**EARLY INTERVENTION PROGRAM EMPLOYER REPORTING TEMPLATE**

Please complete at the cessation of the Early Intervention Program for each Worker and send a copy through to CSaIM Office injurymanagement@csaim.org.au

|  |  |
| --- | --- |
| **EMPLOYER NAME:** |  |

|  |  |
| --- | --- |
| **Worker:** |  |
| **Date:** |  |
| **Site:** |  |
| **Incident Report number:** |  |
| **Total Cost:** | **$** |
| * Cost Breakdown (Doctor):
 | **$** |
| * Cost Breakdown (Physio):
 | **$** |
| * Cost Breakdown (Other):
 | **$** |

Please attach copies of paid invoices.