



Vocational Independence Occupational Assessment Report

“This form must be completed by Occupational Assessors following a Vocational Independence Assessment. The form reviews the vocational rehabilitation provided by ACC”.



Date:

Branch:

Case Manager:

Phone number: **Fax Number:** **Email:**

Client details

Client name:

Claim number:

Provider details

Provider name: **Consultant name:**

Phone number: **Fax No:**

Vocational Rehabilitation Review

The purpose of this part of the assessment is to determine whether the types of work identified in the IRP are still suitable for the client because they match the skills that the client has gained through education, training or experience.

List all the work type options identified on the IRP that were determined as appropriate for the client following the Initial Occupational and Medical Assessment

- 1. 2.
- 3. 4.
- 5. 6.

Referring to the client’s Individual Rehabilitation Plan, state the work type option(s) identified as being suitable.

List all the vocational rehabilitation activities that were undertaken and the completion dates

1.		Date completed
2.		Date completed
3.		Date completed
4.		Date completed
5.		Date completed

6.

Date completed

Vocational Rehabilitation Outcome

What vocational rehabilitation outcome has been achieved as a result of the vocational rehabilitation provided?

Consultant name:

List below the jobs held by the client, how long the client was employed, the name of the employer, and any related training that the client had. *(In the order of the most recent job first.)*

<i>Job</i>	<i>Duration in years and months</i>	<i>Employer</i>	<i>Related training</i>
			✓

Years in the work force:

Number of job-type changes:

Review the Initial Occupational Assessment and identify any of the above that are additional to or variances of the work experience identified in the Initial Occupational Assessment report

Work experience assessor comments

Education and training

Formal qualifications completed by the client

<i>Qualification</i>	<i>Subject</i>	<i>Institution</i>	<i>Level reached</i>
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Secondary *(School Certificate, University Entrance, Sixth Form Certificate, Bursary, NZCEA)*

Tertiary (Certificates, Diplomas, Degrees, Post-Graduate Degrees)

Other formal courses/training (e.g. Non-certificate trade, pre-entry, LSV, Army, Training Opportunities Programme)

Incomplete formal qualifications?

Yes No

Incomplete qualification

Ongoing requirement to gain qualification

Number of years needed to complete employment related qualifications:

Review the Initial Occupational Assessment report and identify any of the above that are additional to or variances of the formal qualifications (complete and incomplete) identified in the Initial Occupational Assessment report

Professional or Trade Association Memberships held by client

Driving and other licences held by client

On-the-job training or informal training the client has participated in

<i>Type of training</i>	<i>Leads to a recognised qualification?</i>	<i>Qualifies the client for a higher level job?</i>	<i>Ongoing training needed for the qualification?</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review the Initial Occupational Assessment report and identify any of the above that are additional to or variances of informal or on-the-job training identified in the Initial Occupational Assessment report

General education assessor comments:

Transferable skills

List the client's transferable skills including any transferable skills acquired during their vocational rehabilitation period.

Transferable skills acquired during vocational rehabilitation

Review the Initial Occupational Assessment report and identify any other additions to or variances to the transferable skills identified in the Initial Occupational Assessment report

Transferable skills assessor comments

Types of work and individual jobs that particularly interest the client

Work Type options

Specify all the individual work types that are reasonably identified as suitable for the client.

For each individual job identified as suitable for the client please attach a **standard work type detail sheet**.

1. **Work Type:**
Reason(s) for stating this job:

Please outline how you have considered each of the following points in your assessment.

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings:**

State any variations to the standard work type detail sheet (tasks, environment or function/activity) that may make the specific job proposed more suited to the client e.g. supervisory or quality management aspects only or particular technology to be used.

Comment on any environmental modifications that would be necessary to enable the client to function safely:

Client comments (if applicable):

2. **Work Type:**
Reason(s) for stating this job:

Please outline how you have considered each of the following points in your assessment.

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings:**

State any variations to the standard work type detail sheet (tasks, environment or function/activity) that may make the specific job proposed more suited to the client e.g. supervisory or quality management aspects only or particular technology to be used:

Comment on any environmental modifications that would be necessary to enable the client to function safely:

Client comments (if applicable):

3. **Work Type:**

Reason(s) for stating this job:

Please outline how you have considered each of the following points in your assessment.

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings:**

State any variations to the standard work type detail sheet (tasks, environment or function/activity) that may make the specific job proposed more suited to the client e.g. supervisory or quality management aspects only or particular technology to be used.

Comment on any environmental modifications that would be necessary to enable the client to function safely:

Client comments (if applicable):

4. **Work Type:**

Reason(s) for stating this job:

Please outline how you have considered each of the following points in your assessment.

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings:**

State any variations to the standard work type detail sheet (tasks, environment or function/activity) that may make the specific job proposed more suited to the client e.g. supervisory or quality management aspects only or particular technology to be used:

Comment on any environmental modifications that would be necessary to enable the client to function safely:

Client comments (if applicable):

5. **Work Type:**

Reason(s) for stating this job:

Please outline how you have considered each of the following points in your assessment.

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings:**

State any variations to the standard work type detail sheet (tasks, environment or function/activity) that may make the specific job proposed more suited to the client e.g.

supervisory or quality management aspects only or particular technology to be used.

Comment on any environmental modifications that would be necessary to enable the client to function safely:

Client comments (if applicable):

6.

Work Type:
Reason(s) for stating this job:

Please outline how you have considered each of the following points in your assessment.

- Skills:
- Education:
- Qualifications:
- Pre-incapacity earnings:

State any variations to the standard work type detail sheet (tasks, environment or function/activity) that may make the specific job proposed more suited to the client e.g. supervisory or quality management aspects only or particular technology to be used:

Comment on any environmental modifications that would be necessary to enable the client to function safely:

Client comments (if applicable):

7.

Work Type:
Reason(s) for stating this job:

Please outline how you have considered each of the following points in your assessment.

- Skills:
- Education:
- Qualifications:
- Pre-incapacity earnings:

State any variations to the standard work type detail sheet (tasks, environment or function/activity) that may make the specific job proposed more suited to the client e.g. supervisory or quality management aspects only or particular technology to be used.

Comment on any environmental modifications that would be necessary to enable the client to function safely:

Client comments (if applicable):

8.

Work Type:
Reason(s) for stating this job:

Please outline how you have considered each of the following points in your assessment.

- Skills:
- Education:
- Qualifications:
- Pre-incapacity earnings:

State any variations to the standard work type detail sheet (tasks, environment or function/activity) that may make the specific job proposed more suited to the client e.g. supervisory or quality management aspects only or particular technology to be used:

Comment on any environmental modifications that would be necessary to enable the client to function safely:

Client comments (if applicable):

Review the Initial Occupational Assessment report and identify any additions to or variances to the work types identified in the Initial Occupational Assessment report

Total number of work type detail sheets attached:

Barriers to returning to work

Based on information obtained during the interview, state here any potential vocational barriers to the client successfully obtaining work in the work types identified above:

Client comment

Please detail all comments made by the client including comments relating to their experiences during their vocational rehabilitation programme, experience, education, training, potential type of work options, proposed options and any other issues raised.

Curriculum Vitae

Curriculum Vitae completed and attached: Yes No

Advice provided about use of Curriculum Vitae: Yes No

Other relevant information or comments

The role of the occupational assessor and the VIA process was explained and discussed with the client.

The information for the work type options section was obtained from the following sources:

- Australia and New Zealand Standard Classification of Occupations, 2006*
- Career Services KiwiCareers website*
- Provider knowledge and research of the local job market*

Signed

Consultant name:

Consultant signature: Date:

The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.