**RETURN TO WORK (RTW) PLAN**

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| --- | --- | --- | --- | --- | --- | --- |
| The following Return to Work (RTW) Plan has been developed for: | | | | | | |
| Worker: |  | | | | | |
| Employer: |  | | | | | |
| Pre-injury job title: |  | | | | | |
| Work location: |  | | | | | |
| Supervisor: |  | | | | | |
| Return to Work Coordinator (if different from Supervisor): |  | | | | | |
| Current certificate of capacity:  Or tick here if copy of certificate of capacity attached | From:      /     / | | To:      /     / | | | |
| Restrictions | | | | | |
| Lifting/carrying capacity: | |  | | | |
| Sitting tolerance: | |  | | | |
| Standing tolerance: | |  | | | |
| Pushing/pulling ability: | |  | | | |
| Bending/twisting/squatting: | |  | | | |
| Driving ability: | |  | | | |
| Other: | |  | | | |
| Duties to be performed: | Details | | | | Considerations / restrictions | |
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|  | | | |  | |
| Specific duties to be avoided: |  | | | | | |
| Hours / days of work: | Week 1: |  | | Week 2: | |  |
| Week 3: |  | | Week 4: | |  |
| Plan commencement date: | /     / | | | | | |
| Plan end / review date: | /     / | | | | | |
| Expected return to pre-injury duties date: | /     / | | | | | |
| General comments: |  | | | | | |

The following parties have agreed to the plan:

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
| Worker: | | |
|  |  | /     / |
| Supervisor: | | |
|  |  | /     / |
| Return to Work Coordinator (if different to Supervisor): | | |
|  |  | /     / |
| Nominated treating doctor: | | |
|  |  | /     / |

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

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