**EARLY INTERVENTION PROGRAM ACKNOWLEDGEMENT FORM**

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| --- | --- |
| **Worker’s Full Name:** |  |
| **Employer:** |  |
| **Description of Injury:** |  |
| **Date Of Injury or Date Identified:** |  |
| **Incident Report number:** |  |

By signing this form, I understand that:

My Employer may pay for up to one thousand dollars ($1,000) on approved GP consults, allied health sessions and medication.

* It is my decision to either; access my Employer’s Early Intervention Program or lodge a Workplace Injury Claim at this time.
* I can subsequently choose to lodge a Workplace Injury Claim at any time during this process, including at the cessation of the Early Intervention Program funding.
* My agreement to participate in my Employer’s Early Intervention Program does not constitute an admission of Workers Compensation liability by my Employer as per section 177 of the Return to Work Act 2014 (see below).

***Section 177—Payment not to constitute an admission of liability***

*A payment by the Corporation or an employer to a worker does not constitute an admission of liability or estop a subsequent denial of liability.*

* I elect to access my Employer’s Early Intervention Program.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |