**Seriously Injured Worker Support Plan**

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| 1. DETAILS
 |
| Plan commencement date. |       | **Plan completion date.** |       |
| Injured workers name.: |       | **Claim number** |       |
| Date of birth. |       | **Date of injury** |       |
| Preferred language |       | **Injury.** |       |
| Interpreter required? | **Yes** | [ ]  | **No** | [ ]  | **Pre-injury employer** |       |
| Date Consulted |       | **Injury Management Business Partner (name)** |       |
| 1. MY OBJECTIVES:
 |
|       |
| 1. MY TREATMENT
 |
|       |
|       |
| 1. MY SERVICES
 |
|       |
|       |
| 1. MY EMPLOYMENT
 |
| Rehabilitation assistance to increase participation in the community has been offered.       (name) has declined at this time but they are aware they can take up this offer at any time.  |
| 1. MY SUPPORT
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|       |

If you require any additional assistance at any time, please contact the Catholic Safety & Injury Management Team phone **08 8210** **8101** or email **enquiries @csaim.org.au.**