



RETURN TO WORK PROGRAM

Date:	Time
Person on the RTW Program:	
Reason RTW is required:	
Work location:	Contact number
Is worker under CGU guidance? Yes No	
Is worker under guidance of another insurer? Yes No Who:	
Persons involved in the designing the program:	
When does the RTW program commence?	
When does it cease:	
Details of the plan:	
Supervisor overseeing the plan:	
Action to be taken:	
What action has been taken?	