

## Pre-injury Employer Service

### Durable return to work certificate

Claim and referral details			
Worker name			
Date of Birth			
Claim Number		Claims Agent	
Employer			
Date of Referral		Closure Date	
Outcome			
Outcome Eligibility			
<input type="checkbox"/> A return to suitable duties at full pre-injury hours has been achieved and sustained for 13 consecutive weeks:			
Start date:		End date:	
<input type="checkbox"/> Worker receives or is due to receive equal to or less than 5% of their maximum income support entitlement throughout the durability period.			
Income Support			
Income support at referral	\$	per week	
Income support during durability period	\$	per week	
Outcome Requested			
<input type="checkbox"/> WR360 (achieved in Level 1 or invoiced less than 10 hours in Level 2)			
<input type="checkbox"/> WR361 (hours invoiced between 11 – 15 hours in Level 2)			
<input type="checkbox"/> WR362 hours invoiced between 16 -20 hours in Level 2)			
Evidence of Outcome Achieved (to be attached)			
<input type="checkbox"/> Worker Payslip/s		<input type="checkbox"/> Employer Payslip/s	
<input type="checkbox"/> Written confirmation from Worker		<input type="checkbox"/> Written confirmation from Employer	
<input type="checkbox"/> Other – <i>Please describe</i>			
<input type="checkbox"/> No Evidence Available – if no evidence can be obtained, please complete the following; <input type="checkbox"/> I certify that all reasonable effort has been made to obtain the supporting evidence without success			
Provider details			
Consultant Name:			
Provider		Provider number	
Phone number		Email	
Date completed			
Date of lodgement			