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| **New Employer Closure Report** | |
| **Name** |  |
| **Identifier number** |  |
| **Nature of injury** |  |
| **Date of injury** |  |
| **Compensation status** | icare Lifetime Care  Icare Lifetime Care (Workers Care)  Icare Workers Insurance  Other insurance  CTP  DES  NDIS  None/Other: |
| **Date of case closure** |  |
| **Case closure outcome** | Paid work with new employer:  Working in mainstream employment with no ongoing support from vocational provider  Working in mainstream employment with provider support and/or employer incentives, supported wages etc.  Client working in supported employment (ADE)  Not working:  Client engaged in job seeking within VIP  Client engaged in pre-vocational activities within VIP (includes work trial, volunteer work, re-training)  Client not working and not engaged in a vocational program.  Client engaged in a vocational program outside of VIP e.  Other Details: |
| **Reason for case closure** | Completed program |
| Did not complete program due to:  Injury-related reasons  Ceased by employer  Ceased by client  Other Details: |

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| Current income source (can select more than 1) | | |
| **Income source** | Newstart |
| DSP |
| Sickness Allowance |
| Workers Insurance benefits: |
| Wages/leave entitlements: |
| Other income source: |
| No income source: |
| Other Centrelink: |

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| Summarise program / activities undertaken and the outcome: |
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| Ongoing services required to sustain or gain employment | | | | |  |
| **Recommended support** | **Frequency of Support** (monthly/weekly) | **Recommended agency to provide support** | | **Cost of Support** (if known) | **Who will refer?** |
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| Future recommendations: |
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| **Signature** |  | |
| **Consultant** |  | |
| **Rehab provider** |  | |
| **Date** |  | |
| **CC:** | |  | |
| Client: | | | |
| Case manager: | | | |
| Lifetime Care Coordinatpr: | | | |
| Insurer/agent | | | |