



Return to Work Plan — Closure

This form is used to certify the completion of the employee's Return to Work Plan (RTW Plan) or to close the current RTW Plan if a new plan is required. This form must **not** be used when a rehabilitation program has been suspended.

Injured employee's name

Comcare claim number

Date of injury

 / /

Nature of injury

Employee's occupation

Employer

RTW Plan services start date

 / /

Actual closure date

(i.e. last date of RTW Plan services)

 / /

Closure details

Why is the RTW Plan being closed?

Services are finalised and RTW Plan completed

A new RTW Plan is required because: goals have changed
 new provider required

Return to work details

Did a return to work occur?

Yes **B** Actual RTW date (leave blank if employee maintained at work) / /

Final vocational goal achieved

Employer Same S New N
 Duties Same S New N Modified M
 Hours Same S Reduced R (specify) Hrs

Date this goal was achieved / /

No **B** Why not?

- Employee is totally and permanently incapacitated for work T
- Employee is partially incapacitated but unable to be placed in suitable employment U
- Employee is temporarily incapacitated for work Z
- Provider ceased involvement P
- Voluntary retirement V
- Redundancy R
- Rehabilitation Authority (usually employer) ceased involvement C
- A return to work was not a goal N

Comments

Is a copy of the ARP's final report attached? Yes No

Case Manager's signature



Date

 / /

Name

Position

Approved Rehabilitation Provider's signature



Date

 / /

Name

Name of organisation

Comcare ARP number

Supervisor's signature



Date

 / /

Name

Employee's signature



Date

 / /

Distribution

Original to: Employee
 Copy to: Case manager Provider Supervisor
 Comcare Doctor