

e) **How does this condition affect the applicant's ability to function? ***

Be specific and consider the effects due to the medical condition alone.

f) **The function impact of this condition is: ***

Temporary Explain in the space below:

This is an aggravation of an existing condition

Yes

No

Permanent Explain in the space below:

g) **What treatment is given to the applicant? ***

h) **Does the applicant have a medical history at a state hospital? ***

Yes

No

Does the applicant have a medical history at a private hospital or clinic? *

Yes

No

(If the answer is Yes, provide medical history)

Part II (Capacity for work or training)

Instructions for Medical Practitioner / Consultant

Part II is to provide a holistic summary of the applicant's current and potential capacity for work.

- Only those conditions identified as "Permanent" should be considered in assessing the applicant's work capacity.
- Please rate how the applicant's medical condition would affect his / her capacity to work over the next year.
- Please tick one option for each question.
- Please answer even if the applicant was not in employment for some time.

a) Indicate the applicant's current capacity to do any intervention *

E.g. vocational, pre-vocational and / or educational

Number of hours per week	Current	Within 6 months	Between 6 and 12 months	More than 12 months
From 0 to 7				
From 8 to 14				
From 15 to 29				
More than 30				

Type of work – Suggested suitable work *

Give reasons for work capacity and type of work recommendations *

b) Capacity to do any work with educational training, vocational training or on-the-job training *

(E.g. mainstreaming programmes not designed for people with physical, intellectual or psychiatric impairments)

Number of hours per week	Current	Within 6 months	Between 6 and 12 months	More than 12 months
From 0 to 7				
From 8 to 14				
From 15 to 29				
More than 30				

Type of work – Suggested suitable work *

Give reasons for work capacity and type of work recommendations *

c) Indicate the applicant's capacity to do any work with disability specific intervention: *

(E.g. programmes designed specifically for people with physical, intellectual or psychiatric impairments, like: vocational rehabilitation, disability employment services).

Number of hours per week	Current	Within 6 months	Between 6 and 12 months	More than 12 months
From 0 to 7				
From 8 to 14				
From 15 to 29				
More than 30				

Type of work – Suggested suitable work *

Give reasons for work capacity and type of work recommendations *

d) What type/s of assistance would be best to enable the applicant to return to work? *

No assistance Required	<input type="checkbox"/>
Educational Training	<input type="checkbox"/>
Vocational / Work Training and Rehabilitation	<input type="checkbox"/>
On-the-job Training	<input type="checkbox"/>
Voluntary Work	<input type="checkbox"/>
Other means of assistance (give details)	<input type="checkbox"/>
Would not benefit from participation in programmes	<input type="checkbox"/>

→

e) Indicate the applicant's interest in pursuing assistance to return to work *

None

Minimal

Moderate

Substantial

Give details *

Part III (Medical Practitioner / Consultant's Details and Declaration)

I declare that to my knowledge all information given is true, complete and correct. *

Name of Medical Practitioner / Consultant:

Medical Council Number:

Address:

Contact Number:

Email:

Medical Practitioner / Consultant's Signature

Date

