



Form - Return to Work Arrangements / Pre-Injury Employment

This form is to be used for employees returning to work after a work place injury or after gaining employment with Headway Gippsland Inc. after a pre-existing injury

Details

These return-to-work arrangements are for

Name of employee	
WorkSafe claim number (if applicable)	
Contact Number	

Return to Work Arrangements

Duties to be undertaken

Describe the specific duties and tasks required. Including any physical and other requirements, e.g., lifting, sitting, rotation of tasks, as per position description etc.

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Workplace supports, aids or modifications to be provided

Describe workplace supports, aids or modifications, e.g., rest breaks, buddy system, special tools, equipment, training etc.

Specific duties or tasks to be avoided

Describe the specific duties and tasks that are to be avoided or restricted, e.g., no manual handling, tasks that are only to be undertaken with the assistance of another worker.

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Medical restrictions

Describe the restrictions below, including what date or what periods these restrictions apply?

Hours of work

It is recommended that where reduced hours are gradually increased where appropriate.

Week 1	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Hours
Week 2	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Hours

Start Date:

Review Date:

Notes/Additional Information

If there is additional information you wish to include in the form, please attach any supporting documentation e.g., medical reports, position description, photos etc.

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Key People Involved in these Return-to-Work Arrangements

Employee: *I will participate in these return-to-work arrangements*

Name	
Contact Number	
Signed	
Date	

OHS Coordinator – *I will monitor these return-to-work arrangements*

Name	
Contact Number	
Signed	
Date	

Manager – *I will implement these return-to-work arrangements*

Name	
Contact Number	
Signed	
Date	

Treating Health practitioner – *These return-to-work arrangements are consistent with the worker's capacity.*

Name	
Contact Number	
Signed	
Date	