

Intervention outcome report

Fit for work (FFW) 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		Certified work capacity threshold at referral	1 (does not meet JPS referral criteria) 2 (meets JPS referral criteria)

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

Date service suspended	Date service re-commenced	Days of suspension

3. Suitable employment information

Transferable skills	
Employment & education history, qualifications, certificates, interests and abilities	
Other relevant information	

4. Suitable employment goal (SEG) identified

1. Suitable employment goal		Level of remuneration	
	Labour market information		
	Recommendations to achieve SEG		
2. Suitable employment goal		Level of remuneration	
	Labour market information		
	Recommendations to achieve SEG		
3. Suitable employment goal		Level of remuneration	
	Labour market information		
	Recommendations to achieve SEG		

5. Fitness upgrade program progress (where relevant)

Fitness pathway service	Contribution to worker's certified medical capacity
Arranged and successfully completed	
Arranged but not completed	
Not arranged, but agreed by doctor	

Recommendations to assist the worker to upgrade medically certified work capacity:

6. Summary of outcome achieved

Closure date (as agreed with case manager):

Worker's certified work capacity at referral (hours):

Worker's certified work capacity at closure (hours):

* *Attach a WorkCoverSA medical certificate.*

- ☐ 1: does not meet criteria for referral to job placement service
- ☐ 2: meets the criteria for referral to job placement services, but not fit for pre-injury hours
- ☐ 3: eligible for job placement services, and fit for pre-injury hours

7. FFWadditional information

Risks that may impact the durability of worker's current medically certified work capacity, or future upgrades:

Strategies implemented to ensure durability of medically certified work capacity:

Recommendations to achieve or sustain an increase in medically certified work capacity:

Details of work trials or training completed:

8. Medical information

Evidence provided:

Further comments:

9. Attachments

- ☐ Job descriptions
- ☐ Award information
- ☐ Labour market information
- ☐ Qualifications, certificates
- ☐ Resume
- ☐ Other:

10. Provider details

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