

## **RETURN TO WORK PROGRAM**

**(Example - Note - an employer must establish and maintain a RTWP - the example is intended to assist only in the development of your RTWP)**

### **1 Statement**

Company X has a dedicated commitment to assist their employees:

- return to work following any work related injury or illness
- in accordance with the Workers Compensation Act 1951 No 2 (ACT) and
- within the requirements of our insurer, Vero Workers Compensation as outlined in their Injury Management Program 2004 guidelines

### **2 Reporting and Early Notification**

#### **2.1 Employee Responsibilities**

- to notify Company X as soon as possible after an accident/injury has occurred, and before the worker has left the employment in which he/she was injured
- a register of injuries is kept in the staff room. The injured employee must enter into the Register of Injuries details of the injury sustained
- to provide a prescribed medical certificate from the treating medical practitioner who is prepared to participate in the workers injury management and a return to work program
- to cooperate fully in the injury management process in pursuit of a return to work and to pre-injury duties.

#### **2.2 Company X Responsibilities**

- to notify the Insurer of all injuries within 48 hours after becoming aware of them, including forwarding the injury notification form
- to record injury details in the Register of Injuries (held within the workplace) of any injury that occurs within his/her workplace, regardless of whether a claim is made or not.

#### **2.3 Rehabilitation Provider (External – appointed by Vero Workers Compensation on a case-by-case basis)**

- to assist in the development of Personal Injury Plans
- to identify suitable duties for injured employees and assist in their implementation in accordance with the certification of the nominated treating doctor.

### **3 Claims Management**

#### **3.1 Company X Responsibilities**

- provide claim forms to the injured employee on request
- within 7 days forward completed claim documentation and employer's report of injury to Vero Workers Compensation
- forward the workers claim forms, Medical Certificates for Workers Compensation and any other relevant documentation to Vero Workers Compensation within 7 days of receiving them
- pay weekly compensation payments from the date of notification of injury (if the worker is, or may be entitled to compensation for a compensable injury).

#### **3.2 Employee Responsibilities**

- fully complete the Claim Form and provide this to Company X as soon as possible after becoming aware that the work related injury will result in a claim for compensation and if a claim is to be made
- provide a prescribed medical certificate (from a doctor) for all periods of incapacity in support of the claim

- attend any medical examination arranged by Vero Workers Compensation, the cost of which will be paid by the Insurer.

#### **4 Return to Work Program**

##### **4.1 Company X Responsibilities**

- to provide suitable employment for the worker after the injury, in consideration of the nature of the workers capacity and pre-injury employment, the workers age, education, skills and work experience, and the workers place of residence
- in the case of a significant injury, cooperate in the establishment of a Personal Injury Plan (PIP) and comply with reasonable obligations imposed under the plan, and any other requirements under the rehabilitation process
- participate in the vocational rehabilitation process, (including mediation with the worker when requested by Vero Workers Compensation)
- participate in the vocational rehabilitation of an employee to ensure provision of suitable employment after an injury has occurred.

##### **4.2 Employee Responsibilities**

- to achieve a safe, durable return to work as soon as possible, based on medical advice
- in the case where incapacity is greater than 7 days to nominate a doctor as the treating doctor for the Personal Injury Plan (PIP) and authorise this doctor to provide relevant information for your PIP to Vero Workers Compensation or Company X
- to participate in the development of and comply with the requirements under the PIP relating to medical aspects, the injury management, vocational and return to work program
- make all efforts to participate in the return to work program and to undertake suitable duties as certified by the nominated treating Doctor and provided by Company X, or any offer of suitable work for which you are qualified and that you can perform.

##### **4.3 Access to Medical Treatment (employer may care to add this section)**

- Company X recommends that injured employees seek urgent medical treatment from Dr X at address, Canberra.
- Injured employees should call the clinic on (02) 6xxx xxxx to arrange an appointment.
- It may be necessary for Company X to liaise with the treating medical practitioner in relation to the injured employee's rehabilitation and suitability for duties. If this is the case, the injured employee will be advised of the reason for the need for contact with the doctor and will ask the injured employee to sign an Information Release Form.

Your Company X injury manager is: \_\_\_\_\_

This charter was developed in consultation with employees, employer, union representatives and an approved rehabilitation provider.

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Company X's workers' compensation insurer is:

Vero Workers Compensation is a division of Vero Insurance Limited ABN 48 005 297 807

Report injuries as soon as they occur.

Visit [www.veroworkerscomp.com.au](http://www.veroworkerscomp.com.au)

Call 1300 366 154

Fax 02 8273 4508 or

E-mail [injuryalert@vero.com.au](mailto:injuryalert@vero.com.au)

Phone (02) 8273 4636

PO Box Q993 QVB Post Office NSW 1230