



Australian Government

Comcare

WORK TRIAL AGREEMENT

This agreement forms part of an agreed rehabilitation program for
(A copy of this agreement is to be attached to the employee's rehabilitation program)

Roles and responsibilities of each part in the work trial agreement

EMPLOYEE

- > To participate in the work trial as part of their rehabilitation program, to the best of their ability and adhere to the outlined rehabilitation program.
- > To advise the workplace rehabilitation provider and Case Manager (from liable agency with the rehabilitation authority) of any inability to attend for any part of the work trial—medical certificates will be required.
- > To advise the work trial supervisor, workplace 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 employee with a workplace injury or disease appropriate to the position being undertaken.
- > Provide feedback to the employee on their progress and performance.
- > Adhere to work health and safety (WHS) requirements as required for all employees.
- > Provide access and be available to discuss the work trial with the workplace rehabilitation provider.
- > Adhere to the agreement as outlined and signed by all parties and only modify the agreement with prior consultation with all parties.
- > The host employer does NOT pay the employee for work undertaken in this work trial.
- > The host employer is not responsible for any injury sustained by this employee during the period of the work trial.

REHABILITATION CASE MANAGER

- > To provide support to the employee while on the work trial and be available to discuss issues as they arise.
- > To oversee the employee's rehabilitation program and return to work including overseeing the involvement of the workplace rehabilitation provider.
- > The liable employer remains the rehabilitation authority and maintains overall responsibility for the management of the employee's rehabilitation program including the work trial agreement.

WORKPLACE REHABILITATION PROVIDER

- > Negotiate and develop the work trial for the employee.
- > To monitor progress and liaise with all parties and recommend modifications to the work trial agreement as necessary.
- > To provide feedback to the Case Manager, of the rehabilitation authority and review the program to ensure that the goals and objectives are being met.

WORK TRIAL AGREEMENT

This agreement has been developed in consultation with the employee with a workplace injury or disease, medical practitioner, host employer, workplace 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 work trial agreement forms part of the agreed rehabilitation program and should be submitted to Comcare with the completed current rehabilitation program determination.

This agreement was reached on

EMPLOYEE DETAILS

Surname
Given name(s)

Phone Email

REHABILITATION AUTHORITY DETAILS

Organisation name
Rehabilitation Case Manager

Location
Phone Email

HOST EMPLOYER DETAILS

Organisation name
Work trial supervisor
Host Rehabilitation Case Manager

Work trial address
Phone Email
Phone Email

WORKPLACE REHABILITATION PROVIDER DETAILS

Organisation
Consultant

Address
Phone Email

FINAL REHABILITATION GOAL

Based on the current rehabilitation program describe the final rehabilitation goals in terms of RTW, workplace, duties and hours

WORK TRIAL GOALS

WORK TRIAL TIMEFRAMES

Date of commencement
Date of first review
Work trial completion date

Note: If the host employer, employee, or workplace rehabilitation provider wish to alter, extend or close this work trial, prior to expected completion date, relevant information should be provided with this form to the rehabilitation authority (Rehabilitation Case Manager).

WORK TRIAL/RETURN TO WORK SCHEDULE

(Attach the Suitable duties form if relevant)

Work trial position title	<input type="text"/>	Supervisor	<input type="text"/>
Days of work	<input type="text"/>	Hours of work	<input type="text"/> <i>(include start and finish times)</i>
Work breaks	<input type="text"/>		

MEDICAL RESTRICTIONS

OTHER CONSIDERATIONS

WORK SCHEDULE

Dates	Duties	Considerations	Hours

The following parties agree to this work trial placement:

EMPLOYEE

Signature Date / /

Name

HOST EMPLOYER

Supervisor

Signature Date / /

Name

Rehabilitation Case Manager (optional)

Signature Date / /

Name

REHABILITATION AUTHORITY

Rehabilitation Case Manager

Signature Date / /

Name

Have you attached a copy of this Work trial agreement to the employee's rehabilitation program? Yes No

Note: When this work trial agreement is attached to the rehabilitation program it will form part of the rehabilitation determination.

WORKPLACE REHABILITATION PROVIDER

Signature Date / /

Name

MEDICAL PRACTITIONER

Signature Date / /

Name

PRIVACY INFORMATION

For information about how we handle personal information, please visit www.comcare.gov.au/privacy or contact us on 1300 366 979 and request a copy of our Privacy Policy.