



Retraining Questionnaire

(Rehabilitation provider to complete with client)

This form is designed to collect information to assist a Rehabilitation Coordinator to make a determination about options for a client.

Client's Details

1. Surname	<input type="text"/>
2. Given name(s)	<input type="text"/>
3. DVA Claim No.	<input type="text"/>
4. What existing skills or experience does the client have that could be relevant to future employment opportunities?	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
5. Would the training enhance the client's existing skills, or is it a completely new direction?	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
6. Are there any indicators that the client has the aptitude for the training that they wish to undertake (e.g. has the client undertaken any similar training in the past, or was this subject area one that they have pursued in the past, including during any previous education)?	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
7. Is there any recognition for previous learning (RPL)?	No <input type="checkbox"/>
	Yes <input type="checkbox"/> ► Does the client have any previously undertaken courses or skills/experience for which they can apply for RPL?
	<input type="text"/>
	<input type="text"/>
8. What are the employment prospects for the client before completing the training and what sort of employment can the client be applying for once training is done?	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

9. Is the client committed to this training and if so, how is this demonstrated (e.g. has the client approached potential employers to get an understanding of what is involved with the proposed work)?

10. How many employment opportunities are currently available, in the client's local area which require this training?

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11. Are there any indicators that the client has the aptitude for the sort of work that the training will lead to (e.g. has the client undertaken a work trial etc.)?

12. How long is the training?

	Cost	\$	
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13. What is the approximate annual salary likely to be if the client obtains a job utilising the qualifications gained from the proposed training?

\$	
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14. Are there any licences or additional costs to obtain the qualifications that the training is for?

Please specify.

15. Are there any factors that may impact the person's ability to work in this field (e.g. criminal record, difficulties in accessing working with vulnerable people registration, difficulties in getting security clearances, colour blindness)?

16. Does the client have medical clearance for the training and the type of employment that they are seeking (if there are any medical restrictions, please provide specific details and document who provided information about these restrictions)?
