

RETURN TO WORK PLAN

Plan number

Date from

 / /

to

 / /

Claim details

Injured Person

Claim number

Date of injury

 / /

Diagnosis / Nature of injury

Employer contact name

Employer address

Postcode

Employer phone number

Employer email address

Insurer

Claims consultant

Contact

Email address

Name of Employer Injury Management co-ordinator

Contact

Email address

Name of medical provider

Phone number

Pre-injury position and key duties

Please ensure all pages are completed

Pre-injury hours

Return to work goal e.g. same employer / pre-injury duties

Current medical certificate

Date from

 / /

to

 / /

Work capacity / restrictions

Work timetable

Location

Week commencing	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total hours

Duties

Restrictions / tasks to be avoided

Please ensure all pages are completed

Supports to enable the return to work

Appointments and treatment

Injured Person's responsibilities

- To advise your supervisor as soon as possible if unable to attend work
- To advise your supervisor if you experience any increase in symptoms or difficulties completing this program
- Attend all scheduled appointments for your recovery
- To actively participate in this program including the development and review of the program

Employer responsibilities

- To monitor and facilitate the program within the workplace
- Provide suitable duties and relevant supports to enable a safe return to work where reasonably practicable
- Develop and review this program regularly in consultation with our employee

Plan review

Date / /

Where

Prepared by

Plan review

The following parties agree to the RTWP

Employer

Date / /

Employee

Date / /

Medical Practitioner

Date / /

Please ensure all pages are completed