# Workplace rehabilitation – Initial conversation

**Privacy Notice:** The Department of Education (the department) is collecting information on the below employee’s health and its impact on work in accordance with the department’s ‘Workplace rehabilitation’ procedure, to support the provision of a workplace rehabilitation program. The information will only be accessed by a Rehabilitation and Return to Work Coordinator, to facilitate the employee’s workplace rehabilitation. Some of this information may be given to WorkCover Qld, QSuper or other insurer, a treating doctor or allied health professional or a doctor appointed by the department for the purpose of informing rehabilitation options. Information relevant to the impact of an injury/illness upon an employee’s work may be discussed with a supervisor for the purpose of identifying rehabilitation options. Information may also be discussed with Regional or Central Office Organisational Health and Human Resources employees. The employee’s information will not be given to any other person or agency unless the employee has given their consent or the department is authorised or required to respond to lawful requests from public authorities, including law enforcement.

*Action required: To be completed by the Rehabilitation and Return to Work Coordinator during the initial conversation with an injured or ill employee to ensure major issues are discussed at this time.*

**Employee details**

|  |  |
| --- | --- |
| **Name:**  | **Conversation date:**  |
| **Working location:**  | **Position title:** |
|  | **Phone (H / W):** |
| **email:** | **Phone (Mob.):** |

*Duties before injury:*

**🗌 Role of Rehabilitation and Return to Work Coordinator discussed**

**🗌 Rehabilitation process outlined (including employee’s rights and responsibilities)**

**Injury/illness and medical practitioners**

*Diagnosis:*

*History of injury/illness:*

*Treatment:*

*Name and contact details of Medical Practitioners (GP and Specialist/Rehabilitation provider):*

*Prognosis:*

*Impact of injury/illness upon ability to work (including limitations/restrictions/barriers):*

*Other information/comments:*

**🗌** *Voluntary medical authority discussed:*

**WorkCover / QSuper (or other insurer) / Leave**

**🗌 WorkCover processes discussed (if appropriate)**

**🗌 QSuper (or other insurer) processes discussed (if appropriate)**

**🗌 Leave balances and options discussed**

*Other information/comments (including claim/application details and contacts):*

**Return to work details**

*Rehabilitation goal:*

*Return to work options discussed:*

*Actions to achieve rehabilitation goal:*

*Other information/comments:*

**🗌 Rehabilitation plan developed**

**🗌 Return to work plan developed (if appropriate)**

**Financial details:**

**Leave funded by: 🗌 WorkCover 🗌 QSuper 🗌 Sick Leave 🗌 Other**

**Actions arising out of conversation:**

*Actions for employee following conversation:*

*Actions for Rehabilitation and Return to Work Coordinator following conversation:*

*Other notes/comments:*

**Signature:**

**Name of Rehabilitation & Return to Work Coordinator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Rehabilitation & Return to Work Coordinator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_\_