This document outlines the details, actions and objectives for your rehabilitation.

This should be completed when the injured person is likely to be away from normal duties for more than 5 consecutive days.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYEE DETAILS** | | | | | | | |  |
| Name |  | Site |  | | ACC claim No. |  | |
| **UNITEC MANAGER/SUPERVISOR DETAILS** | | | | | | | |
| Name |  | | Role | |  | | |
| **INJURY DETAILS** | | | | | | | |
| **Date of injury** |  | **Diagnosis** |  | | | | |
| **REHABILITATION OUTCOME (Agreed Goals – see overleaf)** | | | | | | | |
| **Timeframe** |  | | **Estimated Cost** | **$** | | |  |
|  | | | | | | | |

**Rehabilitation Outcome:**

**Right of Review:**

If you are not satisfied with this Individual Rehabilitation Plan, or if there is something you do not understand, you should contact your manager immediately to discuss your concerns. The decision and your right to ask that the decision be reviewed will be explained. If you do want the plan reviewed, a request must be made in writing. The written request for a review must be made within three months from the date the plan was drafted.

**Declaration:**

I am aware I am responsible for my own rehabilitation to the extent possible having regard to the consequences of my injury. I will actively participate in this plan and comply with all agreed actions that have been developed in conjunction with my manager, Unitec and myself.

ACC and my Employer agree to meet my rehabilitation needs to the extent provided by the Injury Prevention, Rehabilitation & Compensation Act 2001 to enable me to lead as normal life as possible, having regard to the consequences of my personal injury.

I acknowledge that this plan is binding once I have signed it and it has been accepted by Unitec and/or ACC. I am aware this plan may change if needed by negotiated agreement and will need further signatures.

I understand that an unreasonable refusal or failure on my part to comply or sign this plan may result in a suspension, cancellation, or refusal of compensation or rehabilitation.

**Employee’s signature Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(or representative)

**Unitec Manager/Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Goals Who is Date to be Proposed**  **Actions Responsible Achieved Cost** | | | |
| agrees to attend all appointments with health professionals and undergo any treatment recommended which has been approved by ACC and/or Unitec |  |  |  |
| agrees to provide medical certificates to Unitec/ACC showing any incapacity |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Vocational (Work) Goals Who is Date to be Proposed**  **Actions Responsible Achieved Cost** | | | |
| agrees to participate in a suitable return to work program with Employer as available |  |  |  |
| agrees to advise Unitec/ACC of any difficulties arising whilst participating in a return to work programme |  |  |  |
| outline what work is to be completed…… |  |  |  |
|  |  |  |  |
| **Social (Home) Goals Who is Date to be Proposed**  **Actions Responsible Achieved Cost** | | | |
| assistance at home has been discussed and is not needed at this time. To contact ACC if this is needed. |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Week 1**

Days of work (circle) M T W T F S S

Hours per day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breaks to be Taken (no. & frequency):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Week 2**

Days of work (circle) M T W T F S S

Hours per day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breaks to be Taken (no. & frequency):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Week 3**

Days of work (circle) M T W T F S S

Hours per day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breaks to be Taken (no. & frequency):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Week 4**

Days of work (circle) M T W T F S S

Hours per day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breaks to be Taken (no. & frequency):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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