RETURN TO WORK PROGRAM

CONTACT DETAILS

Worker Details	Claim No.:	

Worker's Name: _____

Email/Telephone No (home): _____

Email/Telephone No (work): _____

Position Title / Section: _____

Employer Details

Employer/Business Name: _____

Supervisor: _____

Email/Telephone No: _____

Insurer managing the claim: _____

Contact person: _____

Email/Telephone No: _____

Person coordinating return to work program: _____

Email/Telephone No: _____

Medical Details

Worker's Treating Medical Practitioner: _____

Email/Telephone No: _____

Work Restrictions on the Current Medical Certificate (if any): _____

_____

_____

Date of Review by Worker's Treating Medical Practitioner: _____

PROGRAM DETAILS

Return to Work Goal

☐ Same Employer/Same Job ☐ New Employer/New Job

☐ Same Employer/Modified Job ☐ Other vocational rehabilitation options

☐ Same Employer/New Job

Start Date: / / Review Date: / /

Week Commencing	Monday	Tuesday	Wednesday	Thursday	Friday
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Identified Suitable duties

- _____
- _____
- _____
- _____
- _____
- _____

Recommendations (Guidelines)

- _____
- _____
- _____
- _____
- _____
- _____

Action to be Completed to Enable the Injured Worker to Return to Work

Item no.	Action	Person Responsible	Completion/ Review Date
			/ /
			/ /
			/ /

Vocational Rehabilitation Details

Note: these details are only included if the worker, the employer and the treating medical practitioner have agreed to a referral to an approved vocational rehabilitation provider.

Worker's Approved Vocational Rehabilitation Provider: _____

Email/Telephone No: _____

Date of Referral: / / _____

AGREEMENT BY PARTIES AT THE WORKPLACE:

I agree to the terms of this return to work program.

WORKER'S SIGNATURE: _____

DATE: / / _____

EMPLOYER'S SIGNATURE _____

Name and position of person signing on behalf of employer: _____

DATE: / /

☐ **Confirm copy sent to treating Doctor and Worker**

Sign: _____ **Date:** / /

Adapted from the WorkCover WA Draft Guidance Notes to Accompany the Code of Practice (Injury Management)