

**From:** Rehabilitation  
**Subject:** Introduction to DVA Rehabilitation Client Name: REH:

Dear XXXX

I am contacting you from the DVA Rehabilitation Team. It has been identified (either through a request by you or a referral from a third party) that you may be interested in participating in DVA rehabilitation.

### What do you need to do?

1. Read the attached *Rehabilitation Information Statement (voluntary recipients)*.
2. Click 'reply' on this email, fill in 'Your details' and 'Your needs' sections.
3. Once you have read and understood the information sheet, fill in the 'Consent details'. If you have any questions about the content included in the Information Sheet, please call DVA before continuing.
4. Send your reply email to us by **today's date + 2 weeks**.

Once we receive your response, it will be shared with a rehabilitation consultant who will call you within a week to arrange a time for your rehabilitation assessment.

If after reading the attached information you do not wish to participate in rehabilitation, there are no further steps you need to take. You may wish to keep this email for future reference and, if you do wish to participate in rehabilitation in future, please reach out to us either via this email address or by calling 1800VETERAN (1800 838 372).

#### Your details:

<b>Your full name</b>	
<b>Your date of birth</b>	
<b>Your DVA file number</b>	
<b>Your current residential address</b>	
<b>Your best phone contact number</b>	
<b>Your preferred email address</b>	

#### Your needs:

Please take the time to answer each of the below questions. The answers will be provided to your Rehabilitation Consultant to help them create an appropriate rehabilitation plan with you.

<b>Medical Management</b>	Simply write 'Yes' or 'No' below for each question
Do you currently have a GP who is supporting your medical needs?	
Would you like assistance in finding a GP?	
Would you like assistance to help you to arrange access to other medical services through a GP?	
<b>Social Wellbeing</b>	
Are you currently participating in any social activities outside of your home? (e.g sporting or social clubs, friendship groups, interest groups etc)	
If yes, what social activities do you currently participate in?	List here:

Are you currently participating in any health and wellness activities (for example, going to the gym, playing in a sports team, undertaking yoga etc)?	
If yes, what health and wellness activities do you currently participate in?	List here:
Would you like help to participate in a social activity or health and wellness activity?	
If yes, is there any particular social activity or health and wellness activity you would like help to participate in?	List here:
Would you like help in forming social connections?	
What type of social connections would you like help to form?	List here:
Would you like assistance to build your confidence in social settings?	
<b>Employment Support</b>	
Are you currently employed?	
If you are not currently employed, would you like assistance in supporting your transition to a civilian career (this may include resume preparation, interview skills etc)	
If you are currently employed, do you feel that you are underemployed? (e.g. not receiving as many hours as you would like?)	
Do you feel like you need help to adjust to the civilian workforce?	
If able to be accommodated, do you have a preference for the gender of your rehabilitation consultant?	Please write either male or female if you have a gender preference:

### Consent to participate

		Simply write 'Yes' or 'No' below for each question
1	I have read the Information Statement and understood it sufficiently to consent to participate in Rehabilitation. I have had the opportunity to ask any questions and am satisfied with the answers I have received.	
2	I understand that my enrolment in Rehabilitation is voluntary, that I am under no obligation to participate and can choose to stop the program at any time.	
3	I consent to the collection, use and/or disclosure of my personal information as outlined in the Information Statement.	
4	I understand that I may be invited to take part in surveys, interviews or focus groups to evaluate Rehabilitation and if I choose not to participate, this will not affect the services I receive in Rehabilitation.	
5	I understand that participants must treat all people involved in their Rehabilitation Plan in a respectful manner. Failure to do so may result in the Rehabilitation plan being closed.	
6	I understand that de-identified data relating to myself and other participants will be used to monitor and evaluate Rehabilitation.	

**That's it!**

If you have any questions, please feel free to include them in your reply email or call us on 1800 VETERAN (1800 838 372) and ask for the 'Rehabilitation team' when prompted.

**National Administration Services Team**  
**Rehabilitation Services Section**

Department of Veterans' Affairs

Phone: [1800 VETERAN \(1800 838 372\)](tel:1800838372)

Email: [rehabilitation@dva.gov.au](mailto:rehabilitation@dva.gov.au)

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**Subject:** Introduction to DVA Rehabilitation Client Name: REH:  
**Attachments:** IS4 - Voluntary participant.pdf; IS2 - Rehabilitation Information Statement - Voluntary recipients - SRDP Eligible.PDF

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4. Send your reply email to us by **today's date + 2 weeks**.

Once we receive your response, it will be shared with a rehabilitation consultant who will call you within a week to arrange a time for your rehabilitation assessment.

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#### Your details:

Your full name	
Your date of birth	
Your DVA file number	
Your current residential address	
Your best phone contact number	
Your preferred email address	

#### Your needs:

Please take the time to answer each of the below questions. The first four questions will be asked of you now (plan commencement) and again when your plan is ready to close. Today, you only need to fill in the 'Your Answers at Plan Commencement' column.

Questions	Your answers at Plan commencement	Your answers at Plan closure
	Simply write yes or no	Simply write yes or no
Do you feel you have the knowledge to access medical supports if you need them? (e.g contact your General Practitioner (GP) when needed, ask for help to access other specialists etc)		
Do you feel you have the knowledge to access social and community supports if you need them? (e.g. you know how to reach out to and connect with social groups, family or friends)		



Do you feel you have the confidence to access social and community supports if you need them?		
Plan commencement only question - Do you feel you currently have the skills to work in an industry that is suitable for your accepted conditions?		
Plan closure only question - If you participated in activities to support your return to work, do you now feel that you have the skills to work in an industry that is suitable for your accepted conditions?		

These next questions are only asked of you now. The answers will be provided to your Rehabilitation Consultant to help them create an appropriate rehabilitation plan with you.

<b>Medical Management</b>	Simply write 'Yes' or 'No' below for each question
Do you currently have a GP who is supporting your medical needs?	
Would you like assistance in finding a GP?	
Would you like assistance to help you to arrange access to other medical services through a GP?	
<b>Social Wellbeing</b>	
Are you currently participating in any social activities outside of your home? (e.g sporting or social clubs, friendship groups, interest groups etc)	
If yes, what social activities do you currently participate in?	List here:
Are you currently participating in any health and wellness activities (for example, going to the gym, playing in a sports team, undertaking yoga etc)?	
If yes, what health and wellness activities do you currently participate in?	List here:
Would you like help to participate in a social activity or health and wellness activity?	
If yes, is there any particular social activity or health and wellness activity you would like help to participate in?	List here:
Would you like help in forming social connections?	
What type of social connections would you like help to form?	List here:
Would you like assistance to build your confidence in social settings?	
<b>Employment Support</b>	
Are you currently employed?	
If you are not currently employed, would you like assistance in supporting your transition to a civilian career (this may include resume preparation, interview skills etc)	
If you are currently employed, do you feel that you are underemployed? (e.g. not receiving as many hours as you would like?)	
Do you feel like you need help to adjust to the civilian workforce?	

If able to be accommodated, do you have a preference for the gender of your rehabilitation consultant?	Please write either male or female if you have a gender preference:
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## Consent to participate

		Once ready, please write 'yes' in each of the below. If you have any questions about the content, please contact DVA before proceeding.
1	I have read the Information Statement and understood it sufficiently to consent to participate in Rehabilitation. I have had the opportunity to ask any questions and am satisfied with the answers I have received.	
2	I understand that my enrolment in Rehabilitation is voluntary, that I am under no obligation to participate and can choose to stop the program at any time.	
3	I consent to the collection, use and/or disclosure of my personal information as outlined in the Information Statement.	

Consent must be received for each of the above statements before we can proceed with your rehabilitation assessment.

Before proceeding, we would also like to draw your attention to some specific information in the Information Statement. This does not require your consent, but it is important you are aware of it:

1. You may be invited to take part in surveys, interviews or focus groups to evaluate Rehabilitation and if you choose not to participate, this will not affect the services you receive in Rehabilitation.
2. Participants must treat all people involved in their Rehabilitation Plan in a respectful manner. Failure to do so may result in the Rehabilitation plan being closed.
3. De-identified data will be used to monitor and evaluate Rehabilitation.

## That's it!

If you have any questions, please feel free to include them in your reply email or call us on 1800 VETERAN (1800 838 372) and ask for the 'Rehabilitation team' when prompted.

**National Administration Services Team**  
**Rehabilitation Services Section**  
 Department of Veterans' Affairs  
 Phone: [1800 VETERAN \(1800 838 372\)](tel:1800838372)  
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3. Once you have read and understood the attached Information Statement, complete the 'Acknowledgement' details below. If you have any questions about the content included in the Information Statement, please call DVA before continuing.
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If able to be accommodated, do you have a preference for the gender of your rehabilitation consultant?	Please write either male or female if you have a gender preference:
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## Acknowledgement

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3	I understand that my personal information may be collected, used and/or disclosed as advised in the Information Statement.	

Your acknowledgement must be received for each of the above statements before we can proceed with your rehabilitation assessment.

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