

# Work Trial Agreement

This agreement has been developed in consultation with the injured employee, medical practitioner, host employer, approved rehabilitation provider and rehabilitation case manager. This agreement aims to secure a common understanding and commitment to the work trial and may be modified following consultation with all parties.

This agreement was reached on        /        /

Name of Injured Employee

Host Employer

Address

Phone

Fax

Host Employer Supervisor

Rehabilitation Case Manager contact details

Approved Rehabilitation Provider contact details

## Overall goal of return to work plan

## Work trial goals

Date of commencement

Date of completion

Date of first review

# Work trial/Return to Work schedule

Position Title

Supervisor

Hours of Work *(include start and finish time)*

Days of Work

Work Breaks

## Work Schedule below

Dates

Duties

Considerations

Hours

Dates	Duties	Considerations	Hours

## Medical Restrictions

## Duties to be Avoided

## Equipment/Uniform Required

## Additional Requirements

**Please note: The above suitable duties, hours and days of work should not be altered without prior consultation with and agreement by the nominated rehabilitation provider.**

**The following parties agree to this work trial placement**

### Injured employee

Name:

Signature:

Date: / /

### Host employer

Name:

Signature:

Date: / /

### Rehabilitation case manager

Name:

Signature:

Date: / /

### Approved rehabilitation provider

Name:

Signature:

Date: / /

### Medical practitioner

Name:

Signature:

Date: / /

# Roles and Responsibilities of Each Party in the Work Trial Placement

## Injured Employee

- To participate in the work trial to the best of their ability and adhere to the outlined program.
- To advise the rehabilitation provider and case manager of inability to attend for any part of the work trial. Medical certificates will be required.
- To advise the work trial supervisor, rehabilitation provider and case manager if an exacerbation of their injury occurs or a new injury is sustained during the program.
- To adhere to work policies and practices as expected of an employee of the host employer.

## Host Employer

- Provide induction and training to the injured employee appropriate to the position undertaken.
- Provide feedback to the injured employee on progress and performance.
- Adhere to OH & S requirements as required for employees.
- Provide access and be available to discuss the work trial with the rehabilitation provider.
- Adhere to the agreement as outlined and signed by all parties and only modify the agreement with prior agreement from the rehabilitation provider.
- The host employer is NOT to pay the injured employee for work undertaken.
- The host employer is not responsible for any injury sustained during the period of the work trial.

## Rehabilitation Case Manager

- To provide support to the injured employee while on the work trial and be available to discuss issues as they arise.
- To oversee the employee's return to work plan and oversee the involvement of the rehabilitation provider.
- The case manager remains the rehabilitation delegate and maintains overall responsibility for the management of this worker's return to work plan and work trial.

## Approved Rehabilitation Provider

- Negotiate and develop the work trial for the injured employee.
- To monitor progress and liaise with all parties and modify the work trial agreement as necessary.
- To provide feedback to the case manager and review the program to ensure that the goals and objectives are being met.