

## FORM P – Return to Work

<p><b>Insert parish logo</b></p>	<p><b>Insert Parish Contact Details</b></p> <p>Parish name: Phone No: Contact person: Email: Fax No:</p>
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## FAX

<b>To:</b>	Dr <i>{Insert Dr Name}</i>	<b>Fax:</b>	
		<b>Phone:</b>	
<b>From:</b>		<b>Date:</b>	
Pages:			
<p>Dear Dr <i>{Name}</i></p> <p>Our policy is to encourage early return of our staff to full employment as soon as practicable following an injury or illness. The Parish is committed to the prevention of occupational injury/illness and is in a position to assist workers to return to work as part of the recovery process.</p> <p>The parish has a wide variety of suitable duties for all injured workers and my responsibility is to develop the return-to-work plans with the injured worker and their Manager.</p> <p>To help this process it is necessary for me to be able to discuss the workers injury/illness with you and what suitable duties we can make available for <i>{Employee name}</i> here at our Parish.</p> <p>A copy of the proposed return-to-work-plan is attached and we look forward to your contribution to our rehabilitation team effort.</p> <p>Many thanks,</p> <p><b>Insert Contact person's Name &amp; title</b></p>			

## Return To Work Plan

Employee:	Claim No:
Manager:	Job Title:
Goal: Return to pre-injury duties	Currently Supernumerary:

Date to start work return to work plan:				Date for Review:			
Days per week:							
Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift: day, evening or night ✓					Start Time:		
Time Frame and Description of Duties:							

<b>Restrictions and Precautions:</b>	
<b>Lifting up to:</b>	<b>Walking up to:</b>
<b>Sitting up to:</b>	<b>Standing up to:</b>
<b>Travelling up to:</b>	<b>Keying up to:</b>
<b>Other:</b>	

**If any of these activities cause pain or discomfort, stop doing it immediately and notify your manager.**

<b>The following parties have agreed to the above plan for suitable duties:</b>		
<b>Position</b>	<b>Signature</b>	<b>Date</b>
Injured worker		
Supervisor		
Return-to-work coordinator		
Nominated treating doctor		
Union representative (if required)		