



Adventist Schools
Victoria

Injured Worker Toolkit

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Key Roles in the Return to Work Process



Return to Work Coordinators (RTW Coordinator)

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The Return to Work Coordinator collaborates with the injured worker, their healthcare provider, and direct manager to facilitate recovery and return to work through:

- Establishing and maintaining consistent contact and communication with the injured person as a primary contact during their recovery and return to work journey.
- Talking with the injured person to understand their needs and offering assistance as needed. The RTW Coordinator will provide personalised support, answer questions, and guide them through processes like payment during claim determination, completing necessary documents, and understanding their entitlements.
- Developing a return to work plan tailored to the injured person's medical capacity, outlining suitable duties to support their recovery and return to work.
- Supervise the regular monitoring of the return to work plan, aligning with the injured person's progress, capacity, their input, and the input of managers/supervisors.
- Partaking in regular workplace meetings to review and upgrade return to work duties in line with the injured person's capacity, input and functional goals.
- Collaborate with the Insurer to ensure a cohesive and supportive process for the injured employee. This involves keeping them informed of return to work plans, certificates of capacity, any setbacks, and seeking their assistance for any complex matters. This may include engaging a third-party occupational rehabilitation provider to assist with the return to work process or arranging a case conference with the treating doctor.

Direct Manager

The direct manager plays an important role in an employee's recovery. More broadly their role requires them to:

- Foster a supportive workplace that encourages safe work practises and early reporting of injuries or near misses.
- Inform the RTW Coordinator once they become aware of an injury.
- Ensure steps are taken to prevent further injury by understanding the cause of injury and putting safeguards in place.
- Establishing a regular line of communication with their employee whilst the employee is off work. The context of the contact is about maintaining connection with the workplace, operations and team.
- If the injured employee has an incapacity for their pre-injury role, they will commence planning for return-to-work duties, in consultation with the injured employee, the RTW Coordinator and where applicable, the treating doctor.

Planning includes:

1. Consulting about relevant information for a return to work (e.g., providing details about the functional aspects of pre-injury duties, like how often a task is performed, duration and inherent requirements, including explaining the system of work and any operational constraints).
2. Identifying and consulting about reasonable workplace support, aids or modifications to assist in their employee's return to work (e.g., rotation of tasks, use of lifting equipment, informal training on new duties etc).
3. Assessing and proposing options for return-to-work duties (i.e., talking through possible duties with the injured person).
4. Enabling a smooth integration back into the workplace, including preparing the team for the employee's return, whilst maintaining confidentiality about their employee's diagnosis and prognosis (only sharing essential information).
5. Implementing a monitoring system to regularly assess and assist the injured employee, making any necessary adjustments along the way.
6. Having regular formal reviews aligned with the certificate of capacity that aims to graduate return to work duties until full pre-injury duties are achieved.

Case Manager from the Insurer

- Manages your claim on behalf of the Insurer.
- Determines your entitled pay amount.
- Assesses the suitability of your treatment.
- Organises additional assessments like an Independent Medical Examination (IME).
- Arranges case conferences with your treating practitioner.
- Acts as the main point of contact for you and your employer.
- Ensures both parties meet their obligations.
- Initiates occupational rehabilitation services.
- Determine the need for and review ongoing occupational rehabilitation services.
- Collaborate internally with a team of specialists including injury management advisors, technical managers, mental health specialists, and team leaders.

Occupational Rehabilitation Provider (ORP)

Occupational rehabilitation provides unbiased assistance for returning to work. Operating independently from the Insurer and employer, Occupational Rehabilitation Providers, as allied health professionals, play a pivotal role by:

- Conducting face-to-face meetings with the injured person, supervisor, and RTW coordinator at the workplace whenever feasible to discuss current capabilities and potential return-to-work options.
- Collaborating with the injured employee, treating doctor, RTW Coordinator, and line manager to develop and execute a personalised return-to-work plan. This may involve consulting with the treating doctor regarding potential return-to-work duties.
- Providing expert options to treating doctors and the Insurer regarding workplace duties, upgrades and timeframes.
- Driving the return-to-work process by assessing the workplace for suitable tasks and coordinating with key stakeholders, such as the treating doctor, case manager, and RTW Coordinator. They gradually modify duties and hours according to medical advice, facilitating a complete recovery and return to work where possible.
- Conducting a worksite assessment by reviewing existing medical data, pre-injury tasks, and evaluating suitable tasks, which is detailed in a comprehensive report that includes a return-to-work plan.

An Occupational Rehabilitation Provider (ORP) can provide supplementary services to help injured individuals find new employment opportunities with different employers. These services are typically offered if the injured person cannot return to their previous role with their former employer. They are often facilitated by job-seeking specialists and may include:

1. **Upskilling Support:** Assisting the worker in enhancing their skill set through training programs or courses.
2. **Transferable Skills Analysis (TSA):** Reviewing the injured worker's transferable skills, interests, and hobbies to identify potential job opportunities.
3. **Vocational Assessment:** Conducting a comprehensive evaluation to assess the worker's vocational abilities and preferences, which is a more detailed version of the TSA.
4. **Job Application Assistance:** Supporting the worker with tasks such as drafting cover letters, applying for jobs, and conducting a job market analysis to identify suitable positions based on skills, qualifications, and location.
5. **Skills Enhancement:** Recommending short courses or training programs to improve the worker's employability and increase their chances of securing new employment opportunities.
6. **Trial Placement:** In certain regions like Queensland, facilitating a trial placement with a host employer to assess the worker's suitability for a specific role.

Treating Health Practitioner

You have the right to choose your treating doctor, but they must agree to participate in WorkCover procedures, including issuing WorkCover Certificates of Capacity and reviewing return-to-work plans. Treating practitioners oversee your recovery and rehabilitation needs, issuing certificates of capacity, determining if further tests or treatments are necessary, monitoring your progress, and setting and measuring functional goals to ensure successful rehabilitation. Additionally, the treating doctor offers the following services:

- Acting as the primary caregiver for the injured person's recovery and rehabilitation needs, including issuing certificates of capacity, determining the necessity for further tests or treatments, monitoring recovery progress, and establishing and evaluating functional goals.
- Providing appropriate diagnoses, prognoses, and referrals.
- Monitoring progress and outcomes.
- Facilitating a safe return to work.

Your doctor is expected to collaborate with all parties involved in the return to work planning process as necessary. They may also provide guidance on suitable alternative duties or workplace modifications and inform the RTW Coordinator, case manager, or approved rehabilitation provider about the injured employee's capabilities to facilitate the organisation of tailored duties according to their capacity.

Support Person

You have the option to designate a support person to accompany you during the return-to-work process. This individual can participate in workplace meetings alongside you and their responsibilities include:

- Speaking on your behalf if you are unavailable and have provided consent.
- Attending workplace meetings as your support person.

Your chosen representative may be a family member, colleague, or union member, among others.

What to do Following an Injury

At Adventist Schools Victoria our priority is preventing workplace injuries and incidents. While we strive for safety, we acknowledge that injuries may occur. In such cases, we're dedicated to early injury management for a safe return to work. All incidents must be reported, investigated, and controls implemented to prevent similar incidents. These must be reported using our company software, SolvSafety.

What if I can't do my normal job?

1. **Obtain a Certificate of Capacity:** Seek initial certification from a medical practitioner, typically a GP, if unable to perform usual duties. The initial certificate is valid for 14 days, with subsequent ones for 28 days.
2. **Certificate Details:** Ensure the certificate specifies injury/illness, expected time off, and potential alternative duties.
3. **Sign and Forward:** Sign subsequent certificates and forward them to the RTW Coordinator or your manager.
4. **Treating Professionals:** Subsequent certificates can be obtained from physiotherapists, chiropractors, or osteopaths.
5. **Active Participation:** Your involvement in return-to-work discussions is crucial. Explore modified duties that suit your capabilities. If fully capable, we'll support your return to your pre-injury role.

Suitable Duties

Your RTW Coordinator, alongside you and your direct manager, will identify suitable duties based on consultation and medical advice. These duties will be formalised in a return-to-work plan, informally reviewed regularly with your direct manager, and formally reviewed with you, your RTW Coordinator and direct manager.

How do I lodge a claim?

Provide necessary documents, including a completed Worker's Injury Claim form and a Certificate of Capacity signed by a GP. If you're feeling overwhelmed by the paperwork, please don't hesitate to reach out to our RTW Coordinator. We understand it can be a lot to handle, and we're here to support you every step of the way.

Injured Employee - Frequently Asked Questions?

Can I see my own doctor?

Yes, you have the right to consult your own doctor. However, in case of a work-related injury, the preferred practise is to have you assessed by the nearest medical practitioner. However, the final decision rests with you.

Who will pay for my medical treatment?

For accepted claims, standard medical treatments are covered, including GP visits and referrals to physiotherapists or psychologists. You can enquire with your case manager at the Insurer about covered services and associated costs. However, please note that your personal doctor may charge higher fees in some cases, which cannot be reimbursed by the Insurer.

During the initial stages of your claim, send all invoices, receipts and WorkCover certificates to your RTW Coordinator for processing. You'll find both an 'Expenses' and 'Travel Expenses' forms in this toolkit. Please note that some treaters may request prior approval from the Insurer before commencing treatment.

Will I receive payment while my claim is being assessed?

During the assessment period by the Insurer (which can take up to 28 days from when they received the claim), you can choose to use your entitlements (like sick leave, annual leave, or long service leave) for payment. Additionally, you'll find a "Payment Authority Pending Claim Approval" form included in this toolkit. If you have no entitlements, you can apply to Centrelink for interim payments.

Will my work injury affect my pay?

For approved claims, the Insurer will assess your compensation. Weekly compensation payments are calculated based on your average earnings from the 12 months preceding your injury, which includes components such as overtime, shift allowances, and penalty rates.

For example, you will receive 95% of your average weekly earnings for the first 13 weeks, decreasing to 80% afterward (Victoria specific). Some organisations offer top-up payments to 100% to supplement WorkCover benefits. For details on your compensation rate, consult your Insurer's case manager, and enquire with your RTW coordinator regarding eligibility for top-up benefits.

What is an Independent Medical Examination (IME)?

An IME is a medical assessment conducted by a doctor independent of your treating team. It's arranged by the Insurer to obtain an impartial evaluation and potentially a second opinion on your injury diagnosis, treatment, and work capacity. Under the claim, the Insurer compensates the IME for their independent medical perspective.

The IME's role is to provide the Insurer with impartial insights to aid in your recovery, rehabilitation, and safe return to work. Their reports also help the Insurer determine your eligibility for weekly payments, assess your return-to-work capacity, and evaluate treatment options.

For mental injuries, it's important to note that the IME process can be triggering due to the nature of the questions that may be asked. Therefore, safety precautions should be taken to ensure immediate support is available following the assessment.

What is a Return-to-Work plan (RTW plan)?

A return-to-work plan is a written document that outlines suitable duties identified through consultation with you, your supervisor, and the RTW Coordinator. It details tasks you can perform, specifies duties you will not undertake, and includes necessary aids, modifications, and supports to ensure a safe and sustainable process.

The RTW plan is flexible and can be adjusted based on your needs, always aligning with your doctor's issued Certificate of Capacity, which serves as a legal document that the workplace will adhere to.

What if I struggle with the return-to-work duties?

Returning to work soon after an injury is generally beneficial, but it may come with challenges. It's vital to communicate any difficulties so that necessary modifications can be made promptly. Don't hesitate to approach your supervisor or RTW Coordinator with any issues and potential solutions. Additionally, remember that the return-to-work plan can be adjusted as needed; we don't have to wait until the end of the week or a specific timeframe to make changes. Regular communication and progress updates allow for timely adjustments to minimise the risk of aggravating or worsening your injury.

What does an Occupational Rehabilitation Provider (ORP) do?

An ORP may be engaged for various reasons, such as challenges in communication with treaters, complex injuries, or difficulty identifying suitable return-to-work duties. Typically initiated by the Insurer, you'll have a choice among three providers. ORPs are independent from employers and Insurers and have an allied health background like physiotherapy. They do not treat the worker, they assess medical information, consult the worker and treaters about work-related injuries and recovery, and evaluate the workplace to determine suitable RTW plans.

Additionally, if you can't return to their pre-injury role or employer, ORPs offer new employer services, facilitated by job-seeking specialists within the ORP. This is initiated by the Insurer when medical information indicates an inability to return to the pre-injury employer indefinitely, or if there's no longer a pre-injury role available due to redundancy or business closure.

What is an Employee Assistance Program (EAP) and how can it help?

EAPs are external services funded by employers, offering a variety of counselling options including personal, financial, relationship, and nutritional counselling. The range of services depends on the service level agreement. Workplace injuries can lead to uncertainty, pain, and time away from work, impacting confidence, family dynamics, and overall wellness. EAPs serve as early intervention resources, supporting employees and their families, including children, during challenging times. Consult your RTW Coordinator to inquire about the availability and benefits of EAP for you and your family. Be assured that EAP services maintain complete confidentiality, ensuring your employer remains unaware of your utilisation of them.

Rights and Obligations

What are my rights?

- To choose my own doctor.
- If occupational rehabilitation services are required, I have a right to choose from a list of three.
- To be provided with RTW information and be consulted about how that information is to be made available.
- To be provided with RTW duties if I am unable to perform my normal job, as well as having my pre-injury role available, both for the duration of 52 weeks post-injury.
- To be consulted by your employer about planning my return to work.
- To be provided with clear, accurate and current details of my return to work arrangements as part of the return to work process.
- As far as reasonably practicable, Adventist Schools Victoria must consult and provide me with information regarding my return to work. I must be given a reasonable opportunity to consider and express my views about my return to work and have those views taken into account, and
- To be represented, assisted and supported (except by a legal practitioner) during any stage of the return to work process, including in the consultation process.

What are my obligations?

1. **Return to Work Efforts:** You're required to make reasonable efforts to return to suitable or pre-injury employment.
2. **Active Participation in RTW Planning:** Actively participate and cooperate with your employer and occupational rehab provider (if involved) in planning for your return to work.
3. **Cooperation with Rehabilitation Services:** If provided, cooperate with the occupational rehabilitation service and actively engage with the provider.
4. **Capacity Assessments:** Participate and cooperate in assessments of your capacity for work, rehabilitation progress, or future employment prospects.
5. **Collaboration with the Insurer:** If requested, actively participate, and cooperate with the Insurer in an interview (meeting) to enhance your opportunities to return to work.

A proactive approach to meeting these obligations include:

- Ensure my employer and Insurer have my current contact details and keep in regular contact with my employer, Insurer, and occupational rehabilitation provider (if involved).
- Regularly provide information about the progress of my recovery to my employer and Insurer. Keep them informed about your treatment progress and share my Certificate of Capacity with my employer.
- If the RTW plan matches my capacity, make every reasonable effort to return to work; if not, discuss immediately with your RTW Coordinator.
- Attend meetings arranged for my return to work and actively discuss my progress.

If you do not meet your obligations

You must make reasonable efforts to meet your obligations and get back to work. If your Insurer has a reason to believe that you are not meeting your return-to-work obligations, they will contact you to talk about their concerns, including your injury, circumstances and your progress towards getting back to work.

After considering your progress and circumstances, if they still believe that you are not making reasonable efforts to return to work or meet your obligations, they may take the following action:

Step 1. Send you a written warning that your weekly payments will be suspended from a specified date unless compliance with the obligations is met. The specified date will be at least 14 days after the written warning is given, but no more than 60 days after the warning is given. This letter will give you information about how to demonstrate you are meeting your return to work obligations. This will include the time frames you must meet and the consequences of failing to comply with your obligations.

Step 2. Suspend your weekly payments for 28 days, during which time a further opportunity will be given to you to meet your obligations. A letter will be sent to you providing further information about what you can do to meet your obligations in the 28 days.

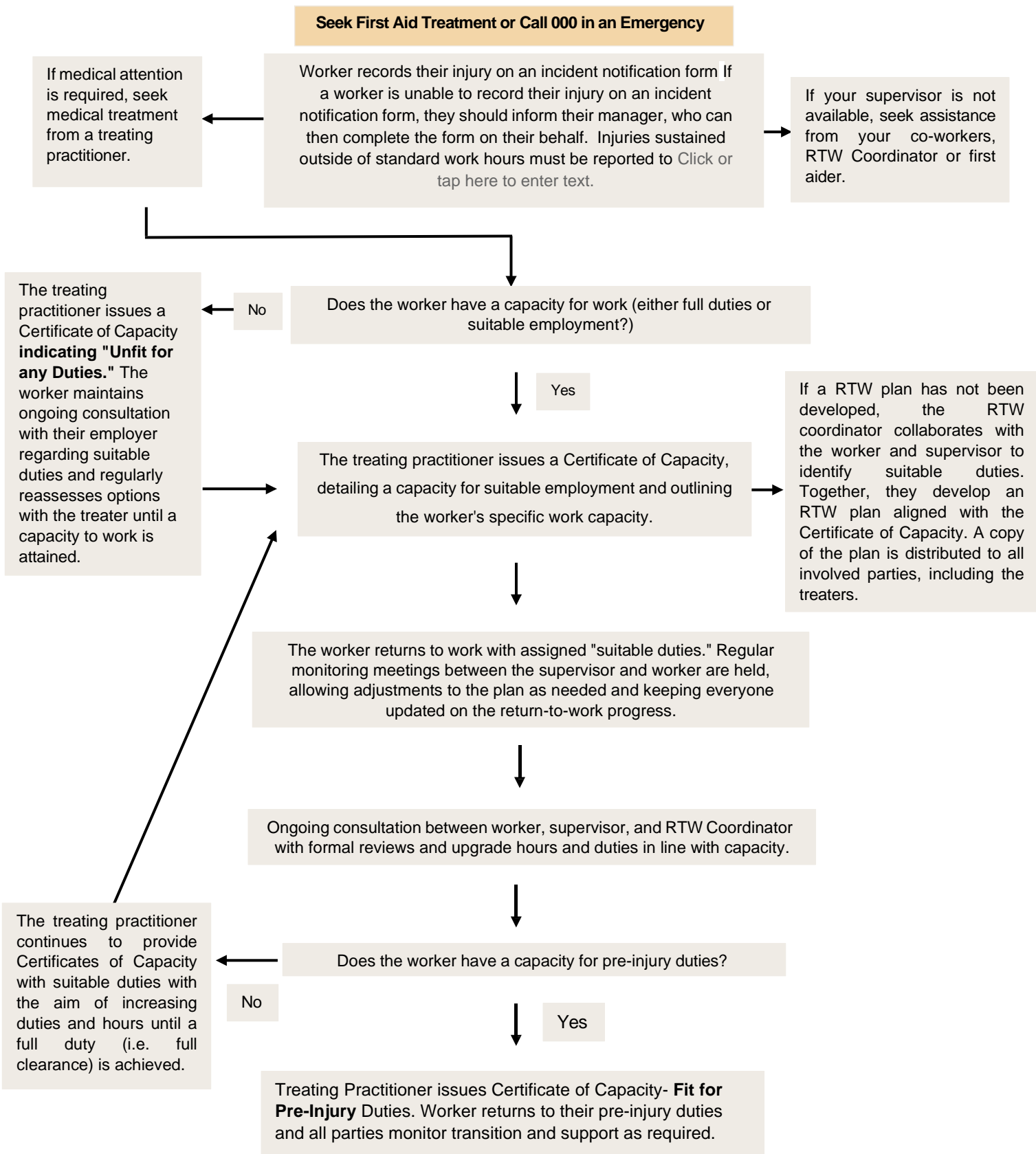
Step 3. Terminate your weekly payments.

What are my employer's obligations?

1. Begin planning for the worker's return to work as soon as they receive a certificate of capacity or a claim form. Initiate planning without delay, irrespective of their current capacity. Even in cases of incapacity, planning should still commence promptly.
2. Monitor and consult with the worker regarding their progress.
3. Provide suitable employment if the worker has an incapacity for work for a period of 52 weeks and provide them with their pre-injury job or an equivalent role upon receiving full clearance (fit for normal duties).
4. Appoint a competent return-to-work coordinator to assist the worker throughout the return-to-work process.
5. Make return to work information available to all your employees by displaying the "If You Are Injured" poster and maintaining an up-to-date and compliant return-to-work policy.
6. Ensure a safe work environment is established when planning a worker's return to work, aiming for a sustainable and safe transition aligned with the worker's capacity while minimising the risk of reaggravation.
7. Adhere to Victoria's workers' compensation, information privacy, and health records legislation by maintaining strict confidentiality of worker information. Keep a separate file for return-to-work documentation, ensuring no information is stored on the personnel file. Only share essential information with key parties involved in the return-to-work process.
8. Avoid discriminatory conduct.

Source: WorkSafe Victoria

Return to Work Flowchart



Post-Injury Checklist

- Record your injury on an Accident/Incident Notification form.
- Receive appropriate treatment and guidance from a medical treater (GP).
- Notify your supervisor and RTW Coordinator about your injury.
- Complete or lodge a Worker's Injury Claim form. *If you need assistance, contact your RTW Coordinator.*
- Obtain a 'WorkCover Certificate of Capacity' from your treating practitioner for time off work and provide it to your employer. *Remember to sign the back.*
- Complete the 'Payment Pending Claim Approval' form and forward it to your RTW Coordinator if you wish to be paid while the claim is pending.
- Complete the 'Authority to Release Medical Information' form and give it to your RTW Coordinator.
- Meet with your RTW Coordinator and supervisor to discuss your recovery and return-to-work process, including any barriers.
- Sign off on a formal return-to-work plan/agreement.
- Contact your RTW Coordinator about any work-related matters, including pay and RTW plans.
- Keep records of all aspects of your claim, including
 - Accident Notification form,
 - Certificates of Capacity
 - RTW Plan
 - Workers Injury Claim form,
 - Letters to or from the Insurer,
 - Receipts
- Keep a record of appointments, conversations, dates, times, and persons involved.

Weekly Payments Explained

If you're unable to work due to a work-related injury or illness and your compensation claim is accepted, you're entitled to weekly payments at either 95% or 80% of your pre-injury earnings.

Determining Your Payment:

These payments are based on your pre-injury average weekly earnings (PIAWE), which includes factors like your base rate, overtime, shift allowances, and penalty rates. Even if you're not working full-time or have multiple jobs, you may still be eligible for these payments.

Understanding PIAWE:

Your PIAWE is calculated based on your ordinary time rate of pay and the number of hours you typically work, averaged over the 12 months before your injury. For the first 52 weeks, your PIAWE may include overtime and shift allowances.

Payment Process:

Your employer is responsible for paying your compensation benefits on your normal payday, as long as you provide valid WorkCover Certificates of Capacity.

While Your Claim Is Assessed:

During the assessment period (up to 28 days), you have the option to use your entitlements like sick or annual leave. Alternatively, you can apply to Centrelink for interim support until your claim is approved.

Top-Up Payments:

Some organisations offer additional payments through agreements like EBAs to supplement your income while you're injured. Check with your RTW Coordinator to see if you're eligible.

Entitlement Breakdown:

First 13 Weeks:

- Receive your regular weekly pay for the hours you work as outlined in your RTW plan.
- Receive 95% of your PIAWE for the hours you're not working.

Week 14 to Week 52:

- Receive your regular weekly pay for the hours you work as outlined in your RTW plan.
- Receive 80% of your PIAWE for the hours you're not working.

Week 52 to Week 130:

- Receive your regular weekly pay for the hours you work as outlined in your RTW plan.
- Get 80% of your PIAWE for the hours you're not working (excluding shift allowance and overtime).

After 130 Weeks:

- Weekly entitlements cease unless specific criteria are met.

Complete the 'Payment Authority Pending Claim Approval' form in the initial stages of claim approval. If you have any questions, feel free to reach out to your RTW Coordinator for assistance.

WorkCover Certificate of Capacity

A valid WorkCover Certificate of Capacity is essential if you've lodged a claim for a lost-time injury or if you're unable to perform your usual duties. Whilst not mandatory for medical treatment only claims, it's advisable to obtain one.

The image shows two pages of a 'CERTIFICATE OF CAPACITY' form. Page 1 (left) contains sections for: 1. Worker Details (Name, Date of Birth, Date of Injury, etc.), 2. Diagnosis (ICD-10 code, description), 3. Capacity Assessment (Physical Function table for Neck, Shoulder, Elbow, Wrist/Hand, Hip, Knee, Ankle/Foot, and Mental Health Function), and 4. Mental Health Function (Attention/Concentration, Memory, Judgment). Page 2 (right) contains sections for: 4. Certification (Employer's assessment of capacity), 5. Treatment Plan (Description of treatment), 6. Certifier Declaration (Signature of Certifier, Date), and 7. Worker Declaration (Signature of Worker, Date). Both pages include checkboxes for 'Temporary' or 'Permanent' injury and 'WorkCover' or 'Other' insurance.

- The certificate contains crucial details such as the nature of your injury or illness, your current work capacity, and any limitations in performing your regular tasks.
- The initial certificate is valid for up to 14 calendar days and must be issued by a medical practitioner, not a physiotherapist.
- Subsequent certificates can be issued for up to 28 calendar days by physiotherapists, chiropractors, or osteopaths.
- Your GP must issue the initial certificate if you require time off work or cannot perform your pre-injury employment.
- It's vital to submit a valid Certificate of Capacity to receive your weekly payments.
- Invalid certificates are a common issue, causing delays in reimbursement and other setbacks. Refer to the example of a valid certificate provided in this toolkit to ensure accuracy.

Important: Your weekly payments can only be paid once you submit a valid Certificate of Capacity.



Invalid Certificates of Capacity issued by treating practitioners can cause significant frustration for injured workers, which often leads to delays and setbacks in paying a worker their weekly WorkCover benefits. It's crucial to refer to the example of a valid certificate of capacity provided on **page 20** and ensure strict adherence to its guidelines.

Benefits of Returning to Work

1. **Faster Recovery:** Statistically, staying active through RTW process expedites the recovery process.
2. **Social Connections:** Returning to work allows you to maintain social connections with colleagues, reducing feelings of isolation and promoting mental wellbeing.
3. **Seize Opportunities:** Being at work ensures you don't miss out on job opportunities, career advancements, or training programs that may arise.
4. **Prevent Deconditioning:** Returning to work helps prevent physical deconditioning that can occur from prolonged inactivity, improving overall health and mobility.
5. **Improved Family Life:** Having a regular routine and being engaged in work positively impacts family life, providing stability and financial security.
6. **Stay Connected:** Being present in the workplace helps you stay connected to your professional network and the broader community.
7. **Routine:** Establishing a routine through work is essential for mental health and overall wellbeing, providing structure and purpose.
8. **Identity:** Whether you love or dislike your job, work is a significant part of your identity, contributing to self-esteem and fulfillment.
9. **Reduce Long-Term Disability:** Returning to work promptly reduces the risk of long-term disability by promoting physical and mental rehabilitation.
10. **Stay Active:** Remaining active through work promotes physical health and reduces the risk of secondary health issues.
11. **Engagement:** Work engagement keeps your mind stimulated and prevents cognitive decline, contributing to overall cognitive health.
12. **Mental Health Benefits:** Returning to work reduces the risk of developing anxiety and depression associated with prolonged absence from the workplace.
13. **Maintain Job Security:** Being present at work helps maintain job security.
14. **Financial Stability:** Returning to work ensures continued income, providing financial stability for yourself and your family.
15. **Sense of Purpose:** Contributing to work gives you a sense of purpose and accomplishment, boosting self-confidence and motivation.



Forms, Samples and Examples

Sample Certificate of Capacity

CERTIFICATE OF CAPACITY



- A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness.
- The certifier will use this Certificate of Capacity to communicate with your employer and your case manager about your work capacity (refer to the TAC or WorkSafe Victoria (WorkSafe) website for who can certify). Note: The first medical certificate for a work-related injury/condition WorkSafe claim must be issued by a medical practitioner.
- Certifiers - Please type or use block letters and ensure that all relevant sections are complete. Incomplete forms may be returned.

This certificate has been issued in relation to a:

- Transport accident related injury (TAC Claim)
 Work related injury/condition (WorkSafe Claim)

This certificate has been issued to confirm attendance only Complete sections 1, 2, 5 & 6 only

Certificate Type
Select either transport accident (TAC Claim) or Work related Injury/Condition

1. Worker Details

Worker First Name: RACHEL
 Worker Last Name: SMITH
 Worker Address: 1 RESIDENCE WAY, MELBOURNE VIC 3000
 Claim Number (if known): 0123456789
 Date of Injury (if Claim number not known): 26/06/2022
 Date of Birth: 01/01/1990

2. Diagnosis

I examined you on 23/01/2023
 My Clinical Diagnosis/es based on my examination of you and other available information is:
 Fractured L; wrist (radius), soft tissue injury to L; Shoulder

Diagnosis
Adequate details must be provided under the "Diagnosis" and 'Description of Injury/Disease' so your Insurer can establish liability and determine whether there will be any ongoing incapacity relating to the injury. Where the information is inadequate, the certificate will be deemed invalid and returning to you.

Comments such as: "see previous certificate", 'pain', 'injury' render the certificate invalid.

3. Capacity Assessment

Your work capacity is affected by your injury/condition as follows:

Physical Function	CAN	WITH MODIFICATIONS	CANNOT	Physical Function - Additional Comments
Sit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking limited to flat surfaces only. No use of ladders or step stools Can not reach above shoulder with left arm (injured arm) Lifting to 2kg maximum only
Stand/Walk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bend	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Squat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Kneel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Reach above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Use injured arm/hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lift	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pain medication can cause sleep disturbances and cause drowsiness, fatigue- needs to start work 1 hour later to allow rest
Neck movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental Health Function	NOT AFFECTED		AFFECTED	
Attention/Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Functional Considerations - Additional Comments eg effects of medication Unable to drive (can not safely drive 1 handed)- no public transport on the island so will need assistance with taxis to and from work
Memory (short and/or long term)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Judgement (ability to make decisions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Functional Considerations - not listed above				Work Environment Considerations eg physical (temperature, noise, space, light) or mental health considerations that affect work capacity Limit shifts to 4 hours per day- 3 days a week maximum with a start time after 10 am

Physical Function Comments
Adequate details must be provided under the Additional Comments. The information given in this box ensures that an accurate Return to Work Plan can be created and developed. Inadequate information may result in you going back to the GP for more information before return to work can happen.

The same applies for mental health functioning-Additional comments in the event of a mental health injury.

Clear information
including specific needs of the worker to help ensure things like travel vouchers can be approved.

Space for **additional information** that will be helpful in developed an effective Return to Work Plan.



4. Certification

Note: Certificate durations for a work-related injury/condition (WorkSafe claim), unless special reasons apply are up to: + 14 days for the first certificate (must be issued by a medical practitioner), + 28 days for a subsequent certificate

Taking into account the effects of your injury/condition, as outlined in section 3, you:

Have a capacity for pre-injury employment from []/[]/[] ←

Have a capacity for suitable employment from 24/01/2023 to 23/02/2023

Have no capacity for employment from []/[]/[] to []/[]/[] ←

This box will be completed with dates when you receive a **full clearance**.

Initial certificate can only be for **14 days**. Subsequent certificates can be up to **28 days**.

NOTE: It is important that only one of these be selected at a time

Estimated timeframe to return to work [] days or [] weeks
An estimated timeframe will assist with planning for a return to safe work

5. Treatment Plan

Your treatment plan including injury management, strategies to increase capacity for work, address return to work barriers and/or prevent recurrence/aggravation of injury:

Non-opioid analgesia to manage pain
Keep as active as possible with water based rehabilitation
Review with surgeon in 1 month for wrist ←

This information helps plan your recovery. If you need things approved under your claim, this information needs to be here.

For a mental health injury this information would include psychological treatment.

6. Certifier Declaration

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge, true and correct.

Provider name, address and phone no. (or practice stamp)

Dr Doctor
Medical Centre
1 Medical Street Melbourne
VIC
Postcode 3000
Telephone (03) 87654321

Signature of Certifier ←

Provider number or hospital name
1 2 3 4 5 6 7 8 9
Date issued
23/01/2023

Certified Declaration

The following fields must be completed by the treating health professional. If this information is missing (including signature) the certificate will be returned.

7. Worker Declaration - WORKER TO COMPLETE

MANDATORY unless this is the first certificate or an attendance certificate only

At any time since the last Certificate of Capacity was provided, have you engaged in:
- voluntary work, or
- any form of employment or in self-employment for which you have received or been entitled to receive payment in money or otherwise?

No, I have not ←
 Yes, I have

You must select **yes or no**, depending on if you have been working elsewhere during this injury period.

Please provide details of any voluntary work, employment or self-employment you have engaged in (other than with your pre-injury employer as part of your return to work):

You must **sign this box**. Without a signature, the certificate is invalid and will be returned.

I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

Signature of Worker ←

Date []/[]/[]

Further Information


Returning to work
If you have a work capacity for suitable employment your employer and case manager will use the information provided by your certifier on the Certificate of Capacity to assess suitable options for you to safely stay at or return to work. They will take into account what you can do safely and any limitations that apply to your individual circumstances. A capacity for suitable employment could mean working reduced hours while you recover or working modified or different duties until you can return to your normal work with your pre-injury employer or another employer.

Privacy
The TAC and WorkSafe (WorkSafe Agents and Self-Insurers) will handle your personal and health information in accordance with their privacy policies and legislation. You can access privacy policy information at the TAC and WorkSafe websites.



Sample Return to Work Plan

Return To Work Arrangements (includes proposed suitable or pre-injury employment)

**Reducing workplace harm.** | **Improving outcomes for injured workers.**

Note: These return to work arrangements are not a new employment contract. These arrangements will be reviewed over time to ensure that the duties and hours are consistent with your capacity for work and are helping to progress your return to work. For information about developing return to work arrangements see page 4.

Details

These return to work arrangements are for

Name of worker	WorkSafe claim number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Pre-injury work	
Job title	Days/hours of work
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Location	
<input style="width: 95%;" type="text"/>	
Name of employer	
<input style="width: 95%;" type="text"/>	

Return to work arrangements

Duties or tasks to be undertaken
Describe the specific duties and tasks required. Include any physical and other requirements, e.g. lifting, sitting, rotation of tasks, etc.

FOR699/08/07/23
1

Workplace supports, aids or modifications to be provided

Describe workplace supports, aids or modifications
(e.g. rest breaks, buddy system, special tools, equipment, training, etc).

Specific duties or tasks to be avoided

Describe the specific duties and tasks that are to be avoided or restricted
(e.g. no loading pallets, tasks that are only to be undertaken with the assistance of another worker).

Medical restrictions

Describe the restrictions on the most recent *Certificate of Capacity* or from other sources
(e.g. phone call with the worker's treating health practitioner) other medical information provided
by the WorkSafe Agent. What date or for what period(s) do these restrictions apply?

Hours of work

It is recommended that where reduced hours are required the hours are gradually increased where appropriate.

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total p/w
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total p/w
Week 3	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total p/w
Week 4	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total p/w

Work Location (address, team, department) Start date

Supervisor (name, position, phone number) Review date

Prepared by (name, position, phone number)

Prepared on (date)

Key people involved in these return to work arrangements

Worker

I will participate in these return to work arrangements

Name	Phone	Signed	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Return to Work Coordinator

I will monitor and review these return to work arrangements

Name	Phone	Signed	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor

I will implement these return to work arrangements in the work area

Name	Phone	Signed	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Treating health practitioner

These return to work arrangements are consistent with the worker's capacity

Name	Phone	Signed	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes/additional information

If there is additional information you wish to include in this form, please attach any supporting documentation (e.g. medical reports, position descriptions, photos etc).

Using this template

Employers have a legal obligation under the Workplace Injury Rehabilitation and Compensation Act 2013 to provide suitable or pre-injury employment to their injured worker following a work-related injury or illness. Employers must also plan for their worker's return to work which includes assessing and proposing suitable or pre-injury employment.

Use this template to document your worker's return to work arrangements, including details of suitable or pre-injury employment. It's not mandatory to use this template, however completed templates can be used to demonstrate your efforts in providing clear, accurate and current details of return to work arrangements to your worker.

You should endeavour to propose suitable or pre-injury employment options even before your worker's treating health practitioner has certified that the worker has a capacity for work. The proposed options should be based on the worker's anticipated capacity for work, taking into account the nature of their injury. By doing this, you can show your support for the worker's return to work and indicate suitable duties that could be made available when the worker is ready to return to work.

Once completed, this Return to Work Arrangements template can be used to communicate the return to work arrangements to your worker, their treating health practitioner and any other people involved in the return to work process.

Planning return to work

There are a number of important steps you must take when planning your worker's return to work:

- **Obtain relevant information** about your worker's capacity for work. Review their current *Certificate of Capacity*, speak to your worker and their treating health practitioner who issued the certificate.
- **Assess suitable or pre-injury employment options** that are consistent with your worker's current or anticipated capacity for work and **consider whether there are reasonable workplace supports or modifications** that will assist your worker's return to work. Talk to the people who can help, such as the worker's supervisor or colleagues. See WorkSafe's *Step by Step Guide to Assessing Suitable Employment Options*. Your WorkSafe Agent (the Agent) can also help you in this process.
- **Consult** with your worker (as well as the individual representing, assisting or supporting them, if the worker has chosen one) their treating health practitioner and other key people such as an occupational rehabilitation provider (when involved).
- **Propose suitable or pre-injury employment** to your worker, their treating health practitioner and any other relevant person. This template can be used to document these arrangements. Although agreement is not essential, where possible it is preferable to achieve agreement between the relevant parties on the return to work arrangements and suitable employment as this assists successful return to work.
- **Provide clear, accurate and current details** of the worker's return to work arrangements to the relevant parties. Ideally, the worker should sign these arrangements to indicate their support.
- **Implement your worker's return to work arrangements.** Ensure relevant people know what your worker can and can't do.
- **Monitor your worker's progress** and update return to work planning when appropriate.

Monitoring Form

BACK TO WORK MONITORING FORM

This form will ensure the injured employee's monitoring, support, and guidance and better assist the manager and/or RTW Coordinator in effectively reviewing progress.



Employee's Name: _____

Week Commencing: _____

Day	Tasks performed	Hours worked	Comments about progress <i>(difficulties / arising issues)</i>	Actions required <i>(completed by manager)</i>	Sign off <i>employee</i>	Sign off <i>manager</i>
M						
T						
W						
T						
F						
S						

COMMENTS:

Signature: _____

Signature: _____

RTW Coordinator: _____

Department Manager: _____

Authority to Release Medical Information Form

Employee Authority:

I, **Insert Name** (employee), employed by Seventh-day Adventist Schools (Victoria) Limited hereby authorise my medical practitioners to release relevant medical information **related to my workplace injury/illness** to representatives of my employer. This information is solely for the purpose of assisting with my occupational rehabilitation and return to work. I acknowledge that my employer is not requesting non-work-related injury information, and I have the right to keep this information confidential.

My treating providers are as follows:

Treating practitioner: Click or tap here to enter text.

Physiotherapist: Click or tap here to enter text.

Chiropractor: Click or tap here to enter text.

Psychologist: Click or tap here to enter text.

Psychiatrist: Click or tap here to enter text.

Other (please specify): Click or tap here to enter text.

Employee Agreement:

I acknowledge that consent is necessary to support my return to work. All information obtained will be handled confidentially and in accordance with relevant State Legislations.

Employee name: Click or tap here to enter text.

Signed: Click or tap here to enter text.

Date: Click or tap here to enter text.

Organisation Agreement:

I, **Click or tap here to enter text.** representative name), representing Seventh-day Adventist Schools (Victoria) Limited employer name) hereby confirm that the provided information will be used exclusively to assist in the rehabilitation and return to work of our employee. Furthermore, I confirm that this information will be treated with the highest level of confidentiality and shared only with individuals directly involved in the return-to-work process.

Name: Click or tap here to enter text.

Signed: Click or tap here to enter text.

Date: Click or tap here to enter text.

Expenses Claim Form

Employee name: Click or tap here to enter text.

Claim number: Click or tap here to enter text.

I have incurred the following expenses as a result of injury/illness that occurred throughout the course of my employment and hereby request reimbursement.

- Pharmacy expenses \$ Click or tap here to enter text.
- Other expenses (specify): \$ Click or tap here to enter text.
- Other expenses (specify) \$ Click or tap here to enter text.
- Other expenses (specify) \$ Click or tap here to enter text.

Total \$ Click or tap here to enter text.

Please ensure all receipts and invoices are included. Failure to provide these documents may result in the inability to receive reimbursement for your expenses.

Name: Click or tap here to enter text.

Signed: Click or tap here to enter text.

Date: Click or tap here to enter text.

Invoice and receipts are attached

Initially, your Return to Work Coordinator may request these documents as part of their insurance excess. However, there will be a point where your Insurer will handle these payments. In such cases, please send the documents directly to your case manager.

Payment Authority Pending Claim Approval Form

*This form should only be filled out by an employee who has been absent from work due to a work-related injury or illness and is awaiting the **determination of their Workplace Injury Claim.***

I, , have lodged a Workers Injury Claim.

On .

Until the liability of my claim is determined, I opt to receive payment from my accrued entitlements. Please specify the entitlements you are referring to:

Sick Leave

Annual Leave

Long Service Leave

(Please note that it is company preference that sick leave entitlements be used in the first instance)

If I do not nominate any of the above entitlements, I acknowledge that my absence will be unpaid. I also acknowledge that if I have no entitlements owing to me, I may have access to payments from Centrelink.

I understand that once the Workplace Injury Claim is accepted, the entitlements used will be recredited. Additionally, I understand that if the claim is not accepted, there will be no credits of my entitlements.

Name

Signed

Date

Employee Feedback Form

Were you engaged in the consultation process for identifying return-to-work duties? Y/N (provide details where appropriate)	Did the return to work plan support you during your recovery? Y/N (provide details where appropriate)
Did you feel supported by your supervisor throughout the return to work process? Y/N (If no-why not)	Were you requested or did you undertake tasks beyond the scope of the return-to-work plan?
Was there sufficient communication and consultation throughout your return-to-work process and recovery period?	
Pre claims lodgement period	Y/N
Prior to RTW commencing	Y/N
During my RTW period	Y/N
Towards the end of my RTW	Y/N
Upon resuming pre-injury duties	Y/N
If any answer to the above question is no, please provide details here.	Can you provide suggestions on how we can improve or do things differently?
Any additional information you wish to share:	Name:
	Signature: