Use this report once you’ve completed an initial occupational assessment for the client to let us know about suitable types of work based on their skills.

Return the completed form to us using the details in section 4.

|  |
| --- |
| 1. Date completed |
| This report was completed on:       |

|  |
| --- |
| 2. Client details |
| Client name: [Client full name] | Claim number: [Claim number] |

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| 3. Provider details |
| Vendor name: [Vendor name] | Provider name: [Provider name] |
| Provider phone number:       | Provider email address:       |

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| 4. ACC details |
| ACC recovery team member: [Staff member] | ACC site: [ACC office] |
| Contact phone number: [Phone number] | Email address: [Email address] |

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| 5. Work experience |
| List below the jobs held by the client, how long they were employed, the name of the employer, and any related training that the client gained. List in order of most recent jobs first. |
| Job | Duration (start and end dates) | Employer name | Related training |
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| Time in the workforce:       years | How many jobs has the client had:       |
| Work experience comments:       |

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| 6. Education and training |
| List all the client’s formal qualifications below. | [ ]  n/a |
| Qualification | Subject | Institution | Level reached and date achieved |
| Secondary, eg school certificate, university entrance, sixth form certificate, bursary, NCEA. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Tertiary, eg certificates, diplomas, degrees, post-graduate degrees. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Other formal courses and training, eg non-certificate trade, pre-entry, limited service volunteer. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Post-graduate studies  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| List incomplete formal qualifications | [ ]  Yes | [ ]  No  |
| Name of incomplete qualification | What is the ongoing requirement to complete the qualification including time to complete |
|  |  |
|  |  |
|  |  |
|  |  |
| For any of the formal qualifications (complete and incomplete) above, please comment on whether: * the qualification is no longer relevant in the employment market.

the qualification has been lost due to disuse or other reasons. |
| Assessor comments:       |
| Is the client currently participating in any education or training? [ ]  Yes [ ]  No |
| Detail of education or training the client is currently participating in:       |

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| 7. Memberships and licences |
| List the professional or trade association memberships the client has held, including the dates held for. | [ ]  n/a |
| Type and class | Association | Start date | Finish date |
|       |       |       |       |
| List the driving and other licences the client has held, including the dates held for. Include the category of licence. | [ ]  n/a |
| Type and class | Association | Start date | Finish date |
|       |       |       |       |

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| 8. On-the-job or informal training  |
| List any on-the-job or informal training that the client has had. |
| Type of training  | Does it lead to a recognised qualification? | Does it qualify them for a higher-level job? | Will they need ongoing training for the qualification? |
|  | [ ]   | [ ]   | [ ]   |
|  | [ ]   | [ ]   | [ ]   |
|  | [ ]   | [ ]   | [ ]   |
| For any of the on-the-job informal training above, please comment on whether: * the on-the-job informal training is no longer relevant in the employment market

the skills gained through on-the-job informal training have been lost due to disuse or other reasons. |
| Assessor comments:       |

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| 9. Transferable skills |
| List the client’s transferable skills and how these are demonstrated:      |
| List the client’s attributes and competencies that will advantage their employability:      |
| Provide comment on the client’s transferable skills into alternative work types:       |
| Outline the types of work the client is particularly interested in, include client comments:       |

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| 10. Work type options |
| Identify the types of work that are available in New Zealand and are suited to the client based on their skills gained through education, training, or experience. Among other things, ensure the client’s earnings before their incapacity have been taken into account. The client must participate in the selection of these work type options and all the options listed must be fully discussed with the client. First list work types that most closely align with the client’s pre-injury occupation, then list all other identified work types beginning with those that closest match the client’s skills.Attach work type detail sheets for each of the identified work types.  |
| 1.  | Work type: |       |
| Why do you consider this work type suitable for the client? |
|       |
| Comment on the client’s pre-incapacity earnings and how these have been considered: |
|       |
| Detail the key entry requirements for entering this type of work: |
|       |
| Does the client currently meet these entry requirements?  | [ ]  Yes [ ]  No |
| If yes, please confirm how these requirements have been met?       |
| Detail any required vocational upskilling, training, licensing or other needs the client has in order to meet the entry requirements or to otherwise become vocationally work ready for this type of work. |
|       |
| Only where appropriate, detail any other assistance you recommend as beneficial (but which is not essential) to support the client with entering this type of work. |
|       |
| Record any relevant client comments below  |
|       |
| 2.  | Work type: |       |
| Why do you consider this work type suitable for the client? |
|       |
| Comment on the client’s pre-incapacity earnings and how these have been considered: |
|       |
| Detail the key entry requirements for entering this type of work: |
|       |
| Does the client currently meet these entry requirements?  | [ ]  Yes [ ]  No |
| If yes, please confirm how these requirements have been met?       |
| Detail any required vocational upskilling, training, licensing or other needs the client has in order to meet the entry requirements or to otherwise become vocationally work ready for this type of work. |
|       |
| Only where appropriate, detail any other assistance you recommend as beneficial (but which is not essential) to support the client with entering this type of work. |
|       |
| Record any relevant client comments below  |
|       |
| 3.  | Work type: |       |
| Why do you consider this work type suitable for the client? |
|       |
| Comment on the client’s pre-incapacity earnings and how these have been considered: |
|       |
| Detail the key entry requirements for entering this type of work: |
|       |
| Does the client currently meet these entry requirements?  | [ ]  Yes [ ]  No |
| If yes, please confirm how these requirements have been met?       |
| Detail any required vocational upskilling, training, licensing or other needs the client has in order to meet the entry requirements or to otherwise become vocationally work ready for this type of work. |
|       |
| Only where appropriate, detail any other assistance you recommend as beneficial (but which is not essential) to support the client with entering this type of work. |
|       |
| Record any relevant client comments below  |
|       |
| 4.  | Work type: |       |
| Why do you consider this work type suitable for the client? |
|       |
| Comment on the client’s pre-incapacity earnings and how these have been considered: |
|       |
| Detail the key entry requirements for entering this type of work: |
|       |
| Does the client currently meet these entry requirements?  | [ ]  Yes [ ]  No |
| If yes, please confirm how these requirements have been met?       |
| Detail any required vocational upskilling, training, licensing or other needs the client has in order to meet the entry requirements or to otherwise become vocationally work ready for this type of work. |
|       |
| Only where appropriate, detail any other assistance you recommend as beneficial (but which is not essential) to support the client with entering this type of work. |
|       |
| Record any relevant client comments below  |
|       |
| 5.  | Work type: |       |
| Why do you consider this work type suitable for the client? |
|       |
| Comment on the client’s pre-incapacity earnings and how these have been considered: |
|       |
| Detail the key entry requirements for entering this type of work: |
|       |
| Does the client currently meet these entry requirements?  | [ ]  Yes [ ]  No |
| If yes, please confirm how these requirements have been met?       |
| Detail any required vocational upskilling, training, licensing or other needs the client has in order to meet the entry requirements or to otherwise become vocationally work ready for this type of work. |
|       |
| Only where appropriate, detail any other assistance you recommend as beneficial (but which is not essential) to support the client with entering this type of work. |
|       |
| Record any relevant client comments below  |
|       |
| 6.  | Work type: |       |
| Why do you consider this work type suitable for the client? |
|       |
| Comment on the client’s pre-incapacity earnings and how these have been considered: |
|       |
| Detail the key entry requirements for entering this type of work: |
|       |
| Does the client currently meet these entry requirements?  | [ ]  Yes [ ]  No |
| If yes, please confirm how these requirements have been met?       |
| Detail any required vocational upskilling, training, licensing or other needs the client has in order to meet the entry requirements or to otherwise become vocationally work ready for this type of work. |
|       |
| Only where appropriate, detail any other assistance you recommend as beneficial (but which is not essential) to support the client with entering this type of work. |
|       |
| Record any relevant client comments below  |
|       |
| 7.  | Work type: |       |
| Why do you consider this work type suitable for the client? |
|       |
| Comment on the client’s pre-incapacity earnings and how these have been considered: |
|       |
| Detail the key entry requirements for entering this type of work: |
|       |
| Does the client currently meet these entry requirements?  | [ ]  Yes [ ]  No |
| If yes, please confirm how these requirements have been met?       |
| Detail any required vocational upskilling, training, licensing or other needs the client has in order to meet the entry requirements or to otherwise become vocationally work ready for this type of work. |
|       |
| Only where appropriate, detail any other assistance you recommend as beneficial (but which is not essential) to support the client with entering this type of work. |
|       |
| Record any relevant client comments below  |
|       |
| 8.  | Work type: |       |
| Why do you consider this work type suitable for the client? |
|       |
| Comment on the client’s pre-incapacity earnings and how these have been considered: |
|       |
| Detail the key entry requirements for entering this type of work: |
|       |
| Does the client currently meet these entry requirements?  | [ ]  Yes [ ]  No |
| If yes, please confirm how these requirements have been met?       |
| Detail any required vocational upskilling, training, licensing or other needs the client has in order to meet the entry requirements or to otherwise become vocationally work ready for this type of work. |
|       |
| Only where appropriate, detail any other assistance you recommend as beneficial (but which is not essential) to support the client with entering this type of work. |
|       |
| Record any relevant client comments below  |
|       |

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| 11. Summary of identified work types |
| Work type  | Required vocational upskilling, training, licensing, or other needs | Non-essential assistance that might benefit the client |
|       |       |       |
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| 12. Other general recommendations |
| Based on information obtained during the interview, identify any potential barriers to the client successfully obtaining employment. For example: lack of knowledge about the labour market, interview skills, or job search skills. Include any recommendations to address these. |
|       |

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| 13. Client comments |
| Provide a summary of all comments made by the client regarding their experience, education, training, potential work type options, proposed options and any other issues raised. |
|       |

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| 14. Other relevant information or comments |
|       |

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| 15. Declarations and signature |
| [ ]  I have explained and discussed the initial occupational assessment process and the role of the occupational assessor with this client.I used the following sources to get information for the work type options section, select all that apply:[ ]  The Australia and New Zealand Standard Classification of Occupations[ ]  The Careers New Zealand website [ ]  Provider knowledge and research of the local job market[ ]  Other relevant resources:       |
| Name:       |
| Signature:       | Date:       |

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.