

Medical Redeployment Referral Form

Please send a copy of this form with your referral to the ACTPS Redeployment inbox at ACTPS_Redeployment@act.gov.au.

Schedule 1 – Directorate/Agency

Details	
Employee name	
Date of birth	
Preferred contact number	
Preferred email address	
Home address	
AGS number	
Enterprise Agreement	
Directorate/Agency	
Employee's superannuation fund (if known)	
Position Details (please attach duty statement)	
Position Number	
Classification	
Position Title	
Branch/division	
Employment status (full-time/part-time)	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Hours	
Date commenced employment	
Is the employee currently on leave?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical condition	
Is the medical condition compensable or non-compensable?	Non-compensation matter <input type="checkbox"/> Workers compensation matter <input type="checkbox"/>
Have the Injury Management Team been involved to date?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of case manager:
Nature of the medical condition limiting work that can be done	

Details	
Medical Assessment under EA or Health Assessment under s34 PSM Standards? <i>Attach assessment</i>	
If Health Assessment was undertaken, did directorate comply with ss35-37 PSM Standards? <i>Attach correspondence</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?
Work capacity and work rehabilitation activity to date	
Current work capacity	
If total and permanent incapacity, do you have evidence that employee been provided with TPI factsheet? <i>Note: This is required before TPI referral can be progressed</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not? N/A <input type="checkbox"/>
Does the employee have any performance management issues? <i>If yes, provide details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Summary of any reasonable adjustments (including graduated return to work or other rehabilitation activity) that have been considered or undertaken to date and why this was unsuccessful	
Summary of recommendations from vocational/transferrable skills assessment. If such an assessment has not been undertaken, provide details of why and what information was used to inform process of seeking an alternative position in the directorate/agency <i>Attach Voc/TS assessment & employee's current resume</i>	
Commencement date for search of suitable vacant position in administrative unit	
List of vacant positions considered and why deemed not suitable <i>Include details of type of position and classification level considered and any relevant documents/letters</i>	
Were any positions offered to the employee? If yes, details of why employee did not consent to transfer	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?

Details	
Has the directorate maintained adequate and consistent engagement with the employee?	Yes <input type="checkbox"/> If yes, please provide evidence No <input type="checkbox"/> If no, why not?
Letter sent to employee advising redeployment has been referred to HoS <i>Attach correspondence</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
ATTACHMENTS	Yes No N/A <input type="checkbox"/> <input type="checkbox"/> Duty statement <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical Assessment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Health Assessment <input type="checkbox"/> <input type="checkbox"/> Correspondence with employee <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vocational assessment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Resume
Any further information:	

Directorate Authorised Delegate	
Name	
Position	

Schedule 2 – WoGIRPSE & WSIR Checklist

Head of Service Details	
Date Head of Service referral received	
DOCUMENTATION CHECKLIST – requirements have been met	Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical Assessment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Health Assessment <input type="checkbox"/> <input type="checkbox"/> Correspondence with employee <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vocational assessment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Resume
Acknowledgement of referral	
Response to referral	Accepted <input type="checkbox"/> Date confirmation sent:
Request sent to Directorate for further information	Yes <input type="checkbox"/> Date: No <input type="checkbox"/>
Details of suitable work level and employment type	
Shared Services letter - WoG vacant position search	

Head of Service Details

Any further information:

Schedule 3 – Head of Service recruitment search (s122(3) PSM Act)**Details**

Commencement date for search of suitable vacant position across the Service (i.e. employee has been added to Shared Services Redeployment Register)

Recruitment search/es received from Shared Services

Date

Position title and classification

Potentially suitable?

Reason/s any potentially suitable position/s were not offered to employee
Include details of type of position and classification level considered

Position title and classification

Reason/s not suitable

If offer made to employee

Title of position offered to the employee

Date of letter of offer to employee

Did employee consent to transfer?

Yes ☐No ☐**If employee consented to transfer**

Position number transferred to

Date transfer took effect

WISR evaluation report of capacity and capability in position (to be provided 3-6 months after transfer)

If employee declined a formal offer for transfer

Reason/s for declining was/were given by the employee

If no suitable position accepted/found

Referral back to Director-General of Directorate

Date of letter to employee advising referral back to directorate

Any further information:

Head of Service Authorised Delegate

Name

Position

Schedule 4 – Directorate/Agency (s123 PSM Act)

Details	
Letter to employee seeking comments before consideration of s123(2)	
Provide details of any further information received from employee	
Director General decision under 123(2) and reasons for this decision	
Letter to employee	<div>Yes No N/A</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> transfer and reduction of classification </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> confirmation of transfer </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> unattachment and reduction of classification </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> retirement </div>
Date of effect of decision	
Any further information:	

Directorate Authorised Delegate	
Name	
Position	