

Fit for Work (FFW) Service

Intervention outcome report

Claim and referral details			
Worker name		Claim number	
Claims agent		Case manager	
Date of Referral		FFW Provider	
FFW consultant			
Suitable Employment Option (SEO)			
Option:		Level of Remuneration:	
Labour market information:			
Recommendations to achieve SEO:			
Option:		Level of Remuneration:	
Labour market information:			
Recommendations to achieve SEO:			
Option:		Level of Remuneration:	
Labour market information:			
Recommendations to achieve SEO:			

Fitness Upgrade Program Progress (where relevant)

Fitness pathway service (list)	Contribution to worker's certified medical capacity	Status

Service provision summary**Summary of Activity Provided** *Please provide details*

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Work Placements Completed *Please provide details*

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Considerations which may impact ability to maintain capacity *Please provide details*

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Outcome**Certified Capacity**

Pre Injury Hours	per week
Current hour per week	per week

Outcome Requested

- FW242 - No increase in capacity
- FW246 - Certified for less than pre-injury hours
- FW248 - Certified for full pre-injury hours

Evidence of Outcome Achieved attached

- Work Capacity Certificate Medical evidence
- Please provide details*

Provider details

Consultant		Company	
Phone		Email	
Address			
Signature			

Date of lodgement

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