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1. **Policy statement**

For veterans undertaking vocational rehabilitation through DVA:

- Access to education and training can only be considered where the client has a DVA Rehabilitation Plan with an appropriate vocational goal, and where the study is considered a reasonable activity towards achieving this goal.

- Education and training is supported in order to optimise a veteran’s ability to achieve suitable and sustainable employment. The need for further education and/or training must have been identified through appropriate assessments e.g. Vocational Assessment (reference CLIK Rehabilitation Policy Library 9.8). All other avenues to secure suitable employment, such as job seeking with transferable skills, job placements and work trials, must be explored thoroughly with the client before amending the vocational goal to one that requires further education and training.

- Recognition of Prior Learning (RPL) should be considered as part of a Vocational Assessment where the destination qualification is consistent with the veteran’s vocational rehabilitation and future employment goals (reference CLIK 9.5.1).

For veterans participating in a non-vocational rehabilitation program through DVA:

- There is scope to consider education and training as a psychosocial activity (reference CLIK Rehabilitation Policy Library 6.9), where:
  - the education/training course is being undertaken for the purposes of achieving a psychosocial goal;
  - this goal is consistent with the intent of DVA’s psychosocial rehabilitation approach (reference CLIK Rehabilitation Policy Library 6.2); and
  - where the course meets reasonableness criteria (reference CLIK Rehabilitation Policy Library 6.6)

2. **Process for submitting an application for Vocational education and training**

The aim of rehabilitation is to maximise the potential to restore a person who has an impairment, or an incapacity for service or work, as a result of a service injury or disease to at least the same physical and psychological state, and at least the same social, vocational and educational status, as he or she had before the injury or disease (reference CLIK Rehabilitation Policy Library 1.2).

In this context DVA’s Vocational Rehabilitation Program supports a client to undertake further education and training where:

- the existing qualifications/experience/vocation undertaken in the ADF do not translate into suitable/sustainable employment outside of the ADF; or

- the existing qualifications/experience for a particular vocation is no longer appropriate because of the person’s accepted condition/s (for example, a qualified tradesperson in the ADF can no longer do manual labour because of an accepted physical condition/s).
Rehabilitation Providers must contact the DVA Delegate to discuss the client’s circumstances and gain agreement that further education and training is required prior to completing the Vocational Education and Training Application Form (D9303). This step must be taken before any discussion takes place with the client or their treating doctor regarding the nature of the proposed training.

Note, in determining the reasonableness of further education and training for an individual, the cost-effectiveness of the training options available to the client, and their relative merits, would need to be considered. Where there are several options for education and training to consider, the Rehabilitation Provider is expected to work with the client to preference the lower cost option, unless there is compelling and supporting evidence that the client will only gain benefit from more expensive alternatives.

For clients undertaking Vocational Rehabilitation through DVA, the Rehabilitation Provider must have completed a Vocational Assessment identifying that further education and/or training is needed for a client to be able to return to the workforce in suitable and sustainable employment (reference CLIK Rehabilitation Policy Library 9.8).

Applications must be submitted using the Vocational Education and Training Application Form (D9303). The client’s appointed Rehabilitation Provider is responsible for completing all relevant sections of the form and both the client’s and the Rehabilitation Consultant’s signatures are required.

The DVA Delegate should ensure that all relevant supporting documentation has been received from the client’s Rehabilitation Provider at the time of application. Relevant reports include but are not limited to:

- Vocational Assessment
- Rehabilitation Assessment and/or Plan
- Medical Clearance

2.1. Requested Course Details: Level of Study

Given the range of further education options available to assist clients reach their rehabilitation goals, applications for qualifications at level 7 on the Australian Qualifications Framework (AQF) will attract a greater degree of scrutiny from DVA Delegates.

DVA will only fund a university qualification up to the Bachelor Degree level. In most cases, Bachelor-level degrees are sufficient to enable individuals to obtain “suitable and sustainable employment”. In such instances, funding would be considered where:

- The client does not already possess a Bachelor degree; and
- The proposed course will be undertaken as a Commonwealth-supported place at an Australian University.

Qualifications at level 8 – 10 of the AQF are not in scope for DVA clients undertaking further education, as clients with existing Bachelor Degrees are considered to be competitive in the civilian employment sector. Refer to CLIK Rehabilitation Policy Library Section 9.8.1.1 for frequently asked questions about higher education.
2.2. Evidence supporting the proposed education and training application

2.2.1. Has medical clearance for the job role and education / training been obtained?

Prior to submitting the application for Vocational education and training, the Rehabilitation Provider must obtain medical clearance from the client’s General Practitioner (GP) or treating specialist, affirming that given the client’s accepted condition/s:

- The client is likely to cope with the demands of the target job, and
- The client is capable of studying for the period required

2.2.2. Does the proposed training meet DVA’s criteria for reasonableness?

A Vocational Assessment must identify that further training and/or education is needed for a client to be able to return to the workforce in suitable and sustainable employment (reference CLIK Rehabilitation Policy Library 9.8).

- If a Vocational Assessment has been completed within the last two (2) years it will remain valid, unless the client’s situation has changed.
- Assessments more than two years old must be reviewed for appropriateness and, if the client’s circumstances have changed, approval must be sought to reassess the client.

2.2.3. Has the client’s existing Transferable Skills been considered?

When completing the Vocational Education and Training Application Form (D9303) for clients undergoing Vocational Rehabilitation, Rehabilitation Providers are required to provide evidence of the following:

a) Does the client have existing employable skills? (refer Q16):

If the Vocational Assessment has identified that the client possesses skills that could be utilised to find suitable employment, the Rehabilitation Provider must demonstrate that substantial barriers exist that are likely to prevent the client from obtaining employment in that area of work.

The Rehabilitation Provider must supply evidence outlining:

- Medical reasons: medical advice (either existing or new advice) precludes the client from participating in work where the physical and/or psychological demands are similar to their former job
- Labour market: A labour market analysis specific to the client’s location has identified a lack of job vacancies for the client’s existing skill set
- Other reasons: Justification for education and training must meet DVA's reasonableness criteria

b) How will this course assist the client to reach their rehabilitation goals(s)? (refer Q17):

The Rehabilitation Provider must utilise evidence drawn from elements of the Vocational Assessment that the proposed education is aligned with the identified rehabilitation goal. For clients undertaking Vocational Rehabilitation the proposed education must specifically link with the
employment goal identified in the Rehabilitation Plan. The identification of “suitable work” must have regard to the following:

- the person’s age, experience, training, language and other skills;
- the person’s suitability for rehabilitation or vocational retraining;
- if work is available in a place that would require the person to change his or her place of residence, whether it is reasonable to expect the person to change his or her place of residence; and
- any other relevant matter.

c) Are there any alternatives to achieve employment in the target job or similar job? (refer Q18):

The Rehabilitation Provider must supply evidence through the Vocational Assessment and Rehabilitation Plan that the client has been actively participating in their rehabilitation, and that all reasonable avenues for obtaining suitable employment, without the need for additional training, have been explored. The Rehabilitation Plan progress reports must be submitted in a timely manner and reflect the client’s efforts to secure work through participation in work trials, placements and employment opportunities.

When applying for further education it is expected that the Rehabilitation Provider has taken into account the client’s individual circumstances including:

- their transferrable skills from employment they undertook prior to their injury or disease;
- their general employment background including any training and other skills;
- their suitability to undertake vocational education or training;
- the labour market in the location where the person resides; and
- any restrictions or limitations imposed by any medical condition, not just those which have been accepted as service related, from which the person suffers; and
- any other barriers to the client being able to undertake employment in their chosen field, such as their ability to pass a security clearance, or working with vulnerable people check.

In the case where an application is being made for a University degree (AQF level 7 or above), the client must have completed previous study to show the client has the ability to complete the proposed course requirements. A bridging course should be considered in situations where study has not yet been undertaken.

The Rehabilitation Provider must demonstrate that the most cost-effective training is proposed. Situations may arise where education is requested that is outside the scope of what DVA will support. In these circumstances, the Rehabilitation Provider is expected to manage the client’s expectations by understanding and communicating what can reasonably be considered for funding through DVA.

Example:

A Diploma in Financial Management, will take two years full time, and will help the client gain a role in specialist financial advice and paralegal skills, credit and debt issues, rights and obligations.

Alternatively, a Certificate III in Financial Services is six months full time, and will help clients gain a role in customer service, credit management, insurance and retail financial services.
In the second option, the client could potentially be employed in six months, and if they still wanted to increase their skills, could independently self-fund study part time while working to complete a Diploma.

d) Has the client agreed with the employment goal and do they have a good understanding of the target job? (refer Q19):

Once a job, or range of jobs have been identified, the Rehabilitation Provider and client need to gain in-depth knowledge of the role, the study requirements, medical restrictions and alternatives available. This will ensure there are no surprises during training or employment, and any issues can be prepared for.

The Rehabilitation Provider is expected to have discussed the following points with the client and documented the outcomes of the discussion by way of progress reports during the plan management period prior to submitting the application for education and training:

**Industry/role knowledge:**
A sound understanding of the job requirements will ensure the client clearly understands the role and what will be expected of them. It is recommended they complete one of the following options, where possible:

- **work trial/hardening**: complete a short term trial in a similar role/ environment
- **“shadow” day**: following someone in the role for a part/full day, if appropriate
- **industry contact discussion**: the client can have a discussion with someone working in the role

**Job requirements:**
Identify the specific requirements for this job. These could include:

- Are there any licences needed and would the client have issues meeting these requirements?
- Does the job require particular travel or out of hours work that will be difficult to manage?
- Will there be ongoing education and training or accreditation requirements?

**Home Situation**
In addition, Rehabilitation Providers need to discuss with clients how they will manage the changes to their home life, which might include:

- Will they be able to manage their household duties?
- Does the client have child-care needs?
- Is there a set place to study at home?

3. **Considerations for University-level study:**
The following also needs to be considered for all University-level study (level 7 and above, as defined in CLIK Rehabilitation Policy Library 9.8.1 – Tertiary Education).
3.1. Requests for Level 8-10 study (Honours, Masters and Doctoral Degrees)

DVA generally will not consider a level of education and training that is over and above what is required for the types of roles the Vocational Assessment has indicated is appropriate for the client. This includes study which is considered an academic achievement, rather than vocational.

(Reference CLIK Rehabilitation Policy Library 9.8.1)

4. The Client Agreement (D9303 Part F)

The Client Agreement must be signed by the client in order for the application to be processed. In signing the agreement the client must demonstrate;

- An understanding of the requirements of the course (including the number of contact hours, additional study hours to complete course requirements, work placements, assessment process);
- An awareness of and expectations of their ability to meet the course requirements within the context of managing competing demands on their time (such as regular appointments or child care commitments; and
- Capacity to balance competing demands while meeting the requirements of the course.

The client must be aware of their responsibilities in terms of self-managing the enrolment process, interactions with student support services, and self-guided study.

The Rehabilitation Provider must have explained the client’s responsibilities in relation to potential course failure, withdrawal, and DVA’s right to suspend, withdraw or terminate funding for the requested course if the client fails to maintain satisfactory progress or is subject to university disciplinary proceedings.
Where a client is expected to be studying full-time and in receipt of incapacity payments at a rate of 100% of their former earnings, the client must acknowledge that they understand their requirement to:

- advise their DVA Delegate or Rehabilitation Provider within fourteen (14) days of any changes to their circumstances which results in them no longer being eligible for the stepped-up rate of incapacity payments. That is, they cease to be studying an approved course full-time.
- repay any overpayments to DVA if they do not meet this requirement; and
- acknowledge that not notifying DVA of a change in their circumstances may impact future eligibility of funding for education and training through DVA.

Refer to CLIK Rehabilitation Policy Library 9.8.3 for further information.

The Rehabilitation Provider must ensure the following points have been covered with the client:

- DVA will not refund any costs incurred for education or training unless prior agreement has been provided;
- DVA will fund course enrolment on a study period by study period basis;
- DVA will fund units for which a pass grade or above is achieved;
- DVA will not fund failed, incomplete, deferred, withdrawn or repeated units without considering evidence which justifies why education and training support should continue. DVA will consider any unexpected or extenuating circumstances that may have impacted on the client’s ability to successfully meet course requirements, as well as efforts made to seek support or negotiate options through student support services offered by the Education Provider;
- DVA may suspend, withdraw or terminate funding for the approved course if the client fails to maintain satisfactory progress, there is evidence that the client has not made clear commitment to successfully meeting course requirements, or where they are subject to university disciplinary proceedings;
- If the client withdraws or fails to complete course unit(s), without extenuating circumstances, DVA has the discretion to choose not to fund further units;
- It is the client’s responsibility to notify the Rehabilitation Provider of any circumstances impacting on enrolment, or the client’s ability to successfully complete studies;
- The client will submit an academic transcript to the Rehabilitation Provider for forwarding to DVA at the conclusion of each period of study (semester, trimester or quarterly period);
- It is the client’s responsibility to notify the Rehabilitation Provider immediately if they withdraw from a unit or the course;
- It is the client’s responsibility to be aware of Education Provider census dates and plan their enrolment accordingly;
- It is the client’s responsibility to take full advantage of the student support services offered by the Education Provider. Support services may include, but are not limited to:
  - Academic support;
o Administrative and Enrolment support;
o Child care; and
o Disability support;

- The client agrees to continue with any medical/physical rehabilitation and treatment, while completing education or training. DVA may suspend, withdraw or terminate funding for this course if the client fails to maintain satisfactory participation in the Rehabilitation Plan and treatment; and

- The client commits to engaging with potential new employers where possible with the aim to undertake work experience in their chosen field.

Reference CLIK Rehabilitation Policy Library 9.8.3

5. Special Circumstances

5.1. Clients participating in rehabilitation without accepted conditions

Clients who are accessing DVA’s Rehabilitation Program through Veterans Payment (and the former Accelerated Access trial) can access short-term training, and will need to follow this process to apply.

5.2. Clients self-funding education and training

Self-funded education and training is activity that has not been approved as part of the DVA Rehabilitation Plan and therefore will not be funded by DVA. As such, DVA will not cover the cost of incidentals and other entitlements that would only be available during approved study activities.

If a client is choosing to continue or commence self-funded education and training, the Rehabilitation Provider must discuss DVA’s requirements with the client and the DVA Delegate. This includes clear communication that the client will be expected to participate to their full capacity in their Rehabilitation Program.

CLK Rehabilitation Policy 9.8.1.1 explains that where a client has been self-funding their study prior to commencing a DVA Rehabilitation Plan, and their course is subsequently approved, they will not be eligible for any retrospective payment for the fees already paid.

Withdrawal from Rehabilitation

If a client is pursuing self-funded study and has decided not to participate in further rehabilitation, they must be made aware that this will have an impact on any incapacity payments they may be receiving. The Rehabilitation Provider should contact the DVA Delegate to discuss the client’s decision to withdraw from rehabilitation, and ensure the client is fully aware of the potential consequences of their decision, including any implications for clients receiving incapacity payments.

Note that the responsibility for informing the client of a decision to close the rehabilitation plan belongs to the DVA Delegate, not the Rehabilitation Provider.
5.3. Assistance when studying is difficult

The client may seek assistance with education and training if they are having difficulty. The aim is to assist the client in achieving their education and training goals.

If a client contacts the Rehabilitation Provider for assistance, the first step is to identify the issue then discuss the issue with the DVA Delegate so as to identify the options available to the client.

In order for DVA Delegates to consider approving additional support such as tutoring as a part of the client’s Rehabilitation Plan, the Rehabilitation Provider must provide evidence that the client has accessed all available resources through the Education Provider, and detail the assistance needed to help the client complete their course.

5.4. Changing courses

Approval for education and training is only valid for the course specified in the Vocational Education and Training Application Form (D9303) or, for non-vocational Rehabilitation Plans, the course specified in the Plan.

If the client wishes to change courses, the Rehabilitation Provider must discuss the implications with the client and supply their recommendation to the DVA Delegate as to why the course change may be supported.

If the DVA Delegate agrees with the recommendation to change courses, the Rehabilitation Provider must submit a new application. Commonly, the original Vocational Assessment is still valid and will not need to be conducted again.

5.5. Postponing and withdrawing from study periods and courses

Clients are required to advise their Rehabilitation Provider of any periods of absence (generally longer than two (2) weeks) and when they withdraw from any course or subject. This information must be passed on to the DVA Delegate as a matter of priority, in order that any impact on the client’s Incapacity payments can be processed.

When a client is withdrawing from study, either the whole course or a subject/study period, Rehabilitation Providers must work with the client to ensure they are aware of any impact on their claim in accordance with the Client Agreement (D9303 part F).

5.6. Managing failed or repeated units of study

Where clients are experiencing difficulties with their studies, they are expected to take full advantage of support services offered through their Education Provider. This may include, though is not necessarily limited to:

- Academic support services – services such as tutoring, extensions on assignments, re-sitting exams etc.
- Administrative support – assistance to enrol in units, withdrawing from units before the census date, appealing failed units etc.
• Child support services – some institutions offer child care for students and these options should be investigated where the client has child care responsibilities.

• Disability support services - providing services like disability parking stickers and organising a scribe for an exam.

Clients must notify their Rehabilitation Provider as soon as possible of any circumstances which may impact their ability to successfully complete their studies. Where a client is showing signs that they are struggling to successfully complete their course requirements, it is expected that the Rehabilitation Provider will be proactive in assisting the client to put strategies in place to address these issues. Rehabilitation Providers have a responsibility to be aware of the student support services offered by the university at which the client is studying and ensure the client is accessing these as required. It is the Rehabilitation Provider’s responsibility to ensure the DVA Delegate is kept informed of the client’s progress, especially where the client’s status has changed or they appear to be experiencing difficulty completing the course requirements.

Clients are expected to take a proactive approach in managing any challenges that arise which may impact their ability to meet the requirements of their course of study. For example, seeking extensions for assessment due dates, withdrawing prior to the university census date, or other alternatives in order to avoid failing a unit could be pursued by the client.

If a client fails a unit, does not complete a unit, needs to defer a unit, or withdraws after the census date, this does not mean that DVA will immediately cease supporting the client’s study. DVA will consider any unexpected or extenuating circumstances that may have impacted on a person’s ability to successfully meet course requirements, as well as the efforts made to seek support or negotiate options through student support services offered by the education institutions, and the client’s Rehabilitation Provider.

If a client fails or withdraws from a unit, they will be expected to:

• research their institution’s appeal policy to explore the possibility of re-sitting an exam, completing a supplementary assessment or having the fail grade amended to a withdrawal (if they failed);

• liaise with their institution to understand the academic implications of the fail or withdrawal on their ability to continue with their course; and

• explore the university support services available for use in the future.

If the client has not shown a clear commitment to meeting the course requirements or sought additional support, and there are no extenuating circumstances, the Rehabilitation Provider must provide feedback to the DVA Delegate in order that a decision can be made about ongoing support for the client’s studies. **It is the role of the DVA Delegate, and not the Rehabilitation Provider, to inform the client of any decisions regarding cessation of support for their education/training.**

As a general rule, DVA will only accept two (2) failed subjects before ceasing to support a client’s ongoing study. If a client fails or withdraws from a second unit after the census date in any subsequent study period, DVA will consider evidence from the client’s Rehabilitation Provider before making a determination. It is important to note that DVA is under no obligation to continue to
support the client’s education however, the circumstances of each case are different and this must be managed on a case-by-case basis.
6. Process for submitting an application for Non-Vocational education and training

For veterans participating in non-vocational rehabilitation:

Where education and training is proposed as a psychosocial activity, the Rehabilitation Provider is expected to work with the client to preference lower cost and lower risk options, unless there is compelling and supporting evidence that the client will only gain benefit from higher risk alternatives.

The Rehabilitation Provider must ensure the relevant supporting documentation has been provided:

- Rehabilitation Assessment and/or Plan
- Supporting correspondence from the client’s treating doctor or specialist endorsing education and training as an appropriate activity
- Any documents required in order to meet the “reasonableness” criteria outlined below

6.1. Determining “reasonableness”:

In order to determine if the proposed education and training is reasonable to fund, the activity must have been identified and documented in the client’s Rehabilitation Plan.

In addition, the Rehabilitation Provider must assess the proposed education and training against each of the criteria outlined in the framework for determining “Reasonableness” (Reference CLK Rehabilitation Policy Library 6.6):
Table 1: Framework for determining "Reasonableness"

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<tbody>
<tr>
<td>1. Likely to achieve progress towards an agreed rehabilitation goal in the</td>
<td>What is the demonstrated relationship between the activity and achievement of the client's rehabilitation goals?</td>
<td>(a) any written report in respect of the person under subsection 46(3);</td>
<td>(a) any written assessment given under subsection 36(8);</td>
<td>NB: If there is no evidence (other than anecdotal), Rehabilitation Providers must supply their professional opinion as to why a certain intervention is likely to be effective.</td>
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<td>client’s rehabilitation assessment and/or plan?</td>
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<td>2. Likely to be effective?</td>
<td>What is the evidence that supports this activity as being likely to be effective?</td>
<td>(a) any written report in respect of the person under subsection 46(3); and</td>
<td>(a) any written assessment given under subsection 36(8);</td>
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<td>(b) any reduction in the future liability of the Commonwealth to pay or provide compensation if the program is undertaken;</td>
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<td>3. Appropriate for the client given their medical restrictions, both</td>
<td>What is the evidence that supports this activity is appropriate for the client, both physically and psychologically given their condition?</td>
<td>(a) any written report in respect of the person under subsection 46(3);</td>
<td>(a) any written assessment given under subsection 36(8);</td>
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<td>physical and psychological?</td>
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<td>4. Unlikely to compromise the client’s personal safety, including their</td>
<td>What risk is posed to the client from participating in this activity – both physically and psychologically? If the activity has a moderate to high level of risk, can an alternate (lower risk) activity</td>
<td>(a) any written report in respect of the person under subsection 46(3);</td>
<td>(a) any written assessment given under subsection 36(8);</td>
<td>NB: Lower risk activities should always be explored with the client</td>
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<td>psychological safety?</td>
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<td>If there are no meaningful lower risk activity options, what risk mitigation strategies been</td>
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Version 1.0: Last Updated 7 February 2019
### Department of Veterans’ Affairs: Rehabilitation Provider Guidelines
#### Education and Training

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<tr>
<td>Is the intervention...?</td>
<td>still provide the same level of meaningful activity to the client, taking into account their prior work history and life experience?</td>
<td>(a) any written report in respect of the person under subsection 46(3); and (d) any improvement in the person’s opportunity to be engaged in work after completing the program; (a) any written assessment given under subsection 36(8); and (d) any improvement in the employee’s opportunity to be employed after completing the program;</td>
<td>put in place by the activity/service provider?</td>
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<td>5. Likely to improve (or at least not impair) the client’s ability to function independently, including returning to work if feasible?</td>
<td>How will participation directly support the client’s ability to improve their ability to independently function – either physically or psychologically?</td>
<td>(c) the cost of the program;</td>
<td>(c) the cost of the program;</td>
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<td>6. Time-limited rather than a long-term or ongoing activity?</td>
<td>Is the time commitment &amp; length of the proposed activity comparable to other activity options or service models from other providers? If this program varies in time or length from other programs – how? Is this variation of any specific benefit to the client?</td>
<td>(c) the cost of the program;</td>
<td>(c) the cost of the program;</td>
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<td>7. Cost-effective in relation to other equally effective interventions or arrangements?</td>
<td>What is the cost of this program? Is there a more cost effective program that achieves the same outcome for the client? c) the cost of the program; (f) the relative merits of any alternative and appropriate rehabilitation program; (c) the cost of the program; (g) the relative merits of any alternative and appropriate rehabilitation program</td>
<td></td>
<td></td>
<td>NB: it is expected the Rehabilitation Provider will have explored costs of at least one other similar program</td>
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<tr>
<td>Criterion</td>
<td>Example</td>
<td>Legislative Provisions:</td>
<td>Legislative provisions:</td>
<td>Notes</td>
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<td>8.  <strong>In line with community standards and expectations?</strong></td>
<td>Would such an activity program be considered as reasonably ‘standard’ for the clients rehabilitation goals? If not, what is the rationale for recommending this activity?</td>
<td>(f) the relative merits of any alternative and appropriate rehabilitation program;</td>
<td>(g) the relative merits of any alternative and appropriate rehabilitation program;</td>
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<td>9.  <strong>In line with the client’s preferences?</strong></td>
<td>Does the preferred activity meet the client’s preferences? Will the client be willing to consider an alternate program if this could achieve the same or better outcomes for them (as it is identified as having stronger evidence of effectiveness or is more in line with community standards, or is more cost effective)? If the client is unwilling to consider an alternate program, are they aware of why funding may not be supported for their preferred choice?</td>
<td>(e) the person’s attitude to the program;</td>
<td>(e) the likely psychological effect on the employee of not providing the program;</td>
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<td>10. <strong>Reasonable after considering any other relevant matters?</strong></td>
<td>Is there other client or related information which is relevant to determining the preferred program activity to be suitable for funding? (e.g.: work history, medical history, client</td>
<td>(g) any other matter the rehabilitation authority considers relevant.</td>
<td>(h) any other relevant matter.</td>
<td>NB: as a general principle DVA is not responsible for meeting travel costs associated with attendance at psychosocial rehabilitation activities. This is with acknowledgement that</td>
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<tr>
<td>Is the intervention...?</td>
<td>aspirations/interests; transport considerations; geographical location of activities etc.)</td>
<td></td>
<td></td>
<td>part of learning to self-manage is to become independent in organising and paying for travel. If travel costs are likely to be prohibitive, providers must explore alternate activity options that reduce or remove the barrier to accessing the program.</td>
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</table>

See CLIK Rehabilitation Policy Library 6.6 for further details regarding DVA’s guidelines for determining reasonableness.