

Return to work plan for non-workers' compensation psychological injuries



Employee details

Employee name

Position title

Location

Contact no

Email

Direct report details

Direct supervisor

Manager

HR advisor

Contact no

Contact no

Contact no

Email

Email

Email

Medical practitioner details

Name of treating medical practitioner

Contact no

Address

Work restrictions on the current medical certificate (if any)

Date of review by treating medical practitioner

Return to work goal

Pre-injury/illness capacity

Modified duties

Modified hours

New duties

New hours

Symptom categories identified (refer to Reasonable Adjustment Guide for suggested adjustments)

Cognitive - planning

Behavioural/Social

Emotional

Cognitive - concentration

Physical

Built Environment

Duties/adjustments

Suggested adjustments to undertake:

Restrictions

- 1.
- 2.
- 3.
- 4.
- 5.

Week	Mon (hrs)	Tues (hrs)	Wed (hrs)	Thurs (hrs)	Fri (hrs)	Sat (hrs)	Sun (hrs)

Actions to be completed to enable the injured employee to return to work

Action	Person responsible	Frequency/date
Regular communication		
Medical capacity review		
Review RTW plan		

Agreement by parties at the workplace

I agree to the terms of this return to work program

Employee's signature

Date

Manager's signature

Date

HR Representative's signature

Date
