ITM International Trade Management

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Document No: HR16·1 Date: 13/07/99

Approved By: dlo

RETURN TO WORK PLAN

Return to work plan prepared by: (RETURN TO WORK CO-ORDINATOR)	Date:

EMPLOYEE DETAILS

Claim No:	Employee Name:
Address:	Postcode:
Telephone:	D.O.B:
Interpreter: YES / NO	Occupation:
Date of Injury:	Nature of Injury:
RTW Plan Supervisor:	Suitable employement offer attatched
Expected date of RTW:	YES / NO
Date RTW plan reviewed:	Hours of Work:

TREATING PRACTITIONER DETAILS

Treating Practitioner:	Telephone:
Address:	Fax:
Medical Restriction:	Postcode:

OCCUPATIONAL REHABILITATION PROVIDERS DETAILS

Providers Name:	Company Name:
Provider No:	*Attatch details of Occupational Rehabilitation if provided.*

Other Assistance/Medical Details:

Action taken to reduce risk of further injury:

EMPLOYEE AGREEMENT

Employee	RTW Co-ordinator
Name:	Name:
Signature:	Signature:
Date:	Date: