**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: | | | | | | |
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| 1. MY TREATMENT | | | | | | |
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| 1. MY SERVICES | | | | | | |
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| 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.**