



Return To Work Plan

If you require assistance completing this plan, please refer to CGU's *Employer's Guide to Developing a RTW Plan*

| | |
|--|---------------------|
| Date of Plan commencement | Date of plan review |
| Return To Work (RTW) Plan Number (1) (2) (3) (4) (5) (6) | |
| Worker's Name | Claim Number |

In NSW, it is the responsibility of the employer to develop a RTW Plan in consultation with your worker. Where required, CGU assist you in the development of these plans. You must ensure CGU has a copy of the worker's most current RTW Plan at all times

This RTW Plan has been developed to guide the worker's recovery from injury and to ensure the return to work process is safe. The plan outlines the worker's treatment, suitable employment, timeframes and steps to be taken to support the worker's return to pre-injury duties (unless otherwise stipulated.)

| | | | | | | | | |
|--|---|------|-----|------|----------|-----|-----|-------|
| Employer | | | | | | | | |
| Pre injury job title | | | | | | | | |
| Work location | | | | | | | | |
| Pre injury days | Mon | Tues | Wed | Thur | Fri | Sat | Sun | Total |
| Pre injury hours | | | | | | | | |
| Description of pre injury duties | Physical requirements associated with the task | | | | | | | |
| e.g. store person in warehouse | e.g. reaching above shoulder height to retrieve stock weighing up to 5kgs | | | | | | | |
| Return to work goal | | | | | | | | |
| Date expected to achieve RTW goal | | | | | | | | |
| Current Certificate of Capacity | Start date | | | | End date | | | |
| Current capacity (as per Certificate of Capacity) | | | | | | | | |

The worker is encouraged to:

- Attend the Nominated Treating Doctor to obtain a current Certificate of Capacity
- Notify the employer as soon as possible if unable to attend work or is encountering any difficulties attending to this RTW Plan prior to expiry or prior to next review date

Suitable employment is made up of temporary tasks agreed to between you and your worker. They take into account the worker's capacity for work (as per the Certificate of Capacity), whilst the worker recovers from injury. Providing suitable employment for your worker assists the worker's rehabilitation by maintaining a link to the workplace.

| SUITABLE EMPLOYMENT (STAGE 1) | | | | | | | | |
|---|-----|------|-----|-----------------|-----|-----|-----|-------|
| Suitable employment role | | | | | | | | |
| Location | | | | | | | | |
| Commencement date | | | | Completion date | | | | |
| Person monitoring RTW | | | | Phone number | | | | |
| RTW days | Mon | Tues | Wed | Thur | Fri | Sat | Sun | Total |
| RTW hours | | | | | | | | |
| Duties to be performed and considerations | | | | | | | | |
| Specific duties to be avoided | | | | | | | | |

| SUITABLE EMPLOYMENT (STAGE 2) - may require medical approval prior to commencement | | | | | | | | |
|--|-----|------|-----|-----------------|-----|-----|-----|-------|
| Suitable employment role | | | | | | | | |
| Location | | | | | | | | |
| Commencement date | | | | Completion date | | | | |
| Person monitoring RTW | | | | Phone number | | | | |
| RTW days | Mon | Tues | Wed | Thur | Fri | Sat | Sun | Total |
| RTW hours | | | | | | | | |
| Duties to be performed and considerations | | | | | | | | |
| Specific duties to be avoided | | | | | | | | |

| Treatment arrangements - where possible, appointments to be scheduled outside work hours, unless agreed to by employer | |
|--|--|
| Treatment type | |
| Appointment dates/times | |
| Treatment type | |
| Appointment dates/times | |

The following parties have agreed to this RTW Plan. Please provide a copy of this RTW Plan to the worker's Nominated Treating Doctor and treating therapist to ensure all healthcare is coordinated. **You must provide CGU with a copy of this RTW Plan.**

| | | |
|---------------------------|-----------|------|
| Worker | Signature | Date |
| Employer representative | Signature | Date |
| Nominated treating doctor | Signature | Date |

