payment for a unit of study is made once the client successfully <i>comple</i> assistance to be accessed so the client is not out of pocket for course fe |

Regardless of the option pursued, the following steps should be followed:

- Clients need to provide their academic transcript to their rehabilitation provider for forwarding to DVA as soon as it is received at the end of each study period (eg: semester or trimester). Note: a client's ability to maintain a pass standard for their units of study may affect whether DVA will continue to fund their studies.
- Rehabilitation providers should upload the transcript to R&C ISH through the Provider Upload Portal. DVA's rehabilitation delegates can provide rehabilitation providers with information about how to upload to R&C ISH and the Transaction Reference Number (TRN) to be used for the individual client.
- When a client's study is approved, the determination (together with detailed case notes) must be recorded in the client's R&C ISH case. Any relevant documentation about the decision should be uploaded as an attachment in R&C ISH.

Under what circumstances will DVA pay for course fees?

Where DVA is funding study for a client, it is expected that clients will successfully complete the course requirements and achieve a pass grade or above for each subject, in each study period they are undertaking.

DVA will not fund failed, incomplete, deferred, withdrawn or repeated units without considering evidence which justifies why funding should continue. More information on this can be found in the section below titled 'Managing failed or repeated units of study'.

Can DVA fund study that a person is already undertaking?

If a client has commenced a course prior to approval, being sought or given as part of a rehabilitation program, retrospective payment of the course fees cannot be considered.

If seeking funding support for the remaining elements of their study, the client is required to complete an application for support of their study, as per other DVA rehabilitation clients. Steps outlined in [section 9.8.3](#) [46] of this library must be considered as part of the process of ensuring this study is an appropriate option for the client. Course fees can only be considered for funding once this process has taken place.

For more information about a client and rehabilitation providers obligations when participating in study funded through DVA, please see the *D9303 Tertiary Education Assistance Agreement Form* signed by and agreed to by the client prior to commencing their course of study. This form is available on the [DVA forms portal](#) [50].

Managing failed or repeated units of study

Where clients are experiencing difficulties with their studies, they are expected to:

- Take full advantage of support services offered through their study institution. This may include, though is not necessarily limited to:
 - Academic support services – services such as tutoring, extensions on assignments, re-sitting exams etc.
 - Administrative support – assistance to enrol in units, withdrawing from units before the census date, appealing failed units etc.

- Disability support services - providing services like disability parking stickers and organising a scribe for an exam.
- Child support services – some institutions offer child care for students and these options should be investigated where the client has child care responsibilities.
- Notify their rehabilitation provider as soon as possible of any circumstances which may impact their ability to successfully complete their studies.

Clients are expected to take a proactive approach in managing any challenges that arise which may impact their ability to meet the requirements of their course of study. For example seeking extensions for assessment due dates, withdrawal prior to the university census date, or other alternatives in order to avoid failing a unit could be pursued by the client.

Where a client is showing signs that they are struggling to successfully complete their course requirements, it is expected that the rehabilitation provider will also be proactive in assisting the client to put strategies in place to address these issues. Rehabilitation providers have a responsibility to be aware of the student support services offered by the university at which the client is studying and ensure the client is accessing these as required.

If a client fails a unit, does not complete a unit, needs to defer a unit, or withdraws after the census date, this does not mean that DVA will immediately cease supporting the client's study. DVA will consider any unexpected or extenuating circumstances that may have impacted on a person's ability to successfully meet course requirements, as well as the efforts made to seek support or negotiate options through student support services offered by the education institutions, and the client's rehabilitation provider.

If a client fails or withdraws from a unit, they will be expected to:

- research their institution's appeal policy to explore the possibility of re-sitting an exam, completing a supplementary assessment or having the fail grade amended to a withdrawal (if they failed);
- liaise with their institution to understand the academic implications of the fail or withdrawal on their ability to continue with their course; and
- explore the university support services available for use in the future.

If no unexpected situations have arisen and the client has not shown a clear commitment to meeting the course requirements or seeking additional support, the rehabilitation coordinator has the discretion to decide that DVA will no longer provide funding for the course of study. It is the role of the DVA rehabilitation coordinator, and not the rehabilitation provider, to inform the client of any decisions regarding cessation of support for their studies.

As a general rule, DVA will only accept two failed subjects before ceasing to support a client's ongoing study. If a client fails or withdraws from a second unit after the census date in any subsequent study period, DVA will consider evidence from the client's rehabilitation provider before making a determination. It is important to note that DVA is under no obligation to continue to support the client's education however, the circumstances of each case are different and this must be managed on a case-by-case basis.

9.8.5 Tertiary education resources

Last amended

Wednesday, April 12, 2023

The following resources may be useful to assist clients, rehabilitation providers and DVA Rehabilitation Delegates with the consideration of tertiary studies within vocational rehabilitation.

Education

The **Higher Education** topic on the Study Australia website provides you with relevant links to other government information.

[Universities and Higher Education \(studyaustralia.gov.au\)](https://studyaustralia.gov.au) [54]

The **Higher Education** topic on the Department of Education, Skills and Employment website provides you with information about study for students, providers and professionals.

<https://www.dese.gov.au/higher-education> [55]

Course Seeker is a joint initiative between the Australian Government and the Tertiary Admission Centres. This website enables you to search and compare courses from different institutions across Australia. Information filters include: admission criteria, course duration, location, study mode, qualification levels, study and institution types.

<https://courseseeker.edu.au/> [56]

My Skills is a national directory of vocational education and training (VET) organisations and courses. It is an Australian Government initiative to enable you to search for, and compare, VET courses and training providers.

<https://www.myskills.gov.au/> [43]

Jobs – skills and qualifications required

The **Prime Minister's Veterans' Employment Program** links employers and veterans to resources and advice, through attendance at transition seminars, the Program website and social media. Resources, including a list of organisations that have signed the Veterans' Employment Commitment, a toolkit for transitioning members seeking employment and links to programs providing employment support are provided.

<https://www.veteranemployment.gov.au/> [57]

Job Outlook is an Australian Government website that provides you with careers and labour market research information.

<https://joboutlook.gov.au/> [58]

The **Jobs Hub** topic on the Department of Education, Skills and Employment website provides you with tools to explore available job opportunities by location and can also help you identify the required skills for different jobs.

<https://www.dese.gov.au/jobs-hub> [59]

The **Your Career** website provides you with tools, including a quiz to find study, training or job options that support your career needs or goals.

<https://yourcareer.gov.au/> [60]

Tags

- [vocational rehabilitation](#) [61]
- [tertiary education](#) [62]

9.8.6 Entitlements during retraining/further education

- [Log in](#) [63] to post comments

Last amended

29 August 2023

Incapacity Payments

During a period of retraining which is approved under a rehabilitation plan, and provided the client is fully participating in their retraining, their incapacity entitlements should continue to be calculated on the same basis as if they were not working.

From 1 November 2018 to 30 June 2023, a client undertaking approved full-time study as part of their rehabilitation program may have been eligible to receive incapacity payments at a rate of 100% of their normal earnings. Historical information about the pilot can be found in [chapter 16](#) [64] of this library.

Payment of mandatory course fees

Where a client has met their obligations as part of their approved study, DVA will fund all fees required as part of that approved course of study. This includes for example, student contribution or tuition fees (where Commonwealth assistance is being accessed), student services or amenities fees, apprenticeship course fees, and other fees such as administration or examination fees.

Please note, this does not include non-mandatory or penalty fees. Examples of these include:

- fees for joining a professional body that is associated with the course of study, though not a mandatory requirement;
- penalty fees associated with late library returns, or replacing lost or damaged equipment;
- funding permits to enable the client to park their vehicle at the educational institution.

Where a further education course was approved after 29 May 2017, course fees need to be included as a third party costs to a rehabilitation plan in R&C ISH. Refer to [section 9.8.4 of this chapter](#) [49] for specific information about paying education course fees.

Necessary aids and appliances

Aids and appliances may be provided where these items are reasonably required (as a result of a service related injury/ies) to assist a client to safely undertake an approved course of study. The policy guidelines on the provision of aids and appliances can be found in [chapter 10 of the Rehabilitation Policy Library](#) [65].

Incidentals allowance

Clients undertaking study approved as part of their rehabilitation can access an incidentals allowance, to assist with funding the cost of incidentals that may be required as part of their study. Provision of receipts is not required for the incidentals allowance to be paid but payment of the allowance needs to be added as a case note to the client's R&C ISH case.

An incidentals allowance at the following rate is payable to clients:

- \$500 per annum for clients undertaking a course of part time study recognised under the Australian Qualifications Framework (AQF); or
- \$1000 per annum for clients undertaking a course of full time study recognised under the Australian Qualifications Framework (AQF); or
- For clients undertaking secondary education, where the course of study is either an accredited senior secondary certificate of education (or equivalent) or a preparatory course for the purpose of enrolling in a related award course, incidentals allowance is payable at the following rate:
 - \$500 per annum for relevant study undertaken part time
 - \$1000 per annum for relevant study undertaken full time

The incidentals allowance must be paid in equal instalments at the commencement of each study period. The client's status as either a full-time or part-time student shall be determined by reference to the definitions of full-time and part-time used by the institution at which they are enrolled. The table below provides more information about how the amount of incidentals allowance can be calculated for eligible clients:

| Qualification Type | AQF Level | Calculating the incidentals allowance payable |
|--|--|--|
| Accredited senior secondary certificate of education (or equivalent) Relevant preparatory course Certificate I* Certificate II* Certificate III* Certificate IV* Diploma* Advanced Diploma* Associate Degree* Bachelor Degree* <i>*not undertaken as part of an apprenticeship</i> | Level 1 Level 2 Level 3 Level 4 ≥Level 5 | FULL TIME STUDY LOAD <ul style="list-style-type: none"> • Where two semesters will be undertaken in a calendar year: $\\$1000 / 2 \text{ semesters} = \\500 per semester • Where three semesters are undertaken in a calendar year: $\\$1000 / 3 \text{ semesters} = \\333 per semester • Where the course is undertaken over a discrete number of weeks $\\$1000 / 52 \text{ weeks p.a.} \times \text{number of weeks} = \text{allowance payable}$ • Where the course is undertaken over a discrete number of days $\\$1000 / 365 \text{ days p.a.} \times \text{number of days} = \text{allowance payable}$ |

| Qualification Type | AQF Level | Calculating the incidentals allowance payable |
|---|---|---|
| <p>Accredited senior secondary certificate of education (or equivalent)</p> <p>Relevant preparatory course</p> <p>Certificate I*</p> <p>Certificate II*</p> <p>Certificate III*</p> <p>Certificate IV*</p> <p>Diploma*</p> <p>Advanced Diploma*</p> <p>Associate Degree*</p> <p>Bachelor Degree*</p> <p><i>*not undertaken as part of an apprenticeship</i></p> | <p>Level 1</p> <p>Level 2</p> <p>Level 3</p> <p>Level 4</p> <p>≥Level 5</p> | <p>PART TIME STUDY LOAD</p> <ul style="list-style-type: none"> • Where two semesters will be undertaken in a calendar year: \$500 / 2 semesters = \$250 per semester • Where three semesters are undertaken in a calendar year: \$500 / 3 semesters = \$167 per semester • Where the course is undertaken over a discrete number of weeks \$500 / 52 weeks p.a. x number of weeks = allowance payable • Where the course is undertaken over a discrete number of days \$500 / 365 days p.a. x number of days = allowance payable |
| <p>Certificate II*</p> <p>Certificate III*</p> <p>Certificate IV*</p> <p>Diploma*</p> <p>Advanced Diploma*</p> <p><i>* undertaken as part of an apprenticeship</i></p> | <p>Level 2</p> <p>Level 3</p> <p>Level 4</p> <p>Level 5</p> <p>Level 6</p> | <p>APPRENTICESHIP</p> <p>Where a person is undertaking study as part of an apprenticeship, they can access \$1000 per annum of incidentals allowance. This allowance is intended to go towards the cost of any tools or equipment required as part of their apprenticeship.</p> |

9.8.7 Special Rate Disability Pension and further education

- [Log in](#) [66] to post comments

Last amended

16 January 2017

Please refer to [section 2.6 of the Rehabilitation Policy Library](#) [67] for detailed information about eligibility for Special Rate Disability Pension (SRDP).

There may be instances where a person who is eligible for SRDP requests assistance with undertaking tertiary studies and provides medical evidence from their treating health professional supporting their request, on the basis that the study will promote their wellbeing. However, as a general rule, funding for tertiary studies should not be provided under a psychosocial rehabilitation plan. This is because generally, study is regarded as an activity which will assist a person to pursue a vocational rehabilitation goal of securing suitable and sustainable employment. Implicit in this is that a person seeking assistance under a vocational rehabilitation plan has the capacity to undertake remunerative work of more than 10 hours per week, or is likely to develop that capacity over time.

Therefore, if the treating health professional of a person who is receiving SRDP recommends that they pursue tertiary studies, but states that they remain totally incapacitated for work, then the person will not receive any financial assistance towards their studies and will need to meet all of these costs themselves. In this scenario the person would remain SRDP eligible, based on evidence from the treating health professional.

The desire to undertake tertiary study does not necessarily indicate that a person who is SRDP eligible has the ability to undertake remunerative work. However, if the person has been assessed by a Rehabilitation Provider as having the ability to undertake tertiary studies, then this may be indicative of an ability to undertake remunerative work. The person's ability to undertake remunerative work of more than 10 hours per week should therefore be assessed by the Rehabilitation Provider as well, in order to confirm whether the person continues to be eligible for SRDP.

9.8.8 Vocational Rehabilitation Case Studies

Date published

Monday, January 16, 2017

- [Log in](#) [68] to post comments

Case study 1

A Leading Aircraftman Supplier with six year service in the Supplier mustering has transferrable skills in stores work. The former member's ability to utilise those skills is limited by a chronic knee injury suffered while playing inter-service rugby. The former member then undertook a Certificate IV in Warehousing and Logistics. With some recognition of prior learning this course took six months to complete. At the end of the course the former member obtained employment as the Assistant Manager of a warehouse for a major food retailer.

Case study 2

A former SAS soldier, with an accepted back injury, had transferrable skills that would enable him to pursue a range of employment options in the Security industry. However the former soldier also had the aptitude and interest to work in the Information Technology (IT) industry. Prior to joining the SAS he had worked as an IT Project Manager. He was very keen to pursue a 4-year undergraduate degree. A comprehensive labour market analysis was undertaken by the rehabilitation service

provider in consultation with the client. It was agreed that given the nature of the client's back injury, his employment and earning capacity was suited to pursuing employment in the IT industry.

The labour market analysis included a comprehensive investigation of available training options, and it was subsequently agreed that the client should undertake a Diploma in Information Technology. The course was available on a self-paced learning basis as soon as the client was ready to commence. An alternative 2-year Diploma course at a local TAFE college was also considered. The choice of university course was considered justified because of the level of qualifications, field work and job placement service the educational facility provided for their graduates.

Case study 3

A former Air Force (registered) Nurse was medically discharged due to a back injury that prevented her from continuing to work as a Nurse and undertaking her military duties. Upon discharge, a Graduate Diploma in Community and Health Development was approved as part of her overall rehabilitation. At the end of the year she was able to obtain employment as a Nurse Communicator, with an ability to earn very close to the former military salary.

Case study 4

A former Flight Lieutenant was medically discharged due to a generalised anxiety disorder which impacted on his ability to continue his military career. His rehabilitation goal was to undertake a law degree, to enable him to secure full time employment in the legal system. As part of the rehabilitation assessment, it was recognised that this qualification demonstrated that he had the necessary skills and capacity through his employment history and training to successfully complete the course.

The client's initiative and focus justified the support he received to undertake tertiary studies in law. He was able to receive recognition of prior learning for courses he had undertaken as part of his military training and successfully completed his studies and the graduate requirements of the course. Initially the client experienced some difficulties in securing employment, but with assistance in job seeking, and a self motivated and goal focused approach, the client was able to find full time employment as a Legal Associate. After 3 years his earning capacity was equivalent to that of his ADF salary.

9.9 Work Trials

- [Log in](#) [69] to post comments

Last amended

16 June 2014

Work Trials are used to achieve a return to work for clients who are not able to return to their original workplace.

A large proportion of DVA clients are ex ADF members who have been medically discharged, and therefore unable to continue their role within the ADF.

A work trial is a valuable opportunity for a person participating in a rehabilitation program to:

- gain a recent civilian work history and referees;
- update existing skills;

- gain new skills;
- test out their capacity for work;
- become more competitive in the job seeking process;
- gain confidence in themselves and their abilities; and
- form social relationships and expanded support networks.

For the host employer a work trial facilitates:

- the benefit of an appropriately skilled worker whose wages are paid by the MRCC;
- increased productivity; and
- assessing the worker's ability to undertake employment with the employer should a position become available, whilst assisting the worker with their rehabilitation

9.9.1 Duration of a Work Trial

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Thursday, March 26, 2015

- [Log in](#) [70] to post comments

Last amended

29 November 2022

It is preferable that work trials do not extend beyond 12 weeks. However, in some situations, a longer period may be considered reasonable.

- To enable the [Fair Work Law provisions](#) [71] for lawful unpaid work and placements to be met, care must be taken to ensure that the purpose of any extension to the work trial's duration will be primarily for the client's benefit, such as to better equip them with further training or necessary experience for future employment.
- Otherwise, if the work trial's extension will merely provide the host employer with an already trained worker for a longer time period, then Fair Work Law would view this as having become an employment relationship and, as such, it should no longer be a work trial.

Ultimately the duration of a work trial depends on factors such as:

- the aim of the placement;
- the return to work medical guidelines provided by the treating doctor;
- the need for a graduated return to work; and
- the skill base and confidence of the client.

While a work trial will normally be up to 12 weeks duration, it must be flexible to meet the needs of the client and the host employer.

The opportunity to participate in work trial should provide the rehabilitation service provider with the option to meet with the host employer for the purpose of negotiating paid employment post-trial. Depending on the circumstances, this may necessitate either an extension of the work trial for a further short period, if such action is likely to enhance the client's chances of securing ongoing paid employment.

9.9.2 How to arrange a Work Trial

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Thursday, March 26, 2015

- [Log in](#) [72] to post comments

Last amended

12 April 2023

Arranging the work trial

The rehabilitation service provider is responsible for arranging and monitoring a work trial for the client. This includes ensuring that the work trial is appropriate given the client's medical restrictions and the type of work that they will be undertaking, and negotiating the terms of the work trial, including liaison with the relevant union if necessary. Once a work trial is negotiated with a host, the provider will need to liaise with the client's treating health practitioner to confirm the suitability of the work trial and receive confirmation of any medical restrictions that will apply. The rehabilitation service provider will then submit the work trial details, together with the completed Work Trial Agreement form to the DVA Rehabilitation Coordinator for consideration and approval.

The provider will also need to consider if any aids, appliances or alterations might be required to support the client. This includes visiting the host prior to the commencement of the placement to ensure the supervisor has been provided with an outline of the work capabilities of the client, and that the work site is suitable.

Work Trial Agreement

Work trials should be fully documented using the Work Trial Agreement prior to the commencement of the trial. Rehabilitation Coordinators can access the manual from the rehabilitation pages of the Rehabilitation and Compensation Support SharePoint page under "Work Trials".

The Work Trial Agreement outlines the responsibilities of the employer, the client, DVA and the rehabilitation service provider. The agreement also incorporates specific details of the placement including duties, medical restrictions, and timings. It is important that all relevant medical restrictions are listed to ensure that the employer can effectively manage their work health and safety responsibilities.

The Work Trial Agreement is designed to ensure that all parties are committed to the aim of the placement and agree on the expected outcomes from the placement.

The key stakeholders in the work trial process include the client, DVA rehabilitation coordinator, rehabilitation service provider, the client's treating doctor, supervisor/host employer, and the relevant union (if appropriate).

Work Trial Insurance Manual

The client must be provided with a copy of the Work Trial Insurance Manual prior to the work trial commencing. Rehabilitation Coordinators can access the manual from the rehabilitation pages of the Rehabilitation and Compensation Support SharePoint page under "Work Trials".

The Manual details the insurance arrangements for clients undertaking an authorised work trial. Please refer to [section 9.9.4 of this Guide](#) [73] for further information about insurance for work trials.

The client must also be informed about what they need to do if they injure themselves, or experience an increase in pain or symptoms which does not allow them to continue working. If this occurs the client should:

- immediately report to his/her supervisor and inform them that they are experiencing difficulties; and
- document exactly what task was being undertaken at the time the pain or symptoms occurred; and
- immediately telephone their rehabilitation service provider to report the problem.

Approval of the work trial

All new work trials must be managed in R&C ISH using the work trials function.

The DVA Rehabilitation Coordinator should check the work trial details, and ensure that the medical restrictions are listed so that they can ensure a safe working environment for the client. This also helps to provide confidence that the worker will continue to be suitable for their role if their employment continues beyond the work trial. The Rehabilitation Coordinator must also check the Work Trial Agreement to ensure that the employer, client and provider have signed the agreement.

Once the Rehabilitation Coordinator is satisfied that all relevant details are included on the form, and that the work trial is suitable for the client, they should sign the agreement and send a signed copy to the rehabilitation service provider. The Rehabilitation Coordinator's signature provides evidence of their approval/authorisation of the work trial.

The Rehabilitation Coordinator must advise any relevant DVA areas, particularly the client's incapacity delegate, of the detail of the work trial. R&C ISH will create a task for the incapacity team when a work trial is approved. A copy of the signed Work Trial Agreement must be uploaded as a document to the client's R&C ISH case.

Monitoring a work trial

The Rehabilitation Coordinators can access the manual from the rehabilitation pages of the Rehabilitation and Compensation Support SharePoint page under "Work Trials". The rehabilitation service provider must ensure that the client completes and submits a Work Trial Attendance Diary to them. These diaries must show the dates and hours worked and are to be signed by the client and their work trial supervisor.

Work trial diaries should be uploaded by the rehabilitation provider, electronically to the R&C ISH case on a fortnightly basis. Documents uploaded to R&C ISH will be saved in the client's TRIM file and flagged as new information in R&C ISH.

To upload to R&C ISH, the DVA Rehabilitation Coordinator will need to send the rehabilitation provider an email with information about how to upload R&C ISH and the Transaction Reference Number (TRN) to be used for the individual client. Any follow-up items or recommendations from the progress report need to be recorded and actioned in R&C ISH.

If the client is in receipt of incapacity benefits, the Rehabilitation Coordinator must ensure the client's incapacity delegate is aware of the work trial diaries so that the client's incapacity payments can be assessed correctly. R&C ISH will create a task for the incapacity team when a work trial diary is received. Similarly, the incapacity delegate must be kept informed of any variations to the work trial in terms of the hours worked.

During a work trial the client is required to attend the workplace as instructed by the host and undertake the work to the best of his ability.

The rehabilitation service provider is responsible for closely monitoring the work trial to ensure that:

- any identified issues are addressed promptly; and
- the goals of the placement are being met; and
- the client is working within the return to work medical guidelines obtained from the treating doctor.

The rehabilitation service provider must ensure that the DVA Rehabilitation Coordinator is provided with progress reports about how the work trial is going and is made aware of any issues that arise. This is important as the DVA Rehabilitation Coordinator has overall responsibility for the outcome of the work trial.

The host will be expected to have similar expectations of a client in a work trial as for any other worker regarding attendance, behaviour, safety, and discipline. The supervisor should be encouraged to develop an on-the-job training program that enables the client to acquire the competencies and skills required for the job. The supervisor should also monitor how the client is progressing, assess their performance and provide feedback to the client and the rehabilitation provider. Ultimately the supervisor will be required to provide a report on the client's performance to the rehabilitation provider.

Formal training aimed at enhancing both personal and job specific skills should be assessed as an adjunct to the on-the-job training that may take place during the work trial.

What happens if an injury occurs during a work trial

The rehabilitation provider must inform the Rehabilitation Coordinator immediately if they become aware that the client has injured themselves during a work trial, or is experiencing an increase in pain or symptoms.

The Rehabilitation Coordinator must follow the steps outlined in [section 9.9.4 of this Guide](#) [73] and the Work Trial Insurance documentation, and submit all claims within a timely manner.

After the work trial

If the host makes a job offer subsequent to the work trial, the rehabilitation service provider should ensure that the wages payable and conditions of employment are in accordance with the relevant award or Industrial Relations Agreement in that work setting.

The rehabilitation service provider should then immediately contact the Rehabilitation Coordinator to confirm the details including start date, hours of employment and salary details.

The Rehabilitation Coordinator must ensure that the client's incapacity delegate is informed immediately that the work trial has ceased and that the delegate is provided with all relevant details of the client's ongoing employment.

If the client is not offered work with the host after the trial, the client's rehabilitation plan should be amended to identify goals and objectives that can build on the work skills and experience that the client has gained during the trial. It is important that this occurs as quickly as possible, to assist the client to focus on what they have achieved, and to continue to work towards their return to work goal in a positive way.

9.9.3 Incapacity payments while on a Work Trial

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Tuesday, May 26, 2015

- [Log in](#) [74] to post comments

Last amended

12 April 2023

During the period of the work trial DVA will continue to make incapacity payments to the client in accordance with the provisions in Part II of the [DRCA](#) [11] or Chapter 4 of the [MRCA](#) [75].

When a client commences a work trial during the first 45 weeks of incapacity, payments are made on the basis of 100% of normal weekly earnings (NWE) under DRCA, or normal earnings (NE) under MRCA. If the client commences a work trial after the first 45 weeks the weekly payment is based on a percentage of their NWE according to the percentage of normal weekly hours (NWH) worked. Further information about incapacity payments can be found in [chapter 6 of the MRCA Policy Manual](#) [76].

R&C ISH will create a task for the incapacity team when a work trial is approved and when a work trial diary is received.

9.9.4 Insurance coverage during a Work Trial

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Tuesday, May 26, 2015

- [Log in](#) [77] to post comments

Last amended

16 October 2019

DVA clients undertaking a work trial as part of their vocational rehabilitation program are covered by two insurance policies:

1. **Group Personal Accident Insurance** which provides insurance for any injury sustained by a client while undertaking a work trial; and
2. **Public & Products Liability Insurance** which provides insurances for liability for any personal injury or property damage to third parties caused by the client's negligence.

These are not Workers Compensation policies.

Commencement of work trial

The Rehabilitation Delegate must ensure that all work trial participants are provided with the current Work Trials Insurance Manual prior to commencing a work trial. A case note should be added to the client's R&C ISH case noting when the manual was provided to the client. Rehabilitation Delegates can access the current manual through the [Rehabilitation Services site](#) [78] or via TRIM container 1903532. If requested, copies of the insurance policies can also be provided.

If an injury occurs during the work trial

In the event that a client is injured while on a work trial, or causes injury or property damage to a third party, the client must be provided with copies of the relevant individual policies and claim forms as quickly as possible. The Rehabilitation Delegate can access these policies and claim forms from the [Rehabilitation Services site](#) [79] or via TRIM container 1903532.

The Rehabilitation Delegate must ensure that the client's best interests are a key focus, and that any liaison with the insurance company is undertaken as quickly as possible.

It is **important that an insurance claim is lodged** for any injury that occurred while on a work trial, which required medical attention. Claims must be lodged within 30 days of the accident or injury.

This applies regardless of how minor the injury is. The insurance policy does not pay the first \$50 of any claim for non-Medicare medical expenses, and this excess is paid by DVA. However, it is vital that the injury and any medical treatment that was provided is documented, as part of the claim process, so that this information can be accessed at a later date if any issues arise.

Rehabilitation Delegates can forward claims or ask questions of the insurance company using the contact details included in the Work Trials Insurance Manual. Any correspondence to the insurance company for a specific client should be uploaded as an attachment to the client's R&C ISH case.

Rehabilitation Delegates will need to provide specific information to the insurance company about DVA's GST status before a claim can be settled. This information can be found in the document titled '*Settlement of a work trial insurance claim*' on the [Rehabilitation Services site](#) [79] or via TRIM container 1903532.

The Rehabilitation Delegate is also required to liaise with the client's rehabilitation service provider to ensure that the client's rehabilitation plan is amended if required, and the client has access to appropriate and timely provision of support services while they recover from their injury.

Liability for injuries

DVA is responsible for providing compensation and rehabilitation service for any ongoing effects or natural progression of conditions which have been accepted as being related to a client's service in the ADF.

New injuries are covered by the Group Personal Accident Insurance policy.

9.9.5 DVA Support During a Work Trial

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- [Log in](#) [80] to post comments

Last amended

30 May 2017

While a client is on a work trial, they will continue to receive incapacity payments, rather than a wage from their host employer. This may limit the client's ability to purchase essential equipment or uniform that may only be required for a short period.

Where there is the potential for employment after the work trial DVA may consider support with:

- basic essential equipment and uniforms required to perform the work trial duties, or address a client's level of injury;
- Workplace Health and Safety equipment or clothing not supplied by the employer. and
- reasonable travel expenses to and from the workplace, but only where there is clear evidence that significant financial hardship is being experienced by the client which is limiting their ability to get to their work trial site

Where essential equipment, uniforms or Workplace Health and Safety items are being requested for a work trial, the following issues must be considered:

- whether provision of the item/s requested is reasonable or above the level that would normally be required for an employee in that workplace;
- the likely time the items or services will be required e.g will they be required for the full duration of the trial;
- the cost in purchasing the item compared to alternative arrangements such as, leasing, hiring or the possibility of negotiating a cost sharing arrangement with the work trial host employer;
- potential improvements to the client's work opportunities after the work trial, general functioning, or psychological wellbeing; and
- the impact on future liability if the client is offered a permanent placement with the host employer.

DVA may also provide ergonomic equipment and other workplace aids and appliances that the client requires to be able to safely fulfil the requirements of their role during the work trial. In this instance, it is likely that lease or hire of equipment will be most cost effective than purchase, given

that there is no guarantee that the client will secure employment after the trial. Further information about workplace aids and appliances can be found in section [10.7.4](#) [81] of this library.

Where DVA purchases uniforms and/or essential equipment to enable the client to undertake a work trial, then these items become the property of the client. The expectation is that the client uses the items to maintain themselves in the same industry following their work trial.

For further information about uniforms and essential equipment for clients who have secured permanent employment please refer to section [9.12.3](#) [82] of this library.

9.10 Employer Incentives

- [Log in](#) [83] to post comments

Last amended

18 August 2023

Policy Statement

Veterans undertaking a DVA rehabilitation program and in receipt of DVA incapacity payments, may be further supported to obtain secure and sustainable employment by incentive payments to an eligible employer.

Authority

Legislative authority is contained in the following Acts:

- *Military Rehabilitation and Compensation Act 2004* ([MRCA](#) [12]), subsections 51(5), 60, 62, 62A;
- *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* ([DRCA](#) [11]), subsections 37(4), 40, 40A.

Intent

The Employer Incentive Scheme (EIS) intends to encourage employers to engage injured veterans who have found it difficult to compete in a tight labour market.

Background

DVA's whole-of-person approach to rehabilitation is underpinned by compelling evidence about the health benefits of good work. Good work is defined as work that is safe, enables the person to be productive and engaged and provides economic stability and personal interaction.

EIS is a vocational rehabilitation approach to assist eligible veterans to find suitable and sustainable civilian work. Payment of wage subsidies are a long-standing feature of employment programs in Australia to encourage eligible businesses to hire eligible jobseekers for ongoing employment.

Eligibility

Veterans commencing, or participating in a DVA rehabilitation program, with an assessed vocational need, are eligible for the EIS if they are:

- unable to return to their previous employer;
- able to work within the advice of capacity obtained from the treating doctor; and
- in receipt of incapacity benefits from DVA at the time of their initial employment.

Employers are eligible for the EIS if:

- they have not previously employed the veteran - previous participation in a work trial with the employer is acceptable;
- they have not previously received an EIS payment for the person;
- they are not an Australian Government, state/territory government entity*;
- their place of employment meets the necessary work health and safety standards;
- they do not unreasonably dismiss other workers to create vacancies for workers available with incentives;
- they can provide ongoing full or part time paid employment or an apprenticeship or traineeship for the worker;
- the role is not a self-employment or a subcontracted position; and
- the employer is not an immediate family member of the veteran – this includes the spouse, partner, child, parent, grandparent, grandchild or sibling of the veteran.

The EIS is only available to employers that are offering employment based in Australia.

*Note: A local government entity can be an eligible EIS employer, provided the employment position is not funded by an Australian state or territory government.

Requirements

Incentive payments can only be paid to an employer when:

- participation in the EIS is an approved activity in the veteran's vocational rehabilitation plan;
- a rehabilitation provider has been engaged to ensure that the employment is safe and suitable, given the veteran's medical restrictions and the type of work they will be undertaking, and to monitor progress of their participation in the scheme;
- the veteran's DVA Rehabilitation Delegate has approved participation in the scheme prior to employment commencing;
- the employer is paying the veteran full award wages at a salary rate comparable to other employees doing similar work for the organisation/employer; and
- the veteran's incapacity payments have been ceased or reduced in accordance with the new earnings.

Participation must be pre-approved

Initially, the veteran's rehabilitation provider will discuss the EIS proposal with the veteran and prospective employer. The employer must provide details of the offer of employment including gross wages, hours of employment, duties and conditions of employment.

EIS participation must be approved by a DVA Rehabilitation Delegate before employment commences. As a general rule, the Delegate must be satisfied that EIS participation is likely to lead to sustainable, ongoing employment for the veteran.

Once approved, the DVA Rehabilitation Delegate will:

- advise the employer via an EIS offer letter detailing the requirements to receive reimbursement of wage subsidies; and
- notify the rehabilitation provider of DVA's expectations in relation to monitoring the veteran's employment.

Employer incentives payable

The employer incentives are only payable after the employer has paid the veteran employee, and are payable on the following basis:

- reimbursement of 75% of gross wages* for the first three months of employment;
- reimbursement of 40% of gross wages* for the second three months of employment; and
- a retention bonus of 10% of annual gross wages* (up to a maximum of \$2000) if the employment is sustained beyond 12 months.

*Gross wages exclude allowances, overtime, superannuation, commissions and any compensation payments.

Applications for incentive payments

The incentive payments are paid to the employer, as wages reimbursement and a retention bonus. Employers must use DVA Form *D1224 Claim for reimbursement under the Employer Incentive Scheme* to claim the incentive payments. This form is provided to the employer, together with the EIS offer letter, at the beginning of the employment period.

Employers should forward claims for the incentive payments at these time periods after the employment commenced:

- at the conclusion of three months;
- at the conclusion of six months (the second three months' period); and
- after twelve months has elapsed.

Ongoing monitoring

The veteran's placement must be monitored by the veteran's rehabilitation provider for a reasonable time period, i.e. until the DVA Rehabilitation Delegate is satisfied that no further monitoring of the veteran's employment is necessary and there are no other rehabilitation activities that need to be considered or completed for the veteran.

Related Policies, Legislation and Information

Policy

- [9 Vocational Rehabilitation](#) [84] of this library
- [9.9 Work Trials](#) [38] of this library
- [9.12 Assistance finding suitable employment](#) [85] of this library

Legislation

- [Military Rehabilitation and Compensation Act 2004](#) [12] (MRCA)
- [Safety, Rehabilitation and Compensation \(Defence-related Claims\) Act 1988](#) [11] (DRCA)

External websites

- [Prime Minister's National Veterans' Employment Program – for Veterans](#) [86]
- [Department of Employment and Workplace Relations – Financial incentives for business](#) [87]
- [Royal Australasian College of Physicians \(RACP\) – Health Benefits of Good Work](#) [7]

9.11 Self Employment as a Viable Vocational Rehabilitation Outcome

- [Log in](#) [88] to post comments

There are instances when rehabilitation clients choose to pursue self employment in preference to pursuing paid employment with a new employer.

Self employment is a viable vocational rehabilitation outcome where:

- the client is committed to such a venture;
- medical evidence of the client's ability to do the work exists; and
- the client is able to provide documentary evidence via a properly prepared business plan of their ability to earn in a particular self employment venture.

This option must always be at the instigation of the client as any self employment venture contains a degree of risk which must ultimately be borne by the client. It is worth noting that a high percentage of small business ventures fail. Accordingly some Rehabilitation Coordinators may choose to support self employment on behalf of a client only after:

- all other options have been explored; and

- the self employment proposal has been fully investigated and reported on by the rehabilitation service provider.

In any event the Rehabilitation Coordinator should be satisfied that the client understands the risks and has sufficient information to make an informed decision.

An often quoted advantage of self employment is that it provides the client with the flexibility to work hours that suit the needs of their injury and the unpredictable nature of their symptoms.

9.11.1 Rehabilitation Plan for those Considering Self Employment

Last amended

6 October 2023

A rehabilitation plan under DRCA, MRCA or VVRS for a client considering self employment may include the following:

- referral to the nearest Small Business Advisory Centre;
- referral to the nearest ATO;
- attendance at a 'Starting Your Own Business' workshop;
- a business plan prepared by a suitably experienced Accountant or Business Planner;
- small business management training;
- mentoring; and
- an Occupational Therapy assessment of the new business and provision of necessary aids and appliances in accordance with section 39 of the [DRCA](#) [11], section 56 of [MRCA](#) [12] or section 4.3 of the [VVRS](#) [10].

The costs for any of the above listed items can be considered reasonable for approval on a rehabilitation plan for clients considering self employment and starting their own small business.

Capital set up costs must always be the responsibility of the client (refer to section 9.11.5 of this guide for options for some DRCA and MRCA clients).

To assist the client establish themselves in business, incapacity benefits may continue to be paid for a reasonable period. What is considered a reasonable period will be determined by:

- the client's progress with their rehabilitation program;
- recommendations received from the client's rehabilitation service provider and treating practitioners;
- any feedback provided from a business mentor (if a mentor is providing support to the client); and
- income that the business is able to generate.

This enables the client to complete the critical business components of their rehabilitation plan, establish a client base or customer network and generate income.

9.11.2 Self Employment and Small Business Advice

- [Log in](#) [89] to post comments

Last amended

18 August 2023

Small Business Advisory Centres

Each State and Territory has Small Business Advisory Centres. These centres provide 'Starting Your Own Business' workshops for a small fee. The workshops are generally of 3 hours duration and provide the necessary introductory information to enable the client to decide whether they wish to proceed with their small business proposal.

Contact details for these services either through Commonwealth or State Government resourced agencies are available in the Government listings in the White Pages.

Small Business Advisory Centres also provide a range of other services for people starting in business. This includes:

- information about licence requirements;
- Government and local business assistance programs;
- local businesses providing services to business;
- referrals and introductions to experts in particular fields;
- details of business education courses;
- seminars on current business issues;
- employment assistance programs; and
- books and computer software packages for business management.

Specific information fact sheets are also available about:

- Planning to start a business;
- Starting your own business;
- Business Names;
- Partnerships;
- Proprietary companies;
- Insurance;
- How an accountant can help you manage your business;
- Using your home as business premises; and
- Choosing a business structure.

Self-Employment Assistance

Self-Employment Assistance can help you turn your business idea or existing small business into a viable business. The program allows you to choose the level of support that meets your needs and the needs of your small business. Further information is available at the Department of Employment and Workplace Relations - [Support for self-employment](#) [90] page.

Australian Taxation Office (ATO)

The Australian Taxation Office (ATO) provides information on:

- Business Taxes;
- Record keeping;
- Claiming Deductions; and
- Employer obligations.

The ATO also provide a range of free services including fortnightly run seminars, personal visits and quarterly newsletters to assist people already in or commencing a new business.

For more information, please refer to the [ATO's Starting your business website](#) [91].

Small Business Management

TAFE colleges also run courses of 10 – 18 weeks duration in all aspects of Small Business Management.

Australian Competition and Consumer Commission (ACCC)

The Australian Competition and Consumer Commission (ACCC) operate a small business advisory service, including a helpline.

The following link is to the [ACCC small business website](#) [92].

9.11.3 Self Employment and Small Business Provisions

- [Log in](#) [93] to post comments

Last amended

6 October 2023

Under DRCA, MRCA and the VVRS, clients considering self employment may be provided with business related training (as described in following section), for example business management or particular technical expertise.

Any approval for assistance is subject to a thorough assessment indicating:

- that this activity is likely to result in sustainable employment;
- the types of support recommended (technical expertise, training, business planning, mentoring etc);

- particular modifications to any equipment required for the workplace; and
- the likely viability of the business enterprise.

A rehabilitation plan which includes a self employment objective is **not** able to provide:

- business loans;
- funding for tools of trade; or
- equipment needed to establish a business.

9.11.4 Business Planning and Mentoring

- [Log in](#) [94] to post comments

Business Planning

Preparation of a business plan is seen as an integral part of the rehabilitation plan for any client who proposes to enter into self employment. The process of preparing a business plan enables the client to determine the level of commitment they are prepared and will need to make to the venture to ensure success.

The business plan should include:

- a description of the business, including who will work in the business and where the business will be located;
- an analysis of the market, including the competition;
- a list of the initial outlay costs;
- a cash flow projection which details the monthly financial incomings and outgoings of the business over a 12 month period; and
- a projected profit and loss statement for a 12 month period.

Mentoring

Mentoring in the early stages of development of a small business can provide valuable support and assistance for those new to the realms of self employment and small business.

Following are links to state and territory government websites that provide information about small business mentoring services:

ACT - [Innovation, Trade and Investment - Start your business](#) [95]

NSW - [Small Business Commissioner - SmallBizConnect](#) [96]

NT - [Department of Business - Start, Run and Grow a Business](#) [97]

QLD - [Department of Education, Training and Employment - Small Business Solutions](#) [98]

SA - [Department of State Development - Small Business Advice](#) [99]

TAS - [Business Tasmania - Starting a business](#) [100]

VIC - [Business Victoria - Setting up a business](#) [101]

WA - [Small Business Development Corporation](#) [102]

9.11.5 Incapacity Benefits and Self Employment

- [Log in](#) [103] to post comments

Last amended

6 October 2023

Incapacity payments are economic loss compensation payments due to the inability (or reduced ability) to work, because of a service injury or disease. The [DRCA](#) [11] and [MRCA](#) [12] provide this compensation as regular payments calculated on a weekly basis and paid fortnightly.

Deeming a client 'able to earn' when considering self employment

Deeming a client 'able to earn' is the process which may follow once a person has successfully achieved the vocational goals of their rehabilitation program. This process applies irrespective of the type of employment being considered by a person, self employment or paid employment.

Once the vocational goals of a client's rehabilitation plan are determined as being successfully achieved the client may be deemed as being 'able to earn' and their incapacity payments may cease or be adjusted in line with their newly demonstrated earning or work capacity.

The timing of deeming a client undertaking self employment should be based on individual client circumstances, having regard to the following:

- the client's rehabilitation progress and recommendation received from the rehabilitation service provider and the client's treating medical practitioner;
- feedback provided from a business mentor; and
- income that the client's business is able to generate.

Delegates seeking more information regarding deeming should refer to [section 2.7](#) [104] of this manual or [section 6.3.19](#) [105] of the MRCA manual.

Redemption when considering self employment

Important note: When a Rehabilitation Coordinator is considering this redemption pathway for a client, the Rehabilitation Coordination **must** consult the client's Incapacity Delegate before any discussions on this subject are raised with the client.

Section 30 of the DRCA and section 138 of the MRCA provides that the delegate may redeem a client's incapacity entitlement as a lump sum where:

- the client has an entitlement to receive incapacity benefits;

- the amount of the incapacity benefits falls below an amount as prescribed; and
- the delegate is satisfied that the degree of the client's incapacity is unlikely to change.

Section 137 of DRCA allows an incapacity payment recipient to request a redemption, where they meet the above circumstances.

A lump sum redemption in accordance with section 30 or section 137 of the DRCA or section 138 of MRCA may provide the capital to fund a self employment venture where the client is in receipt of incapacity payments at or below the prescribe amount.

In circumstances where a client is receiving incapacity payments above the prescribed amount, the delegate may consider the redemption pathway if they are able to determine an ability to earn, that would result in reducing their level of incapacity payments to the prescribed amount. To do this accurately and fairly, delegates could base the client's ability to earn on what it would cost to replace the client for a specified time in their specific role in the business venture.

This pathway should only be considered after careful consideration of all the individual circumstances including:

- that the degree of the client's incapacity is unlikely to change;
- that this activity is likely to result in sustainable employment and is not likely to adversely effect the client's level of incapacity; and
- the likely success of the business enterprise.

Delegates seeking more information about redemption should refer to [section 6.4.3](#) [106] of the MRCA manual.

Under the VVRS, there are no provisions for redeeming any or part pension payments.

9.12 Assistance finding suitable employment

- [Log in](#) [107] to post comments

Last amended

6 October 2023

Section 40 of the [DRCA](#) [11] (in conjunction with subsection 146(3)) and sections 60 – 62 of the [MRCA](#) [12], place an onus on the Rehabilitation Authority to assist a person who is incapacitated as a result of a service injury or disease to find suitable employment. Suitable employment or suitable work is defined in this manual in [section 2.4.2](#) [108] (MRCA) and [section 2.3.1](#) [13] (DRCA).

It is important to note that a suitable employment outcome for any rehabilitation client may not necessarily be the best or only job to which a client may aspire. The intention is that it involves work that the client can sustain in the long-term and which is not likely to worsen their health.

Note: Research has demonstrated that clients ineffectively placed in poorly matched or career limiting employment will fail long-term and will require additional support services. As the complexity of their circumstances increases, so does the projected costs for managing these clients.

9.12.1 Job placement preparation

- [Log in](#) [109] to post comments

Last amended

8 September 2023

An important part of the rehabilitation process is to prepare the client for the job search process. This reflects the need to ensure all efforts are taken to address any barriers that a client may experience in securing meaningful and sustainable employment (see also [9.4 Managing vocational rehabilitation plans](#) [110]). An assessment of a client's individual circumstances should inform any initial and further job-seeking activities to be undertaken over the course of their vocational rehabilitation plan. These may include, but are not limited to:

- developing a professional standard resume;
- tailoring job applications to the requirements of a particular job;
- developing interview skills;
- preparing for discussion and disclosure about their disability, where this issue may arise;
- developing employer networking;
- attempting cold canvassing for employment opportunities; and
- applying for advertised vacancies.

Work Trials

If assessed as appropriate for the client, a work trial is a valuable opportunity for a person participating in a rehabilitation program to gain experience and confidence in attempting re-entry to the workforce or in a new field of employment. See [9.9 Work Trials](#) [38] in this library for more information about the arrangements and duration of work trials.

Use of job-placement agencies

The use of a specialist job placement agency is an additional job-seeking activity that may be considered to help the client secure paid employment. Refer to [9.12.2 Using Job Placement or Employment Agencies](#) [111] for further information.

Amendments or additions to a client's rehabilitation plan should consider the factors outlined in [3.8.4 Changes to a rehabilitation plan](#) [112] in this library. For example, if the timeframes to complete activities of the plan need to be adjusted or extended, and/or additional rehabilitation activities need to be included.

9.12.2 Using Job Placement or Employment Agencies

- [Log in](#) [113] to post comments

Last amended

6 October 2023

In the development of a rehabilitation plan, a rehabilitation service provider may recommend the use of an employment placement agency to assist a client to secure an appropriate and sustainable employment outcome.

A number of rehabilitation service provider organisations employ their own job placement specialists.

Referral to an external job placement agency should only be considered where the rehabilitation service provider does not employ their own job placement specialist, or the particular job goals of a client will benefit from specialist industry-related services. For example, where a client's job goal is to work in the mining industry, a recruitment agency which specialises in mining industry placements could be considered.

The use of such agencies can be recorded on a rehabilitation plan as a third party resource, where the client's rehabilitation service provider's organisation does not have the required skilled personnel to undertake this activity without outside assistance.

It is important to note that while some organisations offer this as a no-fee service, other agencies may invoice the employer for placing a client with them or the employment placement agency fee may be charged to the rehabilitation plan as a third party rehabilitation activity cost.

Engaging an employment placement agency should be considered in the following circumstances where:

- a client is hesitant about re-entering the workforce;
- other job-placement options have been unsuccessful;
- a client resides in a 'high unemployment' area;
- the client does not have the capacity to undertake this activity without specialist assistance;
- the client has an uncommon skill set; and/or
- the client has severe or complex disabilities.

For clients with severe or complex disabilities there are specialist employment placement agencies. For example, [Scope](#) [114] (previously known as Disability Services Australia) has a supported employment branch.

A range of other specialist employment agencies operate to assist with the placement of clients in specific types of employment and in broad industry groupings, such as health, hospitality, mining, building and construction, retailing, computing and light industry. Some of these services also assist in providing placement for entry-level training, such as apprenticeships and traineeships. The range and coverage of these type of services vary from state to state and within regions. Rehabilitation service providers should be aware of the services available in their local area.

The use of external job placement agencies should be considered as an option for MRCA, DRCA and VVRS cases.

The timeframe set for the use of job placement agencies on a rehabilitation plan should be short-term (e.g. 4-6 weeks) and closely monitored by the rehabilitation service provider and reported on to the Rehabilitation Coordinator in the normal monthly progress reporting cycle.

9.12.3 Provision of uniforms and other essential equipment

Last amended

Tuesday, May 30, 2017

DVA may provide uniforms and other essential equipment where these are required to enable the person to perform their role. There are slight differences in approach where a client has secured permanent employment, compared to where a client is participating in a work trial. Refer to section [9.9.5](#) [115] of this library for information about uniforms and similar equipment for clients participating in work trials.

Permanent employment

If a client obtains paid permanent employment as a result of their participation in a vocational rehabilitation plan, DVA may consider funding for:

- basic essential equipment and uniforms required to perform the duties of the role or address a client's level of injury such as, a heavy duty belt to hold items such as a torch or other equipment for a security guard role; and
- Workplace Health and Safety (WH&S) equipment and clothing that are required for the role, but may not be supplied by the employer such as, steel cap boots or high visibility clothing.

Where basic essential clothing or equipment is being requested for a person who is about to commence permanent employment, the reasonableness of the request must be taken into consideration as follows:

- whether the provision of the item/s is reasonable or above the level that would normally be required for an employee in that workplace e.g. where a client is commencing employment as a chauffeur, it would be reasonable for DVA to provide funding for a basic two piece suit rather than a high end suit;
- the cost in purchasing the item and alternative arrangements such as, leasing or hiring the item for a short term period, until the client is able to purchase their own item; and
- potential improvements to the client's general functioning, or psychological wellbeing through having access to relevant and appropriate equipment for their role.

Where DVA purchases uniforms and/or essential equipment to enable a client to commence paid employment, then these items become the property of the client. If the client leaves their employment for a new industry or a new role which has different uniform or equipment requirements, DVA will not provide payment for these items. This is because, as they have been in paid employment, they now have the financial capacity to cover these costs themselves.

DVA may also provide ergonomic equipment and other workplace aids and appliances that the client requires to be able to safely fulfil the requirements of their role. Further information about workplace aids and appliances can be found in section [10.7.4](#) [81] of this library.

DVA will not provide payment for the costs of uniforms or other similar equipment associated with starting a new business. This is because these costs are regarded as part of the expected costs of establishing that business.

9.12.4 Relocation Assistance

Date published

Tuesday, October 10, 2017

Last amended

Monday, October 9, 2023

DVA may provide assistance with the costs of moving, where there is a reasonable requirement for the person to relocate because they have secured suitable work.

What is suitable work

Suitable work is defined in [section 2.3.1 of this library](#) [13]for DRCA and [section 2.4.2 of this library](#) [108]for MRCA. Suitable work is defined with respect to four criteria:

- the person's age, training, language, experience and other skills;
- the person's suitability for rehabilitation or vocational retraining;
- whether it is reasonable to expect the person to change his or her residence if work is available in another place; and
- any other relevant matter.

DVA, as rehabilitation authority, has a responsibility to assist a former ADF member to find suitable employment in a civilian work setting.

Considering whether relocation assistance should be provided

The intent of relocation assistance is to provide support for people living in areas where there are no suitable or reasonable employment options available, and they need to move to be able to secure suitable employment.

It is envisaged that relocation assistance will be provided on an irregular basis only, where a person lives in a remote area of Australia that has a very limited labour market, and needs to move to an area with higher employment prospects. Relocation assistance may also be appropriate where the person has very specialised skills, which means they need to relocate to find employment as there are no jobs available in this area in their current location

It is not intended that the Department assist people to relocate for employment that is more desirable than what is available in their existing location, or where they have a particular employment role they are keen to fulfil.

Managing expectations

It is important that a client's expectations are managed appropriately and they understand that relocation assistance will only be considered in very specific circumstances. It is also important that ongoing discussions are taking place between the Rehabilitation Provider and the Rehabilitation Coordinator when job searching is not going according to plan, and the client is not successful in securing interviews or gaining employment. In these situations, it is expected that a variety of other options are pursued, before relocation assistance is considered. These options may include application writing skills courses, resume writing, interview skills training, retraining etc. Only once these options have been pursued can relocation assistance be considered.

When relocation assistance can be considered

The following requirements must be met before relocation assistance can be considered:

- the client must be on an active vocational rehabilitation program, with a return to work goal;
- there must be evidence that the client has been unable to secure suitable and sustainable employment in their usual place of residence despite extensive active job seeking and vocational rehabilitation assistance;. and
- a comprehensive labour market analysis has been conducted in the client's existing location to ascertain what employment options are available, given the client's age, language, training, experience and skills; and,
- the Rehabilitation Coordinator is satisfied that the client has been offered and has accepted [suitable employment](#) [108], in their new location; and
- there are no barriers to the client being able to sustain employment in their new location.

It is expected that the rehabilitation provider will have contacted the DVA Rehabilitation Coordinator to discuss the client's circumstances, and gained approval for funding for relocation costs as an approved activity under the vocational rehabilitation plan, **prior** to the client actually relocating.

Approving relocation assistance

Before a request for relocation assistance can be approved, the following documentation must be provided to the Rehabilitation Coordinator:

- A comprehensive labour market analysis for the client's existing geographic location, showing that employment opportunities in the client's area of qualification and/or experience are limited.
- Evidence that the client has unsuccessfully applied for a wide range of jobs in their existing location, and across a broad spectrum of industries related to their skills, training, qualifications and experience.
- Evidence that the client has undertaken job application and interview skills courses as appropriate.
- Evidence that the client has been offered, and accepted, secure and meaningful employment in the new location.

When relocation assistance should not be provided

It is not appropriate for DVA to provide relocation assistance in the following circumstances:

- where a client has been offered a non-ongoing, or contract position in a new location; or
- where the client is currently employed, but has been offered a more desirable position in a new location.

What relocation costs can be considered?

Rehabilitation Coordinators have the discretion to approve reasonable relocation costs in the context of each individual client's circumstances. Therefore, each request for relocation assistance should be considered on a case by case basis. It is however expected, that the following costs would be reasonable in most circumstances:

- moving costs for the contents of the veteran’s home. The most appropriate mode of removal will depend on the veteran’s circumstances and may include a shipping container or a removal truck;
- reasonable transport for the veteran only. This may be via plane depending where the veteran is relocating to and how soon they need to move in order to commence employment. Alternatively, if the veteran chooses to drive to their new location, assistance can be provided for reasonable reimbursement of costs in-line with the guidelines in [section 9.1.2 of the Military Compensation Library](#) [116]. The prescribed rate per km would apply;
- transport of the veteran’s vehicle in the event they have not driven their vehicle to the new location, provided that the vehicle is required for the work they will be undertaking; and
- one week’s temporary accommodation.

Where the client is eligible for household services, a “move clean” may also be approved. Further information about cleaning when moving house can be found in [section 7.1.1 of this guide](#) [117].

Relocation costs that are not considered reasonable

Costs that are not reasonable for DVA to provide assistance with, include:

- any insurance associated with moving;
- packing or unpacking the household contents - this is consistent with the household services guidelines in [section 7.1.2 of this guide](#) [118];
- purchasing items associated with packing, including packing boxes, packing tape, bubble wrap etc;
- transport for other family members, unless there are extenuating circumstances due to the individual needs of the client. For example, if the client has dependants with no one else to care for them, it may be appropriate for the veteran and their dependants to be transported together - in these instances, the most cost effective type of transport should be considered);
- transport of animals;
- transportation of any vehicle that is not the veteran’s primary vehicle used on a daily basis; and
- storage costs in the new location if the veteran does not have a home to move to straight away.

The client would be responsible for meeting all of these additional costs themselves.

DVA will also not offer reimbursement of losses upon the sale of a house, household items or other similar expenses.

9.12.5 Gymnasium-Pool Membership as a vocational rehabilitation activity

Date published

Tuesday, July 21, 2020

For a Gym/Pool membership to be considered for approval to support a vocational goal in a rehabilitation plan, a veteran needs to be actively working towards a goal of returning to employment. A gym membership can be considered as one component of assisting a veteran to develop "work readiness". Ideally, the veteran will be motivated and engaging with job preparation activities such as resume preparation, job search skills etc., and will have the medical capacity to work. In this specific circumstance, a gym program may be an approved vocational rehabilitation activity to assist the veteran to develop their physical and mental resilience, which will assist them to more successfully manage their return to work.

Otherwise, if return to work is considered to be a longer term rehabilitation goal of the veteran, any requests for gym membership should be considered under the psychosocial rehabilitation activity arrangements.

Further policy details about the circumstances where a gym/pool membership might be considered for a veteran under their rehabilitation plan (whether as a vocational activity or a psychosocial activity), can be found in [6.7.1 Short-term Gym-Pool Membership](#) [119].

Tags

- [gymnasium](#) [120]
- [pool](#) [121]

9.13 Streamlined access to incapacity payments

Date published

Friday, September 29, 2017

- [Log in](#) [122] to post comments

Last amended

18 October 2018

Streamlined Access to Incapacity Payments is a 2017/18 Budget measure which aims to:

- provide veterans with mental health conditions accepted under the *Military Rehabilitation and Compensation Act 2004* (MRCA) and the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) with rehabilitation support for 12 months following their return to work; and
- re-instate access to incapacity payments as soon as possible should they be unable to continue to work, or maintain their existing work hours, due to their mental health conditions.

The policy intends to provide increased support to clients who are testing their ability to return to work, or who are concerned that they may experience financial stress if they need to leave their employment because of their accepted mental health condition(s). This policy is guided by evidence surrounding the [health benefits of good work](#) [123], which stresses that employment is as much part of a person's recovery from injury, as it is a positive outcome of rehabilitation. Many of [DVA's rehabilitation success stories](#) [124] highlight how important employment has been in helping veterans get their life back on track after a service related injury or disease.

9.13.1 Eligibility for Streamlined Access to Incapacity Payments

Date published

Thursday, October 18, 2018

Last amended

Thursday, October 18, 2018

To be eligible for the additional assistance the client must:

- have an accepted mental health condition under the MRCA or DRCA which is contributing to their incapacity for work;
- be experiencing one or more of the flags at [9.13.3](#) [125] that indicate that they may be vulnerable in an employment setting;
- be in receipt of incapacity payments; and,
- be on a rehabilitation program with the eventual goal of returning to work.

Once approved, Streamlined Access to Incapacity Payments is valid for one year from the date the client commences employment.

9.13.2 Preparing to return to work**Date published**

Thursday, October 18, 2018

Last amended

Thursday, October 18, 2018

Streamlined Access to Incapacity Payments is designed to support clients who are in the process of accepting an offer of employment and preparing to return to work. The policy can provide clients with confidence they can attempt a return to employment with full rehabilitation support, and if they not successful, their incapacity payments can be reinstated.

It is expected that Rehabilitation Providers and clients will work together to ensure that there is a good match between the client's needs, skills, expectations and experience and the job that they have been offered. This will provide the client with the best possible opportunity to be successful in returning to sustainable employment. While this is a business as usual approach for any client who is participating in a vocational rehabilitation plan, it is recognised that mental health issues have the potential to create greater difficulties for clients, resulting in hesitancy regarding their return to employment. Issues that should be worked through before returning to work include (but are not limited to):

- from the client's point of view:
 - attitude to their employer e.g. are there trust issues, how health literate the employer is;
 - ability to perform work tasks and develop skills to enable them to fulfil their work role including understanding what is required from the employer's perspective;
 - understanding how receiving an income will impact on their financial situation

- planning what steps need to be taken if they need to modify/leave work;
- potential impact of any changes in the their condition(s) and health management;
 - health and safety risk for the client and/or their workmates,
 - ability to schedule and attend medical appointments around work commitments (where possible, to reduce the impact on the employer), and
 - difficulty managing the change in routine.
- pertaining to employers;
 - expectations of the client e.g. are they aware of how military culture can impact on the person's interactions in a work place;
 - willingness to provide reasonable adjustments to the workplace for the client;
 - willingness to train and lead the client where new skills are needed, and
 - ability to explain when expectations are not being met.

It is expected that if any of these issues are concerning the client prior to commencing new employment, the client and the Rehabilitation Provider will work together to develop management strategies. Undertaking this process may help to resolve whether a particular job is a suitable option, or whether it may be better for the client to be looking for an alternate role or employer.

In addition to potential difficulties, the range of benefits should also be discussed, including:

- a feeling of empowerment in developing new skills and knowledge;
- improved relationships and interactions;
- improving self-confidence;
- improving financial security, and
- understanding health management in a whole-of-life perspective, rather than an injury-focus.

9.13.3 When to consider Streamlined Access to Incapacity Payments

Date published

Thursday, October 18, 2018

Last amended

Thursday, October 18, 2018

Streamlined Access to Incapacity Payments should be considered for specific clients:

- who are undertaking a vocational rehabilitation program with the goal of securing employment; and
- may be particularly vulnerable to experiencing difficulties in managing and maintaining employment because of mental health conditions for which DVA has accepted liability under the MRCA or DRCA (refer to flags below); and

- would benefit from additional support as they test their ability to return to, and maintain employment.

Through this policy, clients who meet the criteria can access rehabilitation support through the continuation of their rehabilitation plan for up to 12 months once they have secured employment. This will enable them to access the support of a Rehabilitation Provider to manage any issues they are experiencing in the workplace and in the event that they need to cease or reduce their hours due to their accepted mental health condition, their incapacity payments will recommence.

Identifying eligible clients

There are many individual differences in the way that mental health conditions impact on a person's life. For example, having a particular diagnosed condition may manifest in an episodic flare of mental health symptoms for some clients which impacts on their ability to manage in a workplace. In contrast, another client with the same condition, who has developed a range of strategies and skills to manage their symptoms effectively may not require a break from their employment.

Rather than this policy applying to all clients with mental health conditions, consideration must be given to if a client's accepted mental health condition is contributing to their incapacity. The flags outlined below are intended to guide Rehabilitation Providers to identify issues that may place a client at risk of managing and sustaining their return to work due to their mental health conditions:

- reduced cognitive function - concerns about the person's ability to process information and effectively undertake tasks required for their work role
- interpersonal function - the client has an inability to work collaboratively as a member of a team, or to manage any conflict in a workplace, a lack of coping strategies, or limited supports that a person may have available to them;
- medication and drug use - the client is struggling to find the right combination of medication to stabilise their symptoms. The client may require maximum levels of medication to be able to function in a work role and may experience side effects that could impact on their work role
- affect/mood - reduced energy level, decreased motivation, increased pain levels, a lack of resilience, and concerns about work goal orientation and commitment;
- personal confidence - lack of confidence for the specific work role and for returning to work generally;
- personal defensiveness - sense of injustice, or concerns about condition stigma;
- health literacy - concerns about the client's understanding of their personal health conditions, management of their symptoms and the course of the condition;
- lifestyle balance - sleep issues, social isolation and a lack of positive recreation activities or other commitments which may make it challenging for them to be able to maintain a healthy lifestyle, which includes work;
- clients' co-morbidities - including non-accepted conditions, which may add to the complexity of managing their employment obligations; and

- client's attitude to other's behaviours - ie of supervisors and co-workers, indicating concerns about their ability to maintain positive working relationships with others;

Where the Rehabilitation Provider and/or the client identify any of the above flags that are likely to make the client vulnerable in an employment setting, then they are expected to discuss this with the DVA Rehabilitation Coordinator, to determine suitability for streamlined access to incapacity payments.

Early identification of these flags and pro-active management of issues is more likely to result in the client better handling their situation and recovering sooner. Identifying these issues quickly can also enable whole-of-person rehabilitation support to be provided, which may help the client to overcome some of their concerns about managing their work role.

Informing Incapacity Payments

The Incapacity delegate must be informed when considering and approving Streamlined Access to Incapacity Payments, as they need to be aware of the implications. As part of this process Rehabilitation Coordinators will need to check that the person's accepted mental health condition is contributing to their incapacity. Approval for Streamlined Access to Incapacity Payments is recorded in the rehabilitation claim in R&C ISH, and also creates a flag in the Incapacity claim screen for the incapacity payment delegate.

9.13.4 Rehabilitation support following a return to work

Date published

Thursday, October 18, 2018

Last amended

Thursday, October 18, 2018

Monitoring

Streamlined Access to Incapacity Payments allows a veteran to utilise rehabilitation support for up to 12 months following their return to work. During this 12 month period, it is expected the Rehabilitation Provider will maintain regular contact, which is agreed upon with the client to allow proactive identification and resolution of emerging issues while ensuring the client has adequate space and time to focus on their new employment. For example, one client may want weekly calls and another client may need only 3 monthly calls from the provider, but also be willing to call the provider themselves if they need assistance.

Additional rehabilitation activities can be approved during the 12 month monitoring timeframe to assist the client to maintain employment. It is still important to close any existing goals that have been met, and set new activities under an appropriate goal related to monitoring employment. Activities appropriate for this monitoring period might include:

- working with the employer to help resolve any difficulties in the workplace, or with the client fulfilling their work role;
- working with treating health professionals to ensure the client accesses appropriate medical support to help them get better as soon as possible;

- counselling on resilience and understanding healthy relationships; and
- developing management strategies to overcome work and personal issues impacting the client.

Ceasing or reducing hours of work due to accepted conditions

If the client needs to cease their employment or reduce their hours because of their accepted conditions, they are not required to submit a new claim for incapacity payments. Once notified, the Rehabilitation Coordinator will liaise with the client's incapacity claims manager to ensure that incapacity payments are reactivated.

Reinstatement of incapacity payments under this policy is not restricted to the client's mental health condition(s) impacting their employment, however their accepted mental health condition must be a contributing factor. As long as the Rehabilitation Coordinator is satisfied that the reason for the change affecting their employment is genuine and that their accepted mental health condition has contributed to the change, the impact on their employment can be due to any of their accepted conditions. Clients who have not been previously accepted under Streamlined Access to Incapacity Payments will need to follow the normal procedures, which may include a new Incapacity Payments claim.

Streamlined Access to Incapacity Payments provides additional rehabilitation support for clients who are vulnerable to moving in and out of employment due to their accepted mental health conditions. It is also important that clients continue to access appropriate treatment and support from their treating health professionals, to ensure that any flare in symptoms can be managed as quickly as possible.

For this reason, DVA expects that a client who is accessing support through Streamlined Access to Incapacity Payments will visit their GP, psychiatrist, psychologist or other appropriate health provider when they begin to experience difficulties in managing their employment responsibilities. A medical certificate from any treating health professional, including their GP, will provide DVA with required assurance that the client's mental health condition(s) is a main contributor to the client needing to reduce their hours of employment, or to cease their employment. This certificate must be provided to the client's DVA Rehabilitation Coordinator.

Where the person remains in employment at a reduced number of hours, it is important that DVA has evidence of the client's current rate of pay, as this will ensure that the correct rate of incapacity payments is paid, and will reduce the risk of overpayments. If the person has completely ceased employment, an employment separation certificate will be required before incapacity payments can be reinstated. If the client is having difficulty accessing these documents, the Rehabilitation Provider can assist and ensure that they are forwarded to the client's DVA Rehabilitation Coordinator. The Rehabilitation Coordinator will then liaise with the client's incapacity claims manager so that incapacity payments can recommence as quickly as possible.

There are no barriers to a client being able to participate in Streamlined Access to Incapacity Payments on more than one occasion, however, each incident cannot be extended beyond 12 months. For example, a client may commence employment two times and can access streamlined access to incapacity payments both times. But if the client remains in employment for 12 months and asks for an extension to the Streamlined Access to Incapacity Payments, then this cannot be granted and the client will need to re-claim for payments in the normal way.

Ceasing or reducing hours of work due to other reasons

If the client needs to cease their employment or reduce their hours, because of a reason that is not their accepted conditions, they cannot automatically have their incapacity payments reinstated.

Other reasons might include when the client;

- has a family emergency;
- has parental duties;
- doesn't like the work;
- is moving out of commutable range;
- is wanting time off to travel;
- has their employment contract ceased due to employment performance issues; or
- has an unrelated health issue which is the cause of leaving employment or reducing hours.

In this case, if the client must choose if they wish to submit a new Incapacity Payments claim, which may or may not be accepted.

Non-compliance

The expectations of clients accessing additional support through this policy are available at [section \[125\]9.13 \[125\]](#) of the Rehabilitation Policy Library. The general rights and obligations of clients undertaking rehabilitation can be found at [section 13 \[126\]](#) of the Rehabilitation Policy Library.

Clients accessing additional support through this policy have been identified as requiring additional support due to the episodic nature of their mental health conditions. In keeping with the intent of this policy, clients should be given every assistance in meeting their obligations before any action is taken to remove benefits. In all likelihood, non-compliance may be as a result of clients being involved in their new employment and not believing they require any assistance.

It is essential that if the plan is being closed due to non-compliance, that it is the Rehabilitation Coordinator that discusses this with the client, and informs them that the plan will be closed, and the consequences of this occurring. At no time must a Rehabilitation Provider progress a discussion regarding, or be asked to communicate closure of a plan due to non-compliance with rehabilitation obligations with a client. The policy regarding closure of a rehabilitation plan can be found at [section 3.10 \[127\]](#) of the Rehabilitation Policy Library.

Successful return to work at 12 months

At the end of the 12 month monitoring period, where the Rehabilitation Coordinator is satisfied that the client has returned to sustainable employment and all other goals are closed, the rehabilitation plan will be closed.

In situations where the client needs ongoing assistance, due to their mental health conditions or other conditions, and an appropriate goal is still active, then the rehabilitation plan can continue.

However, the Streamlined Access to Incapacity Payments flag should be removed at the 12 month mark.

Ceasing/reducing work after the 12 month approved period

There is a 12 month maximum period to Streamlined Access to Incapacity Payments, and after this period, rehabilitation (and access to incapacity payments) reverts to BAU.

9.13.5 DVA's expectations of clients

Date published

Thursday, October 18, 2018

Last amended

Thursday, October 18, 2018

Clients approved for the Streamlined Access to Incapacity Payments are expected to be:

- motivated and ready to attempt a return to employment;
- willing to continue to participate in whole-of-person rehabilitation activities approved under their extended rehabilitation plan that may assist in making their return to work more sustainable;
- happy to be contacted by their Rehabilitation Provider on a regular basis while their extended rehabilitation plan remains open;
- agreeable to their Rehabilitation Provider contacting their health providers, and/or their employer to:
 - seek information about issues where it is appropriate for them to do so,
 - to try to resolve difficulties with their employment role, or
 - to access documents from their employer to ensure that their incapacity payments can recommence as quickly as possible if they need to reduce their hours or cease employment;
- prepared to address issues that may arise during their employment, and be proactive in seeking out and using strategies that may help them to remain in employment for as long as they are able to;
- committed to contacting their Rehabilitation Provider as soon as they begin to experience difficulties in their work role, or relationships with employers or co-workers, or a change in their mental health symptoms;
- agreeable to visiting their GP, psychologist, psychiatrist or other appropriate medical specialist if they begin to experience an increase in the symptoms of their accepted mental health conditions;
- prepared to access appropriate treatment during the period that they are away from work, or working reduced hours; and

- willing to contact their Rehabilitation Provider when they are comfortable for their extended rehabilitation plan to be closed, as they feel that they are managing their employment effectively.

Participation in Streamlined Access to Incapacity Payments is voluntary and clients can decide that they would like to withdraw from their involvement at any time. However, clients who are participating will be expected to continue to be involved in activities on their rehabilitation plan that focus on building on their capacity to sustain long term employment.

As the client will be concurrently managing their employment obligations while adjusting to changes to routine and demand on their time that they may not be used to, it is important that the rehabilitation activities are not too onerous and that participation these can be realistically achieved. A rehabilitation plan for a participating client would be expected to be less complex and include fewer activities relative to other clients. Any achieved goals need to be closed, and an appropriate monitoring of employment goal needs to be created for any activities relating to this period. Scheduled Rehabilitation Provider contact needs to be agreed upon, and can be more or less frequent, depending on the clients' needs.

If a client withdraws from Streamlined Access to Incapacity Payments, the Rehabilitation Provider is expected to provide a rehabilitation closure report for the Rehabilitation Coordinator explaining that the client has chosen to withdraw, however, successful return to work (if still appropriate) can still be used as the reason for closure.

9.13.6 DVA's expectations of Rehabilitation Providers

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Monday, April 26, 2021

DVA's expectations of Rehabilitation Providers who are working with clients accessing streamlined access to incapacity payments include:

- providing clear advice about why the client would benefit from Streamlined Access to Incapacity Payments;
- identifying and communicating the particular risk factors that apply for the individual client and how the client and the provider will work together to address these risks;
- gaining agreement from the client to maintain regular contact with the Rehabilitation Provider, together with a plan for how this contact will be maintained;
- gaining agreement from the client that they will alert their Rehabilitation Provider as soon as they begin to experience difficulties in managing employment because of their accepted conditions;
- closing achieved goals and establishing new SMART goals (with GAS) on the extended rehabilitation plan ;;

- ensuring that a whole-of-person approach is always utilised, so that barriers to rehabilitation and employment can be pro-actively addressed;
- continuing using all standard DVA documents during the extended rehabilitation plan;
- maintaining contact with the DVA Rehabilitation Coordinator at agreed time periods and providing meaningful updates on the client's rehabilitation plan;
- ensuring that the DVA Rehabilitation Coordinator is informed as quickly as possible if the client begins to experience difficulties in employment that may lead to incapacity payments needing to be recommenced;
- keeping in touch with the client's treating health professionals and employer as appropriate, particularly when the client is experiencing difficulties in employment;
- using their judgement about whether, with the client's permission, they may need to contact the client's employer to access evidence of their current rate of pay if they have needed to reduce their hours of work, or a separation certificate if the client has needed to cease employment, if the client is too unwell to be able to do so; and
- a commitment to informing the DVA Rehabilitation Coordinator as soon as possible when the client is effectively managing their employment role, and has requested that their rehabilitation plan be closed.

As outlined in [section 3.8.5](#) [128], progress reports are a key reporting tool which reports progress and planned actions against goals. However, during the employment monitoring phase, if no other goals are still active, Rehabilitation Coordinators and Rehabilitation Providers can agree to reduce the frequency or cease these reports. Providers are still required to communicate any issues or developments as they happen.

9.13.7 DVA's expectations of Rehabilitation Coordinators

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It is essential that a client receiving support through Streamlined Access to Incapacity Payments is not deemed with an ability to earn while their extended rehabilitation plan remains open. To do so would create barriers to the person's incapacity payments being reinstated as quickly and as easily as possible. Clients participating in this policy will be identified on the claim in the rehabilitation and incapacity payments screens on R&C ISH.

It is important that the client's Rehabilitation Coordinator and the client's incapacity delegate communicate regularly and that the incapacity delegate is immediately notified when a client needs to reduce, pause or cease their employment due to an increase in the symptoms, or impact of their accepted mental health condition(s). This will prevent any unnecessary delays in incapacity payments being recommenced.

Rehabilitation Coordinators are expected to ensure that value for money is being achieved during the extended rehabilitation program and that the Rehabilitation Provider is actively engaged and

providing meaningful support to the client. If a Rehabilitation Coordinator has any concerns about the Rehabilitation Provider's recommendation that a specific client be provided with an extended rehabilitation plan, then it is strongly suggested that they discuss the case with a DVA Rehabilitation Adviser, to help determine a way forward.

Rehabilitation Coordinators are expected to ensure that a whole-of-person rehabilitation approach is maintained during the extended rehabilitation program. If a client needs to reduce their hours or work, access sick leave or cease employment, their rehabilitation plan may move to focusing on medical management and/or psychosocial rehabilitation activities once their acute symptoms have diminished. This helps to ensure that the client will continue to work towards overcoming barriers to their recovery, which includes barriers to them remaining in employment.

This means for example, that it would be reasonable for an exercise program, healthy cooking course, dietician support or similar activities to be included on the extended rehabilitation plan, if a client's physical health and weight gain is impacting on their ability to sustain employment. Another example is that time limited anger management, stress management, mindfulness, meditation or yoga courses may be included on a rehabilitation plan to assist clients to develop strategies to manage stress in their workplace. Likewise, time limited drama courses, public speaking or other similar courses could be included on the rehabilitation plan if the client is having difficulty in communicating in a work place. A flexible approach will be required, with each case to be considered on its merits, being mindful that non-accepted conditions are also likely to impact on the client's ability to sustain employment. As the client starts to recover, and their symptoms reduce, then vocational rehabilitation activities can recommence.

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[121] <http://auth-clik.dvastaff.dva.gov.au/tags/pool>

[122] <http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/81627%23comment-form>

[123] <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/9-vocational-rehabilitation/91-what-vocational-rehabilitation>

[124] <https://www.dva.gov.au/health-and-wellbeing/rehabilitation/rehabilitation-success-stories>

[125] <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/9-vocational-rehabilitation/913-streamlined-access-incapacity-payments>

[126] <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/13-rights-and-obligations>

[127] <http://clik.dva.gov.au/rehabilitation-policy-library/3-rehabilitation-process/310-plan-closure-process>

[128] <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/3-rehabilitation-process/38-dva-rehabilitation-reporting-documents/385-progress-reports>



11.6.3 Evaluation Summary

It is essential for the Rehabilitation Coordinator to evaluate the performance of the selected rehabilitation service providers based on the following criteria:

- Knowledge & Understanding – that they have a sound and proven knowledge of best practice rehabilitation policies and procedures within the Commonwealth jurisdiction and DVA in particular.
- Plan Development, Case Management & Administration – plans are developed in consultation with key stakeholders, that they are outcome focused and tailored to the individual; and use of best practice measures for case management, ie timely communication, timely reporting, case conferencing.
- Innovation/Resourcefulness/Progressive Approach – the provider has a wide range of options and approaches to addressing the varied and complex rehabilitation needs of the DVA client. They can think 'outside the box' whilst keeping activities realistic and achievable.
- Timeliness – all mandated timeframes are met and responses and reports are provided in a timely manner.
- General Communication – the rehabilitation service provider demonstrates sound communication practices. All communication is concise, accurate and timely;
- Reporting – all required reports are submitted within the negotiated timeframes, and that they accurately reflect the progress and activity of the client's rehabilitation program.
- Achieving Client Outcomes – developed plans and programs are realistic, achievable and sustainable for the client and; goals and objectives of plans are being met.
- Program Costs – plans and activities are realistically costed, and any changes to costings are well communicated, explained and appropriate.

Effective evaluation and monitoring requires ongoing communication between the Rehabilitation Coordinator and the rehabilitation service provider, as well as input from other key players.

The evaluation process starts at the referral stage, with a clear and concise written referral (SF4) and where necessary, making contact early and directly with the rehabilitation service provider to ensure they are able to provide the necessary services. All critical timeframes and provider reporting requirements are outlined in the DVA Rehabilitation Reporting Documents Instruction Guide (see TRIM Ref. 0744335E) contained in the Standard Forms in Defcare.

Regular and thorough communication should continue throughout the rehabilitation process, until the closure report is submitted and the case can be closed.

Close scrutiny is required where rehabilitation service providers are not undertaking or completing activities they were specifically engaged to do, where they are taking on a client advocacy role or running over time and/or over budget. The Rehabilitation Coordinator should:

- keep detailed written notes of any instances as identified;
- telephone the rehabilitation service provider, in the first incidence to discuss the issue;
- document the contact and any outcomes reached;
- confirm achieved outcomes reached in writing to the rehabilitation service provider. A copy of this letter is to be placed in the client's file and recorded on their Defcare case; and
- the Rehabilitation Coordinator is to continue to monitor and evaluate the rehabilitation service provider to assess improvement in their service delivery and compliance with the Key Performance Indicators.

Where this fails to resolve the issue the Rehabilitation Coordinator is to:

- meet with the rehabilitation service provider and or their agency manager to fully discuss the issue and explain the consequences of continued service delivery issues. These consequences may include:
 - no future referrals;
 - delayed processing of current invoices until compliance with previous negotiated and agreed outcomes is reached; and/or
 - termination of services on a set date and the client transferred to a new rehabilitation service provider; and
- document any meetings and its outcomes;
- provide written summation of the meeting and the outcomes to the rehabilitation service provider which may include:
 - timeframes to meet outcomes; and/or
 - when invoice processing can resume; or
 - the date upon which the rehabilitation service provider's services are to terminate.

Client considerations are paramount when it is considered that a rehabilitation provider's service should be terminated. The client is to be informed as early in the process as practicable of the possible issues and outcomes. This communication in the first instance can be by telephone contact and then followed up in writing detailing any changes that may be required to continue their rehabilitation program, or the necessity to appoint a new rehabilitation service provider.

When a client complains about a rehabilitation service provider's performance this must be investigated thoroughly. The Rehabilitation Coordinator must discuss the issues with the rehabilitation service provider and assess the client/rehabilitation service provider working relationship. A discussion should ensue with all parties in order to rectify the matter. Where this is not possible, the Rehabilitation Coordinator is to arrange the transfer of the client to another

rehabilitation service provider. However, this should be a last resort and only used when the working relationship between client and rehabilitation service provider has broken down irretrievably and no positive rehabilitation gains are envisaged.

Source URL (modified on 15/09/2015 - 5:53pm): <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-library/11-rehabilitation-service-providers/116-evaluating-and-managing-rehabilitation-service-providers/1163-evaluation-summary>

Links

[1] <http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21302%23comment-form>



12.3.2 VVRS rehabilitation program

Date published

Sunday, March 20, 2016

Last amended

9 November 2023

This topic relates to section 3.2 of the [VVRS Instrument](#) [2].

Maintenance of veterans in employment, or if they are having difficulties coping with their current work

The VVRS provides assistance to veterans who require it to retain employment that is at risk. The Scheme is not intended to remove the normal obligations people have to keep themselves up to date in their field of employment.

Where a veteran is having difficulty at work, he or she should be advised to attempt to resolve the difficulties through the mechanisms that exist in their workplace. For example, many employees have rights, and access, to grievance procedures, occupational health and safety mechanisms or internal counselling services. Veterans should utilise these in the first instance. Unsuccessful attempts to utilise these services may require the Rehabilitation Service Provider to act in an advocacy role to ensure that veterans receive the services to which they are entitled. The VVRS is not intended to duplicate other services to which veterans are entitled.

As VAN and VVCS staff will generally be the first point of contact with veterans who are having difficulties as a result of their employment, they are expected to explore the options available to the veteran prior to discussing assistance through the VVRS.

Example

A veteran feels vulnerable in his job in a competitive environment. He won the job from a large number of other applicants only through purchasing expensive new text books and as a result of doing his own study over many years. He is seeking assistance to undertake training to keep up-to-date to retain his job.

In approaching this case, an assessment would be needed that the veteran's continued employment is at risk.

If the Rehabilitation Service Provider determines that the veteran's employment is at risk, an assessment will be needed to identify assistance which could usefully be provided. For instance, the

veteran may need assistance in dealing with the effects of the stress of the situation. Other options for assistance could include assistance with training. It may be possible to make this assessment at the same time as the assessment of the security of employment.

Assistance with training costs

If assistance with training costs is being examined as an option, factors to be considered include:

- Is the veteran's job at risk if the course is not undertaken?
- How likely is it that the veteran will keep his or her job if the VVRS sponsors the training?
- Is the training what would normally be expected of employees in terms of keeping their skill levels up? **

If the answer is 'Yes' and the veteran is in full-time employment, the veteran would be expected to meet the costs, subject to the consideration of the veteran's ability to pay. (With part-time employment, the provision of additional training may enable the client to obtain additional hours of work, so it would depend upon individual circumstances.)

- Are there cheaper courses available that would do the same thing?

** Be aware that there is a difference between '*maintaining credentials as part of day to day work requirements*' and the need to '*retrain due to a new rule change*'.

Examples

Examples of the difference between '*maintaining credentials as part of day to day work requirements*' and the need to '*retrain due to a new rule change*' are:

1. An accountant needs to keep up with the tax laws etc to satisfactorily perform his/her job.
2. The legal requirement to hold trade papers in Small Engine Mechanics has recently been introduced. Someone who is already employed in the service, maintenance and repair of small engines and outdoor power equipment prior to this law would need to obtain this qualification in order to legally undertake their duties.

Scenario (1.) is an example of a '*requirement to maintain credentials*', while scenario (2.) is an example of an '*unexpected rule change*'.

Elements not normally included in an approved program

Examples of items generally not included in an approved program:

- job interview costs, though some might be covered as a 'special circumstance' if the veteran has to travel a significant distance to attend the interview
- tools of trade
- clothing for employment
- Passports
- any costs which are considered 'employee tax deductions'.

Psychosocial and medical management services

Medical management and psychosocial services may be included in a rehabilitation program under s3.2.2A if the services are reasonably required to:

- a) assist the veteran to achieve or retain suitable paid employment; or
- b) address an identified rehabilitation barrier as part of the process of assisting the veteran to achieve or retain suitable paid employment.

Further information can be found in [12.4 'Psychosocial rehabilitation'](#) [3].

Failure to comply with an approved plan or approved program

Grounds for cessation of a veteran's participation in the VVRS may include continually failing to attend appointments with Rehabilitation Service Providers.

If the Rehabilitation Service Provider is to recommend to the VVRS Coordinator to determine that a veteran is no longer participating in, or undertaking, a vocational program because:

- the veteran has, without reasonable cause, failed to comply with, or participate in, an important element of an approved plan or vocational rehabilitation program;
- is not capable of completing an approved program (2.3.2 of the [VVRS Instrument](#) [2]);
- the veteran is unable to be contacted for a period of at least a month, by the Rehabilitation Service Provider and the VVRS Coordinator has notified the veteran in writing that rehabilitation activities will cease unless the veteran makes contact with their Provider or the Coordinator within one month after the date of the letter; or
- the veteran fails to complete or participate in the rehabilitation process from the initial application stage through to the rehabilitation program approval process (In this situation, the veteran is deemed as a non-participant for program purposes. Veterans wishing to be considered for rehabilitation are obliged to comply with the initial assessment process);

the Rehabilitation Service Provider will prepare a recommendation to the VVRS Coordinator giving reasons for the termination or non-acceptance onto the Scheme.

Source URL (modified on 10/11/2023 - 2:57pm): <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/12-veterans-vocational-rehabilitation-scheme-guidelines/123-vvrs-programs-other-veterans/1232-vvrs-rehabilitation-program>

Links

[1] <http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21063%23comment-form>

[2] <https://www.legislation.gov.au/Series/F2015L01263>

[3] <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/12-veterans-vocational-rehabilitation-scheme-guidelines/124-psychosocial-rehabilitation-under-vvrs>

[3] <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/12-veterans-vocational-rehabilitation-scheme-guidelines/124-psychosocial-rehabilitation-under-vvrs>



[Home](#) > [Rehabilitation Policy Library](#) > [12 Veterans' Vocational Rehabilitation Scheme Guidelines](#) > [12.5 Other assistance to veterans participating in the VVRS](#) > 12.5.4 Education programs through the VVRS

12.5.4 Education programs through the VVRS

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9 November 2023

This topic relates to section 4.4 of the [VVRS Instrument](#) [2].

Assisting veterans to obtain recognition of prior learning through recognised educational institutions is an avenue of assistance that can be explored and, if appropriate, funded under the VVRS for those with skills that could be transferred to civilian employment.

Assistance can be provided to a veteran to undertake a course of tertiary study if, after a full assessment of the veteran's capabilities, it has been determined that it is the best option to result in a suitable vocational outcome. A decision to support tertiary study should be made after consideration has been given to the cost and length of the course of study in relation to the expected outcome of that training. The VVRS does not provide for the provision of post-graduate studies to veterans. In some exceptional circumstances it may be appropriate to assist a veteran to upgrade qualifications to undergraduate level.

As a general rule, the funding of educational courses veterans have already commenced is not covered under the VVRS. Veterans who have already made decisions about their choice of a suitable employment outcome and have commenced a course of study to achieve that aim should be expected to complete that course at their own expense. The only exception to this would be a veteran who is part way through studies but the veteran's circumstances have changed substantially so that the veteran is unable to complete the course without assistance under the VVRS, and this educational assistance would be judged by the VVRS Coordinator as the most cost effective manner of achieving a suitable employment outcome.

Assistance under this section would be subject to the veteran satisfying the VVRS Coordinator that he or she has the capacity to complete the education program successfully and achieve a sustainable employment outcome. This would normally require that the veteran demonstrate evidence of ability to study, achieve results and secure employment

Grants for text books and study materials

Grants will be subject to presentation of receipts.

Veterans should be advised not to anticipate assistance with educational costs unless these are part of a DVA approved rehabilitation program.

Application for excess expenses grant

Grants will be subject to presentation of receipts or invoices from the educational institution.

Veterans should be advised not to anticipate assistance with educational costs unless these are part of a DVA approved rehabilitation program.

Commission may make excess expenses grant

Payments under this sub-section will only be made under exceptional circumstances, such as serious financial hardship, and will be at the discretion of the VVRS Coordinator. Veterans should be advised not to anticipate that they will receive grants in excess of \$500.

Grants will be subject to presentation of receipts or invoices from the educational institution.

If veterans are studying as part of an approved program, it is not intended that they would automatically receive assistance to purchase all the books recommended for their course. It is often not a good use of money to purchase books that may only be used for a single semester, and are then going to sit on the students' shelves unopened.

Veterans should be encouraged to use the same facilities as other students as far as practicable, viz. the library and computing facilities of educational institutions. Some of these facilities are available to people who are not students of a particular institution. For instance, members of the public may use the books at the libraries of some educational institutions such as universities without charge. However, they would not normally be able to borrow books. Arrangements can be made with some institutions for borrowing rights, at a fee, for non-students.

Assistance with other fees such as those associated with computer hire could potentially be made within the provisions of section 4.4.2 in the [VVRS Instrument](#) [2].

Payment of Higher Education Loan Program fees

Veterans will be required to provide the VVRS Coordinator with evidence of their HELP (formerly known as Higher Education Contribution Scheme - HECS) obligation in adequate time to allow payment to be made within the discount period. The veteran will be required to provide the VVRS Coordinator with evidence of timely payment. The veteran may request DVA to pay the account directly to the educational institution.

In all cases, the help payment will not exceed the discounted rate.

Payment of Higher Education Loan Program fees after the first semester of a course of study

Factors which the VVRS Coordinator will consider are overall academic performance, application of the student, circumstances outside the veteran's control that may contribute to failure, and the likelihood of the veteran making acceptable progress with the course of study.

Payment of student union fees

Grants will be subject to presentation of receipts or invoices from the educational institution.

Source URL (modified on 10/11/2023 - 3:10pm): <http://auth-clik.dvastaff.dva.gov.au/rehabilitation-policy-library/12-veterans-vocational-rehabilitation-scheme-guidelines/125-other-assistance-veterans-participating-vvrs/1254-education-programs-through-vvrs>

Links

[1] <http://auth-clik.dvastaff.dva.gov.au/user/login?destination=comment/reply/21061%23comment-form>

[2] <https://www.legislation.gov.au/Series/F2015L01263>

Relevant excerpts from the *Safety, Rehabilitation & Compensation (Defence-related Claims) Act 1988*

37 Provision of rehabilitation programs

(1) A rehabilitation authority may make a determination that an employee who has suffered an injury resulting in an incapacity for work or an impairment should undertake a rehabilitation program.

(1A) If:

(a) an employee has made a claim under Part V in relation to an injury to the employee; and

(b) the relevant authority has not determined the claim; and

(c) the person is included in a class of persons determined in an instrument under subsection (1B);
and

(d) the MRCC has determined, in writing, that this section applies to the person;
a rehabilitation authority may make a determination that the employee should undertake a rehabilitation program.

(1B) The MRCC may, by legislative instrument, determine a class of persons for the purposes of paragraph (1A)(c).

(2) If a rehabilitation authority makes a determination under subsection (1) or (1A), the authority may:

(a) provide a rehabilitation program for the employee itself; or

(b) make arrangements with an approved program provider for that provider to provide a rehabilitation program for the employee.

Note: A rehabilitation program that is being provided to a person under this section might cease if the person is also provided with rehabilitation under the MRCA (see section 18 of the CTPA).

(2A) A determination made by a rehabilitation authority under subsection (1) or (1A) is not a legislative instrument.

(2B) A determination made by the MRCC under paragraph (1A)(d) is not a legislative instrument.

(3) In making a determination under subsection (1) or (1A), a rehabilitation authority shall have regard to:

(a) any written assessment given under subsection 36(8);

(b) any reduction in the future liability to pay compensation if the program is undertaken;

(c) the cost of the program;

(d) any improvement in the employee's opportunity to be employed after completing the program;

(e) the likely psychological effect on the employee of not providing the program;

(f) the employee's attitude to the program;

(g) the relative merits of any alternative and appropriate rehabilitation program; and

(h) any other relevant matter.

(4) The cost of any rehabilitation program provided for an employee under this section shall be paid by the relevant authority in relation to that employee.

(5) Where an employee is undertaking a rehabilitation program under this section, compensation is not payable to the employee under section 19 or 31 but:

(a) if the employee is undertaking a full-time program—compensation is payable to the person of an amount per week equal to the amount per week of the compensation that would,

but for this subsection, have been payable under section 19 if the incapacity referred to in that section had continued throughout the period of the program; or

- (b) if the employee is undertaking a part-time program—compensation is payable to the employee of such amount per week as the relevant authority determines, being an amount not less than the amount per week of the compensation that, but for this subsection, would have been payable to the employee under this Act and not greater than the amount per week of the compensation that would have been payable under paragraph (a) if the employee had been undertaking a full-time program.

Note: Subsection (9) provides that subsections (5) to (8) do not apply to an employee if a determination is made under subsection (1A) in relation to the employee.

- (7) Where an employee refuses or fails, without reasonable excuse, to undertake a rehabilitation program provided for the employee under this section, the employee's rights to compensation under this Act, and to institute or continue any proceedings under this Act in relation to compensation, are suspended until the employee begins to undertake the program.
- (7A) However, subsection (7) does not operate to suspend the employee's right to compensation for the cost of medical treatment that is payable under section 16.
- (8) Where an employee's right to compensation is suspended under subsection (7), compensation is not payable in respect of the period of the suspension.
- (9) If a rehabilitation authority makes a determination under subsection (1A) in relation to an employee, subsections (5) to (8) do not apply to the employee in connection with that determination.

40 Duty to provide suitable employment

Where an employee is undertaking, or has completed, a rehabilitation program (except in connection with a determination under subsection 37(1A)), the Commonwealth shall take all reasonable steps to provide the employee with suitable employment or to assist the employee to find such employment.

Excerpts from the *Military Rehabilitation and Compensation Act 2004* (MRCA)

Chapter 3—Rehabilitation

Part 1—General provisions

Division 2—Aim of rehabilitation

Section 38 Aim of rehabilitation

The aim of rehabilitation is to maximise the potential to restore a person who has an impairment, or an incapacity for service or work, as a result of an injury or disease to at least the same physical and psychological state, and at least the same social, vocational and educational status, as he or she had before the injury or disease.

Excerpts from the *Military Rehabilitation and Compensation Act 2004* (MRCA)

Chapter 3—Rehabilitation

Part 1—General provisions

Division 3—Definitions

Section 41 Other definitions

(1) In this Chapter:

approved program provider means:

- (a) a person or body that is an approved program provider for the purposes of the *Safety, Rehabilitation and Compensation Act 1988*; or
- (b) a person nominated in writing by a rehabilitation authority, being a person the rehabilitation authority is satisfied has appropriate skills and expertise to design and provide rehabilitation programs.

approved rehabilitation program means a rehabilitation program determined under section 51 for a person by the person's rehabilitation authority.

rehabilitation program means a program that consists of or includes any one or more of the following:

- (a) medical, dental, psychiatric and hospital services (whether on an in-patient or out-patient basis);
- (b) physical training and exercise;
- (c) physiotherapy;
- (d) occupational therapy;
- (e) vocational assessment and rehabilitation;
- (f) counselling;
- (g) psycho-social training.

vocational assessment and rehabilitation consists of or includes any one or more of the following:

- (a) assessment of transferable skills;
- (b) functional capacity assessment;
- (c) workplace assessment;
- (d) vocational counselling and training;
- (e) review of medical factors;
- (f) training in resume preparation, job-seeker skills and job placement;
- (g) provision of workplace aids and equipment.

Excerpts from the *Military Rehabilitation and Compensation Act 2004* (MRCA)

Chapter 3—Rehabilitation

Part 2—Rehabilitation programs—general

Division 3—Provision of rehabilitation programs

Section 51 Rehabilitation authority may determine that a person is to undertake a rehabilitation program

- (1) The rehabilitation authority for a person to whom this Part applies may determine that the person is to undertake a rehabilitation program specified in the determination if an assessment has been made under section 44 of the person's capacity for rehabilitation.
- (2) In making a determination under subsection (1) in respect of the person, the person's rehabilitation authority is to have regard to the following:
 - (a) any written report in respect of the person under subsection 46(3);
 - (b) any reduction in the future liability of the Commonwealth to pay or provide compensation if the program is undertaken;
 - (c) the cost of the program;
 - (d) any improvement in the person's opportunity to be engaged in work after completing the program;
 - (e) the person's attitude to the program;
 - (f) the relative merits of any alternative and appropriate rehabilitation program;
 - (g) any other matter the rehabilitation authority considers relevant.
- (3) If the rehabilitation authority for a person makes a determination under subsection (1) that a person is to undertake a rehabilitation program, the rehabilitation authority must make arrangements with an approved program provider for the provision of the program for the person.

Note: The person might also be entitled to have his or her home altered or aids or appliances provided under Part 3.
- (4) For the purposes of designing or providing a rehabilitation program:
 - (a) the rehabilitation authority or approved program provider concerned may seek the assistance of persons with suitable qualifications or expertise in the design or provision of rehabilitation programs; and
 - (b) the rehabilitation authority or approved program provider concerned may take into account any relevant information of which it is aware or that is brought to its attention.
- (5) The cost of a rehabilitation program provided for a person under this section is to be paid by the Commonwealth.

Excerpts from the *Military Rehabilitation and Compensation Act 2004* (MRCA)

Chapter 3—Rehabilitation

Part 4—Assistance in finding suitable work

Section 62 Assistance in finding suitable work for other members and former members

- (1) This section applies if:
 - (a) a person:
 - (i) is a part-time Reservist, a cadet or a declared member; or
 - (ii) is a former member; and
 - (b) the person is incapacitated for service or work as a result of a service injury or disease for which the Commission has accepted liability.
- (2) To avoid doubt, this section applies to a person who is incapacitated as a result of an aggravated injury or disease even if the incapacity resulted from the original injury or disease and not from the aggravation or material contribution.
- (3) The person's rehabilitation authority must take all reasonable steps to assist the person to find suitable civilian work.

Excerpts from the Explanatory Memorandum of the Military Rehabilitation and Compensation Bill 2003

enabled the original *Military Rehabilitation and Compensation Act 2004* (MRCA)

Source: <https://www.legislation.gov.au/bills/C2004B01529>

Page 24 of Explanatory Memorandum

Division 2 - Aim of rehabilitation

Clause 38 – Aim of rehabilitation

The main focus of rehabilitation is on the:

- achievement of physical, social and mental recovery;
- where possible, return to suitable work at the earliest possible time; and
- reduction of the human and economic cost of disability to ADF members and former members and the broader community.

There are 3 types of rehabilitation.

- Medical rehabilitation is the use of treatment measures to restore or maximise the person's physical and psychological function.
 - Vocational rehabilitation is the managed process that provides an appropriate level of assistance, based on assessed needs, necessary to achieve a meaningful and sustainable paid employment outcome, at a similar status to pre-injury/disease. This will be provided using a hierarchy of assistance that will be developed within the administration protocols.
 - Psychosocial rehabilitation is the use of rehabilitation measures aimed at restoring or maximising the person's function in the community by providing appropriate behavioural and social skills for living in the community.
-

Pages 28-29 of Explanatory Memorandum

Division 3 – Provision of rehabilitation programs

Clause 51 – Rehabilitation authority may determine that a person is to undertake a rehabilitation program

Subclauses (1) and (2) detail what happens if the initial assessment deems a person capable of rehabilitation and the rehabilitation authority determines that the person must undertake a rehabilitation program. This determination is made after considering the following factors:

- any written assessment;

- any possible reduction in the future liability to pay compensation if the program is undertaken;
- the cost of the program;
- any improvement in the client's opportunity to be employed after completing the program;
- the client's attitude to the program;
- the relative merits of any alternative and appropriate rehabilitation program; and
- any other relevant matter, for example the likely psychological effect on the client of not providing the program.

Subclauses (4) and (5) are about the provision and cost of the program. The rehabilitation authority may use the services of a suitably qualified or experienced person to design or provide a rehabilitation program. The organisation and responsibility for payment of costs associated with the rehabilitation program will be the responsibility of the rehabilitation authority.

Page 32 of Explanatory Memorandum

Clause 62 - Assistance in finding suitable work for other members and former members

In the case of a part-time Reservist, cadet, declared member, or former member whose accepted injury or disease results in an incapacity for work, the rehabilitation authority must take all reasonable steps to assist the person to find suitable work in the civilian workforce.

To avoid any doubt subclause (2) makes it clear that this provision also applies where liability for an aggravation has been accepted but not the underlying condition. This means that the rehabilitation authority may consider whether assistance could be offered to a person simply because there is a liability for compensation but the aggravation does not cause any of the incapacity for service or work. If the liability ceases because the aggravation ceased, then so does any requirement to provide assistance to find suitable work.
