

**SUITABLE DUTIES PLAN**

SS-WHS-R2W-000

Authorised By:  
Rev 1 29/09/2023

<b>INJURED WORKER DETAILS</b>		<b>PHONE NUMBER</b>	
<b>SUPERVISOR DETAILS</b>		<b>PHONE NUMBER</b>	
<b>TREATING DOCTOR DETAILS</b>		<b>PHONE NUMBER</b>	

<b>PLAN GOAL (LONG TERM)</b>	<i>E.g., staged return to full duties</i>
<b>PLAN COMPLETED BY</b>	<i>Employer / Doctor / Insurer</i>
<b>DURATION OF THIS PLAN</b>	<i>Worker is fit for suitable duties from: (date) to: (date)</i>
<b>JOB DESCRIPTION</b>	<i>E.g., mechanic</i>

<b>WEEK (DATES)</b>	<b>DUTIES</b>	<b>RESTRICTIONS</b>
<i>E.g., week 1 - 10/3/23 – 17/03/23</i>	<i>Office duties only. Computer work, attending meetings</i>	<i>No lifting, bending or twisting</i>

<b>TREATMENT DURING PLAN</b>	<i>E.g., physiotherapy twice per week, anti-inflammatory medication</i>		
<b>TRAINING REQUIRED?</b>	<i>YES / NO (If yes, provide details)</i>	<b>REVIEW DATE</b>	<i>E.g., plan to be reviewed weekly</i>

<b>DOCTOR STATEMENT</b>	<i>I approve this plan.</i>	<b>SIGN &amp; DATE</b>	
<b>WORKER STATEMENT</b>	<i>I have been consulted and agree to participate.</i>	<b>SIGN &amp; DATE</b>	
<b>SUPERVISOR STATEMENT</b>	<i>I agree to ensure this plan is implemented / enforced.</i>	<b>SIGN &amp; DATE</b>	
<b>RRTWC STATEMENT</b>	<i>I agree to monitor this plan.</i>	<b>SIGN &amp; DATE</b>	