**APPLICATION FOR FUTURE SURGERY**

DATE

Worker Name

Address Line 1

Address Line 2

**RE:** **Claim number**:

**Date of Injury**:

**Nature of Injury:**

This form is for the purpose of seeking pre-approval under section 33 (17) of the Return to Work Act 2014 for surgery to occur after the cessation of your entitlement period.

This application is required to be made, in full, prior to your medical cessation date as per section 33(21)(b)(ii) unless the surgery relates to a therapeutic appliance (such as joint replacement surgery) for which you can apply at the time the surgery is required.

In order for your application to be made, it must comply with Regulation 22(2) of the Return to Work Regulations 2015, you will need to provide the below listed information in order to satisfy this:

1. Please provide medical evidence from your doctor confirming the need for surgery at a later date;
2. Please complete the below table:

|  |  |  |
| --- | --- | --- |
| **Injured Worker Name:** | |  |
| Claim Number: |  | |
| Address: |  | |
| Contact Phone Number: |  | |
| Date of Birth: |  | |
| Date of Injury: |  | |
| Employer: |  | |
| Injury Sustained |  | |
| Name/Details of surgical procedure sought? | |  |
| Details of the reason for making this application.  (Please provide clear details confirming why you believe it is reasonable and appropriate for the propose surgical procedure(s) to be undertaken outside of your medical entitlement period). | |  |

**Signed:** ……………………………………….

**Name:** ………………………………………….

**Date:** ……………………………………………

Once this form is completed, please return to Catholic Church Endowment Society Inc via one of the below options:

Email: [ccesadmin@lawsonrisk.com.au](mailto:ccesadmin@lawsonrisk.com.au)

Fax: 08 8212 9680

Post: Level 4 33 King William Street, Adelaide, SA 5000