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| 1. **Plan Number 1 - Details** | | | | | | |
| Employee: | Mr Joe Bloggs | | *Job Title & Brief Description:*  Casual Bar Attendant  Mr Bloggs is required to serve customers and serve drink / food orders as requested, receive payment and provide change, clear tables of glasses and crockery as required, operate the TAB and poker machine desk, continuously ensure a clean working environment and cleaning of glasses and monitor RSA/RCG requirements. | | | |
| Phone: | 04NN NNN NNN | |
| Employer Contact: | Ms Josephine Bloggs | |
| Phone: | 04NN NNN NNN | |
| Treating Doctor: | Dr Joseph R Bloggs | | *Return to Work Goal* (select one): | | |  |
| Phone: | 02 NNNN NNNN | | Return worker to their pre-injury employment with their pre-injury employer  Return worker to ‘suitable employment’ with their pre-injury employer  Suitable employment role: N/A | | | |
| Duration of this Plan | | From: | 01/03/17 (suitable duties) | To: | 01/05/17 (pre-injury duties) | |
| Certificate of Capacity Dates (max 28 days): | | From: | 22/02/17 | To: | 30/02/17 | |
| Next RTW Planning Meeting / Review Date: | | 30/03/17  Mr Bloggs is due to consult his NTD Dr Bloggs on this date | | | | |

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| 1. **Suitable Duties / Suitable Employment Details** | | | | | | | | | | | | | | | | |
| **Stage 1 commencing:**  *Dates:* */     /      to*  */     /* | *Duties (including location)*  Boomerang Catching Hotel   * Roster planning and distribution * Invoice payment * Banking * Procurement * Work health and safety risk assessment * Coordinating various deliveries | *Required Capacity (from Work Capacity Certificate)*   * Work for up to 7.5 hours per day, 5 days per week * Sitting / standing to alternate as required * Frequent keying / writing * Lifting up to 1kg | | | | | | | | | | | | | | |
| *Tasks to avoid:*   * Normal casual bar duties * Lifting of deliveries |
| Additional Considerations: | Nil | Days | *Sun* | | *Mon* | | *Tue* | | *Wed* | | *Thu* | | *Fri* | | *Sat* | |
| Hours | 0 | | 7.5 | | 7.5 | | 7.5 | | 7.5 | | 7.5 | | 0 | |
| **Stage 2 commencing:**  *Dates:*  *15/03/17 to 28/03/17* | *Duties (including location)*  Aspects of Bar Attendant duties including:   * Customer service and making / serving of drinks and food; * Taking payment and providing change; * Clearing plates (up to 1 plate in each hand) and glasses (up to 2 glasses stacked at once) and placement in dishwashing tray; and * Operation of the TAB and poker machine desk. | *Required Capacity (from Work Capacity Certificate)*   * Work for up to 7.5 hours per day, 5 days per week * Frequent sustained standing * Lifting up to 3kg * Work between ankle and above head height | | | | | | | | | | | | | | |
| *Tasks to avoid:*   * Lifting or carrying more than one plate or 2 stacked glasses in one hand when clearing tables * Lifting or carrying full trays of glasses either into or out of the dishwasher * Lifting or carrying cartons of beer or wine or spirits * Lifting anything heavier than 3kg |  | | | | | | | | | | | | | | |
| Additional Considerations: | Hours can be provided for pre-injury hours of 37.5 hours per week and will be rostered once approved by NTD to ensure appropriate assistance is available to support Mr Bloggs. | Days | | *Sun* | | *Mon* | | *Tue* | | *Wed* | | *Thu* | | *Fri* | | *Sat* |
| Hours | | TBC | | TBC | | TBC | | TBC | | TBC | | TBC | | TBC |
| **Proposed Upgrade** (subject to medical approval)  *Dates:*  *29/03/17 and continuing*  */     /* | *Duties:*   * Customer service and making / serving of drinks and food * Taking payment and providing change * Plate and glass clearing and cleaning * Operation of the TAB and poker machine desk * Frequent tidying and cleaning of bar area * Restocking of shelves / fridges * Other tasks as delegated by management | *Required capacity:*   * Work for up to 7.5 hours per day, 5 days per week * Frequent sustained standing and walking * Frequent bending and reaching to work at all heights * Occasional pushing and pulling up to 100kg (trolley) * Lifting up to 15kg between ground and shoulder heights | | | | | | | | | | | | | | |
| Additional Considerations: | Mr Bloggs is a casual employee, and as such, exact hours will be rostered at a future date. | Days | | *Sun* | | *Mon* | | *Tue* | | *Wed* | | *Thu* | | *Fri* | | *Sat* |
| Hours | | TBC | | TBC | | TBC | | TBC | | TBC | | TBC | | TBC |

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| 1. **Treatment During this Plan** (e.g. physiotherapy) | | 1. **Training / Equipment / Modifications Required** |
| Type: | Physiotherapy | *Details:* Mr Bloggs will be provided with relevant assistance during his return to work to ensure he is able to stick to the relevant physical restrictions during his recovery. |
| Frequency *(times per week)*: | As directed by Physiotherapist (currently 3 times per week) |
| Number of treatments to date: | 2 |
| Improvements achieved: | Mr Bloggs has outlined some improvement with pain and function. |

**Signatures**

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| Name (Treating Doctor) | | Dr Jospeh Bloggs | | | Name (Injured Worker): | | Mr Joe Bloggs | | |
| \*Signature: |  | | Date: | /     / | \*Signature |  | | Date: | /     / |
| Name (Employer): | | Ms Josephine Bloggs | | | Name (Rehab Provider): | | N/A – not involved at this stage | | |
| \*Signature: |  | | Date: | /     / | \*Signature: |  | | Date: | /     / |

*\* If any party does not agree to sign the Return to Work Plan then the reason for this must be noted in the signature box above*

**Please complete this form and return to Club Employers Mutual:**

**🖃:** GPO Box 4143, SYDNEY NSW 2001

**🖂:** [info@clubemployersmutual.com.au](mailto:info@clubemployersmutual.com.au)

**:** 02 8251 9495

***Copies*** *of this Return to Work Plan should be provided to the: Injured**Worker; Employer; Nominated Treating Doctor; any Treatment Providers involved; and any Rehabilitation Providers involved.*