

Intervention outcome report

Pre-injury employer service

1. Claim & referral details

Worker name		Worker date of birth	
Claim number		Date of injury	
Claims agent		Case manager	
Employer			
Weekly income maintenance at referral		Entitlement weeks at referral	
Current referral	<input type="checkbox"/> RAW level 1	<input type="checkbox"/> RAW level 2	<input type="checkbox"/> PI duties transition
	<input type="checkbox"/> RTW level 1	<input type="checkbox"/> RTW level 2	
	<input type="checkbox"/> CRTW level 1	<input type="checkbox"/> CRTW level 2	

2. Suspensions approved by case manager (complete where applicable)

	Date service re-commenced	Days of suspension

3. Income maintenance payment proportion (IMPP)

Worker's maximum weekly income maintenance entitlement at closure (confirm notional weekly earnings with case manager):

Gross weekly earnings from employment at closure (confirm with employer):

4. Summary of outcome achieved

Closure/outcome date (as agreed with case manager):

Weekly income maintenance at date of closure: \$

* Where available, attach a payslip or updated WorkCover medical certificate.

- Full outcome
- safe and durable RAW/RTW outcome with no expected future income maintenance entitlement (complete Section 4)
- Partial outcome
- improvement from RAW or RTW status at time of initial referral (complete Section 5)
- Nil outcome
- no improvement from RAW or RTW status at time of initial referral (complete Section 5)

5. RAW/RTW information

5.1 Summary of actions provided in support of the outcome:

5.2 Risks and barriers that may impact the durability of outcome:

5.3 Recommendations to address 4.2:

5.4 Has the worker resumed pre-injury duties, at pre-injury hours: YES / NO

If yes, what arrangements have been made for maintaining this status:

If no, what arrangements have been implemented for transitioning to pre-injury duties:

5.5 Further recommendations for the future management of worker's RAW / RTW:

6. RTW goal review (pre-injury employer)

6.1 Where nil or partial return to work is achieved,

- detail the barriers that may impact on worker's ability to return to work with pre-injury employer:
- detail the barriers that may impact on worker's ability to participate in other return to work services:

- detail suitable employment information including transferrable skills, qualifications, interests and abilities:

6.2 Is the current return to work goal with pre-injury employer appropriate? YES / NO

Provide further information:

6.3 Other relevant recommendations and actions required to support the worker's return to suitable employment:

7. Provider details

Name	
Title	
Company	
Address	
Phone number	
Email address	
Signature:	
Date:	

