

WorkCover NSW Accredited Introduction to Return to Work Coordination

This two day training course is designed as a legal requirement for Return to Work Coordinators who are employed by Category 1 Employers (basic tariff premium greater than \$50K).

All our trainers are WorkCover NSW Accredited.

The course will cover:

DAY 1

- Overview of injury management concepts
- Components of an employers return to work program
- Role of the return to work coordinator
- Working with key players
- A coordinators experience

DAY 2

- Role of the insurer
- Benefits for injured workers
- Developing a return to work plan
- Dispute prevention and resolution
- WorkCover resources and further reading
- Assessment activity

Dates 2010 (please tick preferred dates)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> February
Thu 25 th &
Fri 26 th | <input type="checkbox"/> May
Thu 27 th &
Fri 28 th | <input type="checkbox"/> August
Thu 26 th &
Fri 27 th | <input type="checkbox"/> November
Thu 25 th &
Fri 26 th |
|---|--|---|---|

Duration: 9am – 4:30pm, 2 days

Cost: \$475.00 GST free (More than 1 person attending the same course from an organisation reduces the cost by 5%)

Venue: Occupational Health Professionals
Suite 1, 80 Phillip St Parramatta NSW 2150

Lunch and refreshments will be provided each day. A participant manual will be included. Each participant who successfully completes the course will be issued with a WorkCover NSW certificate.

Note: Please contact us prior to training if you have specific dietary needs or disability access requirements.

Tax Invoice/Registration Form

Please complete one form for each participant and return to:
Occupational Health Professionals Pty Ltd

ABN: 46 003 124 098

PO Box 339 Parramatta NSW 2124

Phone: 02 9891 4466

Facsimile: 02 9891 4544

Email: admin@ohp.com.au

Name: _____

Position: _____
(if applicable)

Organisation: _____
(if applicable)

Phone: _____

Postal Address: _____

Home

Work

Email: _____

Payment Details: \$475.00 GST free

Address invoice to:

Cheque (cheques payable to Occupational Health Professionals Pty Ltd)

EFTPOS (payments will be processed on the day)

Correct money or money order

Credit card (Credit card payments will incur a 3% processing fee.)

Card Number: _____

Card Type: _____ Card Expiry: _____
(AMEX not accepted)

Card Holders Name: _____

Authorising Signature: _____

Note: Once completed this registration form acts as a tax invoice.

OHP Services

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