



## ***EASTWOOD COMMUNITY BAPTIST CHURCH***

### ***RETURN TO WORK POLICY***

Eastwood Community Baptist Church is committed to assisting workers to achieve a safe Return to Work after injury or illness in a manner that will assist their best possible recovery.

Remaining at work or an early Return to Work is the normal expectation of the workplace.

Planning for a Return to Work will commence as soon as possible after an injury is reported, taking into account relevant medical opinions about treatment, rehabilitation and capacity of the worker.

An individual Return to Work plan (RTW) will be established for any employee unable to work for 20 consecutive working days or more. The RTW plan will be developed at the earliest opportunity, in consultation with our injured worker and their treating health professionals.

Treatment, rehabilitation and return to work activities will commence as soon as they are deemed necessary.

Suitable employment, including modified or alternative duties consistent with medical advice, will be made available to all injured employees at the earliest opportunity.

The development of individual RTW plans will also involve communication and consultation with other workers affected by changed employment arrangements.

Confidentiality of employee information will be maintained for all information obtained during the Return to Work process or during rehabilitation.

Participation in a Return to Work plan will not, of itself, prejudice any injured employee.

A member of staff will be appointed to manage the Return to Work plans. Specific responsibilities will include:

- Contacting the injured employee and their treating practitioner to undertake the commitments outlined in this Policy.
- Determine the need for any rehabilitation assistance in consultation with the employee and their treating practitioner; initiate contact with the nominated rehabilitation provider in order to complete planning

Approved:

*Name / role:* .....

*Date:* ...../...../.....

# RETURN TO WORK FORM

Name:		Employee Reference:	
Date:     /     /	Review Date:     /	Claim Number:	
Job Title:		Department:	
Supervisor:		Phone:	
Treating Practitioner:		Phone:	
Date of Certificate:     /     /	Diagnosis:		
Date of Injury:     /     /	Work Capacity:		

  

RTW Goal:			
<input type="checkbox"/> Same Job	<input type="checkbox"/> Same Employer	<input type="checkbox"/> Pre-Injury Hours	
<input type="checkbox"/> Different Job	<input type="checkbox"/> Same Employer	<input type="checkbox"/> Reduced Hours	
Goal for Period:			

  

Estimated Return to Work Date:     /     /	Suitable duties available: Yes <input type="checkbox"/> No <input type="checkbox"/>
Offer of Suitable Employment included below:	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, review date:     /     /
External Assistance Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider:
Provider Contact:	Phone:

  

<b>Offer of Suitable Employment</b>	
Dept:	Location:
Supervisor:	Contact Phone:
Duties to be performed:	

  

Week Begin	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Tot Hrs

  

<b>Steps to Facilitate RTW:</b>			
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>			

  

<b>Agreement</b>	Signature:	Date:	
Employee:		/ /	
Manager:		/ /	
Treating Doctor:		/ /	
Injury management Advisor:		/ /	
Telephone:		Fax:	