



# Vocational Independence Assessment: Recommendation

*“This form is used by Occupational and Medical Assessors to summarise assessment recommendations.”*



Te Kaporeihana Āwhina Hunga Whara

## Client details

Name

Address

Claim number

Date of injury

Occupation before injury

### Section 1: Occupational assessor to complete

## Occupational assessor details

Name

Address

Signature .....

Date

## Types of work

*List the individual work types identified as suitable in the occupational assessor report. (Jobs/types of work must include those identified by the Initial Occupational Assessor (if still suitable)).*

### Work types considered suitable at individual job (6 digit) level

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

## Section 2: Medical assessor to complete

### Medical assessor details

Name

Address

Signature ..... Date ...../...../.....

### Vocational Independence recommendation

Note that if the client requires an additional assessment or further information is required before a recommendation can be made, the Case Manager should be contacted. The additional assessment or further information will be sent to you so a recommendation can be made. (State the type of assessment, a potential provider and the information needed.)

Based on the clinical examination, an understanding of the work type requirements, and discussions with the client, list below the types of work where there is no injury related medical reason to prevent the client from working 30 hours or more per week.

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

**List below the types of work the client needs treatment interventions for, before having vocational independence** (*List the primary interventions, potential providers and time frames for expected completion. More details should be included in your report.*)

The client should be reassessed for Vocational Independence Assessment on ...../...../.....

**If the client does not have vocational independence due to a medical condition unrelated to their injury, please comment on the primary findings.** (*The rationale for these decisions must be included in your report.*)

**Note below any types of work for which the client does not have vocational independence**

**State below the rationale for the above decision**

*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.*