**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 |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| 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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