**Privacy Notice:** The Department of Education (the department) is using 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 or amending 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.

# Rehabilitation Plan CM07

|  |  |
| --- | --- |
| Employee Name: |  |
| School / Location: |  |
| Rehabilitation Goal: |  |
| Review Date: |  |

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| --- | --- | --- | --- |
| **OBJECTIVE/ACTION** | **RESPONSIBILITY** | **TIMEFRAME** | **COMPLETED** |
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**INFORMATION PROVIDED/DISCUSSED**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **RESPONSIBILITIES** | | | **LEAVE CHECKLIST** | | | | |
| Employee | | R & RTW Coordinator | Sick Leave | | WorkCover | | QSuper |
| □ Medical Certificates | | □ Medical authority | □ Leave balance | | □ Eligibility | | □ Sick leave balance |
| □ Leave applications | | □ Treating doctor contact | □ Return to work programs | | □ Assignee pay | | □ Eligibility |
| □ Supervisor contact | | □ Supervisor contact | □ Payroll notified of GRTW program | | □ WorkCover advised of GRTW | | □ Completed application |
|  | |  |  | | □ Six month rate review | | □ QSuper advised of GRTW program |
|  | |  |  | | □ Declaration of other work | |  |
| Employee signature:  Date: |  | | | R & RTW Coordinator signature:  Date: | |  | |