

Return to Work Plan

SAMPLE

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Purpose of this Return to Work (Rehabilitation) Plan

This Return to Work (Rehabilitation) Plan sets out the structured process that [Company Name] will follow to support an injured or ill worker to safely recover at work and, where possible, return to their pre-injury duties. It is designed to:

- Provide a clear, documented pathway for rehabilitation and return to work.
- Meet legislative obligations under relevant Australian work health and safety (WHS) and workers compensation laws.
- Facilitate early, safe and sustainable return to work outcomes.
- Clarify responsibilities of all parties involved in the rehabilitation process.

This plan applies to all workers of [Company Name], including full-time, part-time, casual, labour hire, apprentices, trainees and volunteers who suffer a work-related injury or illness, and may also be adapted for non-work-related injuries where agreed.

Worker and Incident Details

This section records the essential details of the worker and the incident or condition giving rise to the need for a Return to Work (RTW) Plan.

Field	Details
Worker name	
Employee number / ID	
Job title / position	
Department / work area	
Work location / site	
Employment status (FT/PT/Casual/Other)	
Date of birth	
Contact phone	
Email address	
Residential address	
Injury / illness type (diagnosis, if known)	

Field	Details
Body part(s) affected	
Date of injury / onset of illness	
Time of injury (if applicable)	
Incident location	
Incident description / mechanism of injury	
Reported to (name and position)	
Date and time reported	
Workers compensation claim number (if applicable)	
Insurer name and contact	

Incident Summary

Provide a factual summary of the incident or circumstances leading to the injury or illness, including any immediate contributing factors and controls in place at the time. Avoid assigning blame; focus on what happened and how.

- Incident investigation completed
- Corrective actions identified
- Corrective actions implemented or scheduled

Medical and Capacity Information

This section captures information from treating health practitioners and any independent assessments about the worker's current capacity for work.

Field	Details
Treating doctor (GP / specialist) name	
Practice / clinic name	
Contact phone	
Email	

Field	Details
Date of latest medical certificate	
Certificate type (fit, fit for suitable duties, unfit)	
Certificate period (from/to)	
Functional capacity summary	
Relevant medical restrictions	
Next medical review date	

Current Work Capacity

Summarise the worker's current work capacity based on medical advice, functional assessments and worker feedback. This may include:

- Capacity for hours (e.g. maximum hours per day/shift and per week).
- Capacity for specific tasks (e.g. lifting, bending, repetitive movements, computer work, driving, working at heights).
- Environmental restrictions (e.g. exposure to heat, noise, vibration, chemicals, psychosocial stressors).
- Psychosocial and cognitive considerations (e.g. concentration, fatigue, anxiety, mood, sleep disturbance).
- Capacity assessment obtained from treating doctor
- Functional capacity evaluation (if required)
- Worker consulted regarding perceived capacity and tolerances

Restrictions and Precautions

Document all restrictions and precautions that must be adhered to in the workplace to prevent aggravation of the injury or illness and to support safe recovery.

Restriction / Precaution	Details
Maximum lifting / carrying limit	
Maximum push / pull force	
Standing / walking tolerance	