



Australian Government

Comcare

PUTTING YOU *FIRST*

# RETURN TO WORK PLAN

## Rehabilitation program under section 37 of the SRC Act

### INFORMATION FOR CASE MANAGERS AND WORKPLACE REHABILITATION PROVIDERS

#### About this form

This form is used to document the *Return to Work Plan* (RTW Plan) which is developed with a view to achieving an early and safe return to work.

It is completed in consultation with the case manager, the injured employee's supervisor, workplace rehabilitation provider (approved provider), the injured employee and, if applicable, the treating doctor.

This form when signed constitutes a determination by the employer under section 37 of the *Safety, Rehabilitation and Compensation Act 1988* (the SRC Act). It also forms part of the contract for services between the approved provider and the employer as the Rehabilitation Authority.

Please note: If the final goal of the RTW Plan changes, the case manager must ensure a new RTW Plan is completed.

When completed the RTW Plan:

- > documents the goals, outcomes, services, timeframes and costs of the program — it is the basis on which Comcare will pay provider accounts submitted for payment by the case manager
- > confirms that the employee has been involved in developing their RTW Plan and that they understand their rights and obligations under the Safety, Rehabilitation and Compensation Act 1988 (the SRC Act)
- > constitutes a determination by the rehabilitation authority (the employer) under section 37 of the SRC Act that the employee undertake the rehabilitation program described
- > forms part of the contract between the approved provider and the employer for the provision of rehabilitation services.

#### Case Manager

The case manager (sometimes referred to as rehabilitation case manager) is responsible for initiating, co-ordinating and monitoring the rehabilitation process at the workplace and is a representative of the employer. (ref. *All about Workers' compensation – a guide for employees*).

#### Costs

This form provides the means by which the rehabilitation authority provides authorisation of the costs associated with the RTW plan. The rehabilitation authority must also approve expenditure on service invoices prior to their submission to Comcare for payment.

#### Delegations

The person who signs the RTW Plan is making a decision under the SRC Act and must be an employee of the rehabilitation authority (the employer), and must hold the appropriate delegation by the employer under section 41A of the SRC Act. In most cases the delegate will be the case manager.

#### Contract for services between the employer and the approved rehabilitation provider

Any contract should specifically provide that the terms of any determination(s) made by a rehabilitation authority form part of the contract.

### INFORMATION FOR EMPLOYEES

#### About your Return to Work Plan (RTW Plan)

Your RTW Plan describes your rehabilitation program. It must be developed in consultation with you, your case manager, your supervisor, your treating doctor and where relevant your approved provider. It contains stated goals or rehabilitation objectives and details costs, time and action considered necessary to achieve these goals or objectives.

Your RTW Plan, once signed by your case manager, (as delegate for your employer) constitutes a decision under section 37 of the SRC Act. If you have any concerns or experience difficulties undertaking your RTW Plan please speak with your case manager or approved provider as soon as possible.

If you are satisfied with the RTW Plan, you should sign it and your case manager will give you a copy. If you are not satisfied with your RTW Plan, you are entitled to request a review of the determination under section 38 of the SRC Act (see *What if I don't agree with a determination made by my employer?*)

If you have any concerns or experience difficulties undertaking the RTW Plan please speak with your case manager or approved provider as soon as possible.

## What are my responsibilities?

You are to:

- > participate actively in any return to work program developed by your case manager or approved provider in consultation with you
- > implement any professionally recommended and agreed changes to your work practices, workplace environment and/or home environment in consultation with your employer to minimise the chance of further injuries or accidents.

Please note: If you refuse or fail, without reasonable excuse, to undertake a rehabilitation program provided by your employer, your rights to compensation under this Act, and to institute or continue any proceedings under this Act in relation to compensation are suspended until you begin to undertake the program.

## Privacy

In collecting, using and distributing the information on this form, your rights are safeguarded by the Privacy Act 1988 which prevents the use of this information other than for compensation, rehabilitation and occupational health and safety purposes.

## What if I want copies of documents held on my file?

You can write to Comcare requesting the documents you need. Requests for information held by your employer or the approved provider should be directed to them.

## What if I don't agree with a determination made by my employer?

You may request that Comcare reconsider the determination and should include the reasons why you do not agree with the decision and any additional evidence in support of your reasons. Comcare will then consider the evidence and may decide to either affirm, revoke or vary the employer's decision.

To request a review of your Return to Work Plan

You must provide the following information to Comcare within 30 days of receiving the determination:

- > a copy of the Return to Work Plan
- > a written request for a reconsideration explaining why you don't agree with the determination
- > any new information that supports your request, such as medical reports that have not previously been considered.

Send the information to:

Claims Services (Reconsiderations)  
Comcare  
GPO Box 9905  
Canberra ACT 2601

If you are unable to put your request to Comcare within 30 days, you may apply for an extension of time. If you decide to have a solicitor help you with this process, any legal costs will be your responsibility regardless of the outcome of Comcare's decision.

## What happens next?

Your employer will receive a copy of your request for reconsideration and may provide a response. Comcare will reconsider the determination and make a decision either affirming, revoking or varying the determination.

## What if I don't agree with a determination made by Comcare?

You can apply for Comcare's determination to be reviewed by the Administrative Appeals Tribunal (AAT). Full details are available in the publication All About Worker's Compensation, available at [www.comcare.gov.au](http://www.comcare.gov.au)

## INFORMATION FOR SUPERVISORS

What are the supervisor's responsibilities?

Your responsibilities are to:

- > ensure steps are taken to prevent further injury
- > keep in close contact with the injured employee and be supportive of their return to work
- > work with the case manager to identify suitable duties and provide ongoing support
- > consider changing the way work is done or modifying the work environment to facilitate the injured employee's early and safe return to work
- > be involved and contribute to the return to work plan and let the case manager know if there are concerns along the way
- > work with the injured employee to ensure a return to work outcome is sustained.

## More information

If you need any further information about your rights, or any other specific issues, please contact Comcare on 1300 366 979 or [www.comcare.gov.au](http://www.comcare.gov.au)



# RETURN TO WORK PLAN

## Rehabilitation program under section 37 of the SRC Act

Injured employee's name

Comcare claim number

Employee's occupation

Date of injury

 /  / 

Nature of injury

Supervisor's Name

Name of employer

Case manager's name

Case manager's contact details

Work

 (  ) 

Email

Date of s36 assessment

 /  / 

Cost of assessment

 \$  (90)

Assessment provided by

Employee's current work status

- At work:  S pre-injury status  
 R reduced hours  
 M modified duties  
 B both reduced and modified

Off work since  /  /  X

Employment ceased since  /  /  C

Expected RTW date  /  /

- Type of program  
 Return to work  Redeployment  
 Maintenance work  Non return to work

RTW Plan services start date  /  /

Expected RTW Plan services end date  /  /

Workplace Rehabilitation Provider (WRP) – Name of organisation

Comcare provider number

Provider's name

Contact details

Phone

 (  ) 

Fax

 (  ) 

Email

Consultant ID No

Is rehabilitation required?

Yes  No  give reasons

What other concurrent services are being provided? (Note: These are determined separately by Comcare.)  
Please include medical/health service provider's names.

**RETURN TO WORK PLAN**  
**– SERVICE DETAILS**

Injured employee's name

Comcare claim number

Describe the **interim goal** in terms of workplace, duties and hours

*Must be completed*

**Employer** Same  S New  N  
**Duties** Same  S New  N Modified  M  
**Hours** Same  S Reduced  R

Expected commencement date

 /  / 

Describe the **final goal** in terms of workplace, duties and hours

**Employer** Same  S New  N  
**Duties** Same  S New  N Modified  M  
**Hours** Same  S Reduced  R

Expected commencement date

 /  / 

**Responsibilities**

**Employee – Action**

Outcomes expected

Target start date

Target end date

		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

**Supervisor – Action**

Outcomes expected

Target start date

Target end date

		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

**Case manager – Action**

Outcomes expected

Target start date

Target end date

		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /




### Determination under sub-section 37(1) of the SRC Act

Before signing, please read 'Delegations' on page 1.

#### Workplace Rehabilitation Provider to complete

I agree to provide the rehabilitation program described in this plan to the employee named, subject to the Comcare standards and criteria for workplace rehabilitation providers.

**Workplace Rehabilitation Provider's signature** 

Date


Name

Title

Organisation/ Agency

#### Supervisor to complete

I have been involved in the development of this Return to Work Plan and agree to work with the case manager and employee to support the return to work process.


**Supervisor's signature** 

Date

Name

#### Employee to complete

I have been involved in the development of this Return to Work Plan and understand my rights and obligations under the Safety, Rehabilitation and Compensation Act 1988.

**Employee's signature** 

Date

Name

I understand that if I am not satisfied with this determination I may request a reconsideration by Comcare. See 'What if I don't agree with a determination made by my Employer?' on page 2.


### Case Manager to complete

I (being a delegate of the rehabilitation authority), have determined under sub section 37(1) of the *Safety, Rehabilitation and Compensation Act 1988* that the employee (being a person who has suffered an injury resulting in an incapacity for work or an impairment), should undertake the rehabilitation program described in this Return to Work Plan. The program will be provided by (name of Workplace Rehabilitation Provider)

In making my decision I have had regard to sub section 37(3):

- a) any written assessment given under subsection 36(8);
- b) any reduction in the future liability to pay compensation if the program is undertaken;
- c) the cost of the program;
- d) any improvement in the employee's opportunity to be employed after completing the program;
- e) the likely psychological effect on the employee of not providing the program;
- f) the employee's attitude to the program;
- g) the relative merits of any alternative and appropriate rehabilitation program; and
- h) any other relevant matter

Evidence of this is demonstrated by:

**Signature Delegate of the Rehabilitation Authority** 

Date

Name

Organisation/ Agency

Position

**Distribution** Original to: Employee  Copy each to: Case manager  Provider  Supervisor  Comcare  Doctor