

# GIO Workers Compensation – Northern Territory

## Example Return to Work Program

Please print all details and provide signatures where required

Employee	Mr Joe Bloggs	Claim No.	xxxx
Employee telephone No.	(xx) xxxx xxxx		
Position title	xxxx	Section	Warehouse/Dispatch
Supervisor	Mr Jack Jones	Telephone No.	(xx) xxxx xxxx
		Facsimile No.	(xx) xxxx xxxx
Insurer managing the claim	[Insert company name]		
Contact person	Jill Sims	Telephone No.	(xx) xxxx xxxx

### Medical Details

Worker's treating medical practitioner	GP		
Email		Telephone No.	(xx) xxxx xxxx
Work restrictions on medical certificate	xxxx		
Date of review by worker's treating medical practitioner	xxxx		
Starting date	dd/mm/yy	Duration	4 weeks
Finish date	dd/mm/yy		

### Goal

Mr Bloggs to return to 40 hrs/week as a Fork-lift/Dispatch Officer.

### Date / time of commencement

Monday 15 August at 8.30am.

### Review date

Thursday 25 August. Should any changes to the return to work program be made [Insert Employer's Name] will discuss them with the treating General Practitioner (GP) and Mr Bloggs prior to amending.

## Example: NT Return to Work Program (continued)

Week	Duties	Mon	Tues	Wed	Thurs	Fri	Total
<b>Week 1</b> dd/mm/yy	Co-ordinate incoming orders, check outgoing items, take telephone inquiries.	4 hrs 8am–12pm	–	4 hrs 8am–12pm	–	4 hrs 8am–12pm	12 hrs
<b>Week 2</b> dd/mm/yy	As above plus, pack loads <5kg, fork-lift driving but not > 20 minutes at a time	6 hrs 8am–2pm inc. 30 min lunch break	–	6 hrs 8am–2pm inc. 30 min lunch break	*GP review	6 hrs 8am–2pm inc. 30 min lunch break	18 hrs
<b>Week 3</b> dd/mm/yy	As above plus, packing and unpack loads <10kg, up to 1hr at a time fork-lift driving	8 hrs 8am–4pm inc. 30 min lunch break	4 hrs 8am–12 *Specialist review	8 hrs 8am–4pm inc. 30 min lunch break	4 hrs 8am–12	8 hrs 8am–4pm inc. 30 min lunch break	32 hrs
<b>Week 4</b> dd/mm/yy	Full pre-injury duties	8 hrs 8am–4pm inc. 30 min lunch break	6 hrs 8am–2pm inc. 30 min lunch break	8 hrs 8am–4pm inc. 30 min lunch break	6 hrs 8am–2pm inc. 30 min lunch break	8 hrs 8am–4pm inc. 30 min lunch break	36 hrs

### Recommendations

- ▶ Mr Bloggs to report any increase in symptoms immediately to Mr Jones and consult his treating General Practitioner as soon as a medical review can be arranged.
- ▶ To take regular stretch breaks.
- ▶ Mr Bloggs to continue physiotherapy on Tuesday and Thursday for Weeks 1 and 2.
- ▶ Dr GP to review Mr Bloggs and evaluate ongoing treatment on Thursday 25 August.
- ▶ If the program needs altering, all parties must be discussed and give approval.

Required actions	By Whom	By When
1. To attend Consultant Occupational Physician appointment on Tuesday 30 August at 2.30pm.	Mr Bloggs	dd/mm/yy
2. To report to Supervisor on each day of Program and advise of progress and concerns (if any).	Mr Bloggs	dd/mm/yy
3. To advise Injury Management Co-ordinator of Mr Blogg's progress, difficulties and concerns (if any).	Mr Bloggs	dd/mm/yy
4. To attend for medical review with treating medical practitioner on 25 August.	Mr Bloggs (& Mr Jones)	dd/mm/yy
5. To contact treating medical practitioner and Mr Bloggs to discuss, develop and obtain signed agreement for Return to Work Program 2.	Mr Bloggs	dd/mm/yy

I agree to the terms of this return to work program.

Employee's signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Print name	<input type="text" value="Joe Bloggs"/>		
Co-ordinator's signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Print name	<input type="text" value="Jack Jones – Supervisor"/>		

# [Insert Company Name] Injury Management System

## Policy

[Insert Company Name] is committed to assisting employees who have sustained a work related injury or impairment to access the best possible medical treatment and to provide suitable duties to facilitate a return to gainful employment with the process beginning at the earliest possible moment.

## Injury management co-ordinator

### Your key contact for assistance with managing your workplace injury is:

[Insert Company's Name] Injury Management Co-ordinator's name.

At [Insert Company Address]

On phone number [Insert Company Phone No.]

## Injury management partners

To ensure you receive the best possible treatment and intervention to assist with your recovery [Insert Company Name] has formed alliances with the following injury management parties who know our company and our industry. These services will be engaged as required in consultation with yourself and our Injury Management Co-ordinator.

Preferred medical provider

Contact details

Preferred vocational rehabilitation provider

Contact person

Contact details

### What you need to do as soon as an injury occurs:

- ▶ Report injury to your Supervisor.
- ▶ Obtain a First Medical Certificate from a Medical Practitioner of your choice.
- ▶ Complete a claim form and submit to [Insert Company's Name] Injury Management Co-ordinator of injury.
- ▶ Participate in your Return to Work Program.

### What [Insert Company Name] will do

- ▶ Arrange first aid.
- ▶ Arrange or escort you to your treating medical practitioner or Dr [Insert Doctor's Name].
- ▶ Provide you with an injury management kit, which includes the claim form.
- ▶ Work with you to identify suitable duties and develop a return to work program.
- ▶ In consultation with you, Name of [Insert Company's Name] Injury Management Co-ordinator will amend your return to work program in accordance with your treating medical practitioner's recommendations.

## How to contact us

- ▶ Phone: **13 10 10**
- ▶ Web: **[gio.com.au](http://gio.com.au)**
- ▶ Email: **[wcclaimsnt@gio.com.au](mailto:wcclaimsnt@gio.com.au)**
- ▶ Fax: **1300 684 462**
- ▶ Post: **NT Claims, GPO Box 377  
Darwin, NT 0801**

## Who we are

Insurance issued by AAI Limited  
ABN 48 005 297 807 trading as GIO.