**Return To Work Plan**

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| **Details** | | | | | | | | | | | |
| **Return To Work (RTW) Plan Number** |  | | | | | | | | | | |
| **Injured Worker’s Name** | First Name Last Name | | | | | **Claim Number** | | | xx/xxxxx/xx | | |
| **Supervisor/Manager** | First Name First Name | | | | | **Phone Number** | | | ### | | |
| **Treating Medical Practitioner** | Treating Medical Practitioner | | | | | **Phone Number** | | | ### | | |
| **Date of Injury** | Click or tap to enter a date. | | | | | | | | | | |
| **Pre Injury Job Title** | Title | | | | | | | | | | |
| **Work Location** | Location | | | | | | | | | | |
| **Pre Injury Days** | **Mon** | **Tues** | **Wed** | | **Thurs** | | **Fri** | **Sat** | | **Sun** | **Total** |
| **Pre Injury Hours** | \_ | \_ | \_ | | \_ | | \_ | \_ | | \_ | \_ |
| **Description of Pre Injury Duties** | Description | | | | | | | | | | |
| **Return to Work Goal** | Goal | | | | | | | | | | |
| **Date Expected to Achieve RTW Goal** | Click or tap to enter a date. | | | | | | | | | | |
| **Current Medical Certificate** | **Start Date** | | | Click or tap to enter a date. | | | **End Date** | | | Click or tap to enter a date. | |
| **Next Medical Review** | Day | | | | | | **Date** | | | Click or tap to enter a date. | |
| **Current restrictions**  **(as per Workers Compensation Medical Certificate)** | Current Restrictions | | | | | | | | | | |

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| **The Worker Is Expected To:** |
| Attend the Treating Medical Practitioner to obtain a current Workers Compensation medical certificate. |
| Notify the employer as soon as possible if unable to attend work or is encountering any difficulties attending to this RTW Plan prior to expiry or prior to next review date. |
| Please use this space to enter in any additional expectations |

***Suitable Duties*** - are temporary tasks agreed to between you and your worker. They take into account the worker’s capabilities (as per Workers Compensation Medical Certificate), whilst the worker recovers from injury. Performance of suitable duties assists the worker’s rehabilitation by maintaining a link to the workplace.

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| **Suitable Duties (Stage 1)** | | | | | | | | |
| **Suitable Duties Role** | Role | | | | | | | |
| **Location** | Location | | | | | | | |
| **Commencement Date** | Click or tap to enter a date. | | | **Completion Date** | | | Click or tap to enter a date. | |
| **Person Monitoring RTW** | First Name First Name | | | **Phone Number** | | | ### | |
| **RTW Days** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** | **Total** |
| **Start Time** | \_ | \_ | \_ | \_ | \_ | \_ | \_ |  |
| **Finish Time** | \_ | \_ | \_ | \_ | \_ | \_ | \_ |  |
| **RTW Hours** | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ |
| **Duties To Be Performed and Considerations** | Duties to be performed and considerations | | | | | | | |

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| **Suitable Duties (Stage 2) – May Require Medical Approval** | | | | | | | | |
| **Suitable Duties Role** | Role | | | | | | | |
| **Location** | Location | | | | | | | |
| **Commencement Date** | Click or tap to enter a date. | | | **Completion Date** | | | Click or tap to enter a date. | |
| **Person Monitoring RTW** | First Name First Name | | | **Phone Number** | | | ### | |
| **RTW Days** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** | **Total** |
| **Start Time** | \_ | \_ | \_ | \_ | \_ | \_ | \_ |  |
| **Finish Time** | \_ | \_ | \_ | \_ | \_ | \_ | \_ |  |
| **RTW Hours** | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ |
| **Duties To Be Performed and Considerations** | Duties to be performed and considerations | | | | | | | |

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| **What Actions Are Required For The Plan To Be Put Into Effect** | | | | | | | | | |
| **Treatment During This Plan** | | | E.g. Physiotherapy | | | | | | |
| **Training Required** | | Choose an item. | **If ‘Yes’ Given By** | | | First Name First Name | | **On** | Click or tap to enter a date. |
| **Duration of This Plan From** | | Click or tap to enter a date. | | **To** | Click or tap to enter a date. | **Completion/Review Date** | | | Click or tap to enter a date. |
| **Additional Actions** | Additional Actions | | | | **Responsible Parties** | | Responsible Parties | | |
| **Additional Actions** | Additional Actions | | | | **Responsible Parties** | | Responsible Parties | | |

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| **Treatment Arrangements - Where Possible, Appointments To Be Scheduled Outside Work Hours, Unless Agreed To By Employer** | |
| **Treatment Type** | Treatment Type |
| **Appointment Dates/Times** | Click or tap to enter a date. Time |
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| **Appointment Dates/Times** | Click or tap to enter a date. Time |

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| **Signatures** | | | |
| **Name (Injured Worker)** | First Name First Name | | |
| I have been consulted about the content of this plant and agree to participate | | | |
| **Signature** | Signature | **Date** | Click or tap to enter a date. |
| **Name (Supervisor/Manager)** | First Name First Name | | |
| I agree to ensure this plan is implemented and monitored in the work area | | | |
| **Signature** | Signature | **Date** | Click or tap to enter a date. |