

RETURN TO WORK PLAN

No.

Employer:

Workers Name:

Claim Number:

Job Title:

Date of injury:

Rehabilitation Goal, and steps to be taken to achieve goal.

Goal: To assist the injured worker to return to their pre-injury role as a [job title], performing pre-injury hours.

- Steps: e.g.**
- 1 attend GP appointment(s) to discuss and manage RTW
 - 2 ask insurer to arrange workplace assessment
 - 3 Tell other workers –team about RTWP
 - 4 follow up med appointments.

Pre-injury Hours/week:

Pre-injury Days/week:

Current Medical Certificate: **Modified Duties** **Total Incapacity**

Note: A completed Return to Work Plan is required by the Authority for any claim exceeding 14 days partial of total incapacity even if an injured worker is not at work. This is an example of the duties you could offer when the worker is able to return to work.

Suitable Duties: [List of suitable duties in pre-injury role including tasks negotiated/offered] e.g.

- 1) working in packing room on /
- 2) assist with making up delivery orders.
- 3) make up order delivery invoices.
- 4) assist with delivery truck loading
- 5) manage fuel and oil supply documentation to delivery truck drivers.

Restrictions: [List of restrictions from med cert or discussion with treating Dr.]

e.g.

- 1) Not to work in a particular area.
- 2) Not to lift over X kilograms – not to lift unstable loads
- 3) Not to work in confined spaces or above shoulder height or below knee height.
- 4) Not to enter or work on trucks.
- 5) To remain on ground no ladder or gantry work.

This Return to Work plan is from: [date commencing] **to:** [Date completing]
[should follow medical certificate dates]

Week 1						
Start Time	Monday [date]	Tuesday [date]	Wednesday [date]	Thursday [date]	Friday [date]	Hours
Finish Time						
	X hours	X hours	X hours	X hours	X hours	[Total]

Name:
Claim Number
Date

Week 2						
Start Time	Monday [date]	Tuesday [date]	Wednesday [date]	Thursday [date]	Friday [date]	Hours
Finish Time						
	X Hours	X Hours	X Hours	X Hours	X Hours	[Total]

Breaks: [Indicate industry standard and **In** addition, may take an additional **X** minute break per hour for stretch and exercise if recommended by GP]

Recommendations:

- 1) The employer is to provide the agreed duties. This program may not be altered unless proposed changes are discussed with the treating medical practitioner.
- 2) You are to decline any task that over challenges your injury and report any symptoms to your supervisor and treating medical practitioner as soon as possible.
- 3) If you are unable to attend work for any reason, you are required to advise your supervisor at the time of absence, and you are also required to attend your treating medical practitioner for advice and appropriate medical certification as soon as possible.
- 4) Whenever possible all treatment related appointments are to be made outside this Return to Work Plan. Where this is not possible you are required to inform your supervisor as soon as possible.

[Employers name] offers this RTW Plan in accordance with Section 138B & 139 of the Workers Rehabilitation & Compensation Act 1988 and recommends that [Workers name] complies with this plan.

All Parties are required to carefully read and sign this Return to Work Plan where indicated, to acknowledge participation in, and acceptance of, the program.

Program monitoring in the workplace will be provided by Supervisor [name] and [name] Rehabilitation Provider, [if appointed] [if appropriate, name CGU]

Signed:

Worker: [name]..... Date.....

Employer – Supervisor:

[Name]Date.....

General Practitioner:

Dr [name]..... Date.....

This program was developed by: [name and title]



Name:
Claim Number
Date

RETURN TO WORK PLAN

No.

Employer:

Workers Name:

Claim Number:

Job Title:

Date of injury:

Rehabilitation Goal and steps for RTW.

To assist the injured worker to return to their pre-injury role, performing pre-injury duties and hours.

Pre-injury Hours/week:

Pre-injury Days/week:

Current Medical Certificate: **Modified Duties** **Total Incapacity**

Suitable Duties: [List of suitable duties i.e. working role including tasks negotiated/offered]

Restrictions: [List of restrictions from med cert or discussion with treating Dr.]

This Return to Work plan is from:

to:

Week 1						
Start Time	Monday [date]	Tuesday [date]	Wednesday [date]	Thursday [date]	Friday [date]	Hours
Finish Time						
	X hours	X hours	X hours	X hours	X hours	[Total]
Week 2						
Start Time	Monday [date]	Tuesday [date]	Wednesday [date]	Thursday [date]	Friday [date]	Hours
Finish Time						
	X Hours	X Hours	X Hours	X Hours	X Hours	[Total]

Name:
Claim Number
Date

Breaks:

Recommendations:

- 5) The employer is to provide the agreed duties. This program may not be altered unless proposed changes are discussed with the treating medical practitioner.
- 6) You are to decline any task that **over** challenges your injury and report any symptoms to your supervisor and treating medical practitioner as soon as possible.
- 7) If you are unable to attend work for any reason, you are required to advise your supervisor at the time of absence, and you are also required to attend your treating medical practitioner for advice and appropriate medical certification as soon as possible.
- 8) Whenever possible all treatment related appointments are to be made outside this Return to Work Plan. Where this is not possible you are required to inform your supervisor as soon as possible.

.....offers this RTW Plan in accordance with Section 138B & 139 of the *Workers Rehabilitation & Compensation Act 1988* and recommends that..... complies with this plan.

All Parties are required to carefully read and sign this Return to Work Plan where indicated, to acknowledge participation in, and acceptance of, the program.

Program monitoring in the workplace will be provided by:
Supervisor and..... Rehabilitation Provider, [if appointed]

Signed:

Worker: **Date:**.....

Employer – Supervisor:
.....**Date:**.....

General Practitioner:
Dr **Date:**.....

This program was developed by: