Return to Work Coordinator Training

DATE: Wed, 26th February 2020
TIME: 9:00 am – 5:30 pm AEST
LOCATION: Upper Level Board Room
27-29 Napier Close
DEAKIN, ACT 2600

This one-day course provides participants with an overview of the ACT Worker’s Compensation Act 1951. It deals with the relevant legislation provisions and accompanying case law.

Return to Work Coordinator Training:

- A basic understanding of the ACT Worker’s Compensation Act 1951
- How to prepare and implement a return to work plan or personal injury plan
- How to identify suitable duties for injured workers.
- Medical certification for return to work plans.
- Identify and manage key issues in working with doctors, treatment providers and rehabilitation providers.
- Strategies to deal with difficult doctors to get the outcome you require
- Self-Care as a RTW Coordinator

The event will be catered with morning tea, lunch and afternoon tea being provided. Please advise of any dietary requirements at time of registration.

Course registration fee includes 30 minutes free access to the Carfi helpline which will connect you to a Carfi Consultant to discuss any questions you may have concerning your role, your legislative obligations, return to work plans and current injured workers.

To register for this course, please complete the form on the following page and return to info@carfi.net.au by cob Wednesday, 19th February 2020.
Return to Work Coordinator Training
Registration Form

Name: ____________________________

Contact number (work): ____________________________

Employer: ____________________________

Contact number (mobile): ____________________________

Position in organisation: ____________________________

Email address: ____________________________

Dietary requirements:
___________________________________________________________________________
___________________________________________________________________________

Event cost: $250.00 incl GST

Payment by:

☐ Mastercard   ☐ Visa

Cardholder’s name: ____________________________

Card number: ____________________________

Expiry date: ____________________________

CVV: ____________________________