Suitable Duties Plan

WHS-PRO-FORM-006d

Electronic copies of this form are current. All other copies are uncontrolled and currency can only be assured at the time of printing

Suitable Duties Plan (SDP) # 1	
Worker:	**Ph:**
Injury:	**Claim #:**
Supervisor / Manager:	Ph:
Treating Practitioner:	Ph:
Long term RTW Goal:	Duration of SDP:
Objective of this SDP:	Current work hours:
Job title:	Normal work hours:

Task details		
Week	**Duties**	**Restrictions**
Week 1 Commencing: Days: Hours:		
Week 2 Commencing: Days: Hours:		
Week 3 Commencing: Days: Hours:		
Week 4 Commencing: Days: Hours:		

Additional Training Requirements:
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Recommendations
• Symptom management activities to be performed for up to 5 minutes every hour or as prescribed by treating medical professionals; • Responsibilities are to be adhered to as per the Suitable Duties Plan Guideline; • Routine reviews may take place throughout the SDP to ensure adherence and ongoing progress; • Medical appointments are to be scheduled outside working hours wherever possible.

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Suitable Duties Plan (SDP) # 1	Worker:

Is a Personal Emergency Evacuation Plan (PEEP) required while on Suitable Duties: Yes ☐ No ☐ If yes, manager to contact WHS team to arrange.	**Remuneration Details:** ☐ Normal Salary / Wages ☐ WorkCover partially funded suitable duties ☐ Income Protection (hours not worked) ☐ Leave without pay (hours not worked) ☐ Accrued leave entitlements
Plan expiry:	

If there are any questions / concerns regarding the suitable duties plan please contact the Injury and Prevention Management Advisor at rehab@jcu.edu.au.

Signatures	
Treating Practitioner	**Worker**
Name:	Name:
I approve this plan	I have been consulted about the content of this plan and agree to participate
Signature:	Signature:
Date signed:	Date signed:
Supervisor / Manager	**Injury Prevention and Management Advisor (IPaMA)**
Name:	Name:
I agree to ensure this plan is implemented in the work area	I agree to monitor this plan
Signature:	Signature:
Date signed:	Date signed: