|  |
| --- |
| The following Return to Work (RTW) Plan has been developed for: |
| Worker: |       | Reference: |       |
| Employer: |       |
| 1. Job Title (pre injury)
 |       |
| Suitable duties: |       |
| 1. Work Location:
 |       |
|       | Suburb: |       |
| State: |       | Postcode: |       |
| 1. Supervisor:
 |       |
| 1. Duties to be performed:
 | Details | Considerations / restrictions |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| Specific duties to be avoided |       |
| 1. Hours / days of work:
 | Week 1: |       | Week 2: |       |
| Week 3: |       | Week 4: |       |
| 1. Wages, award

*(if applicable)* |       |
| 1. Plan Commencement Date:
 |      /     /      | Length of plan: |      /     /      |
| 1. Review dates
 |      /     /      |
| 1. Expected return to pre-injury duties date:
 |      /     /      |
| 1. Current Medical Certificate:
 | From: |      /     /      | To: |      /     /      |
| 1. General Comments:
 |       |

The following parties have agreed to the plan:

|  |  |
| --- | --- |
| *Signature:* | *Include name and telephone number (if appropriate)* |
|  | Injured Worker: |       |
|  | Supervisor: |       |
|  | Rehab Coordinator: |       |
|  | Nominated Treating Doctor: |       |
| Date: |      /     /      |  |

**Please complete and email or fax URGENTLY to Hotel Employers Mutual:**

**🖂:** info@hotelemployersmutual.com.au

**:** 02 8251 9495