

# Recover at work plan – a tool for employers



State Insurance  
Regulatory Authority

Use this form to develop an effective recover at work plan for your worker to support their recovery at work.

## Recover at work plan

Plan number      Date plan developed (DD/MM/YYYY)

### Section 1: Worker's details

Given name(s)

Surname

Claim number

Contact number

Mobile number

Job title

### Work location

Worksite, department etc

### Supervisor's details

Name

Daytime contact number

Email

## Section 2: Worker's capacity

Worker's capacity (refer to *certificate of capacity*, discussion with worker etc)

Treatment arrangements (list any upcoming treatment appointments)

Date	Time	Treatment

Proposed recover at work goal(s) and predicted timeframe for achieving them

## Section 3: Duties

Duties identified within the worker's capacity to be performed

from \_\_\_\_\_ to \_\_\_\_\_ (DD/MM/YYYY)

### Identified duties

Work attendance arrangements (hours or days of work) and location(s)

Equipment, workplace modifications or other strategies to support recovery at work

Monitoring arrangements

Person	Contact number	Frequency

## Section 4: Review and planning arrangements

Date of next review (DD/MM/YYYY)      Name of person responsible for review and updating of plan

The following duties are available when the worker's capacity improves or at next review:

## Section 5: Agreement

I, \_\_\_\_\_ (worker's name)

of \_\_\_\_\_ (company name)

confirm that I have participated in the development of the above recover at work plan, agree to the arrangements as detailed and understand that those duties offered that are outside my normal work are offered on a short term basis to help me recover.

I, \_\_\_\_\_ (employer's  
representative/the return to work coordinator) for

\_\_\_\_\_ (company name)

confirm that relevant stakeholders have been consulted in the development of this recover at work plan and understand the arrangements as detailed.

The following parties have been provided with a copy of the plan (tick if applicable):

supervisor	nominated treating doctor	workplace rehabilitation provider	union representative
------------	------------------------------	--------------------------------------	-------------------------