

Return to Work Coordinator Appointment Form

Please complete in accordance with the explanatory notes on the back of this form.

Employer Details

Business name:	Industry:	
Employer registration no:	ABN or ACN:	Self-insured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		

Return to Work Coordinator Contact and Appointment Details

Full name:	Position Title:	
Email:	Telephone:	Mobile:
Address:		
Select the appropriate box that applies:		
<input type="checkbox"/> Primary coordinator	<input type="checkbox"/> Support coordinator	<input type="checkbox"/> External third party coordinator
Date appointed:	Please use format D/M/YYYY	
If support coordinator – name of the primary coordinator:		
Replacing a coordinator(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Coordinator name(s) to be removed:	
By completing this form, the employer is acknowledging that the appointed return to work coordinator listed, will be performing the functions of the role, as defined in section 26 of the Return to Work Act 2014.		

Return to Work Coordinator Training Certificate Details

Name of training provider:	
Certificate No:	Date of issue: D/M/YYYY

Explanatory notes

Employer details	<p>Business name: The employer name registered with ReturnToWorkSA and is noted on the 'Certificate of registration'.</p> <p>Industry: Primary industry employer operates in (i.e. construction; residential care services; road freight/transport; hospitality). This information can be sourced from your claim summary or premium notice.</p> <p>Employer registration no: Number issued at the time of registering with ReturnToWorkSA and located on the 'Certificate of registration'.</p> <p>ABN or ACN: Australian Business Number provided by the Australian Business Register or the Australian Company Number issued by the Australian Securities and Investments Commission (ASIC).</p> <p>Self-insured : The business has been granted approval by ReturnToWorkSA to operate as a self-insured employer (not as a premium paying registered employer).</p> <p>Address: The main address registered with ReturnToWorkSA (i.e. head office).</p>
Return to Work Coordinator Contact and Appointment Details	<p>Date appointed: The date from when the employer appointed the coordinator. This date cannot be prior to the completion of the return to work coordinator certification training.</p> <p>Full name: The coordinators first and last name as it is to be recorded by ReturnToWorkSA.</p> <p>Position title: The coordinator's job title(s) in accordance with their employment agreement.</p> <p>Address: The address where the coordinator will be based and predominantly working from. The coordinator must be based in South Australia pursuant to section 26 of the Return to Work Act 2014.</p> <p>Primary coordinator: This coordinator will be the main person responsible for the management of work injury claims incl. liaising with Claims Agents and ReturnToWorkSA.</p> <p>Support coordinator: A back-up or secondary coordinator for the business to assist with overflow or leave. If equally sharing the role with another coordinator, please select primary..</p> <p>External third party coordinator: Only select if the coordinator to be appointed on this form is not an employee of the business (as listed under 'employer details') but is an external third party coordinator. If this form is being submitted by the third party coordinator, a representative from the employer/business must be included in the notification to ReturnToWorkSA. If the third party coordinator is also an approved return to work service provider, they must also notify providers@rtwsa.com of this appointment.</p> <p>Replacing the coordinator: Select 'Yes' if you are replacing a coordinator and include their name(s) so that we can update details.</p>
Return to Work Coordinator Training Certificate Details	<p>Certificate details are located on the Return to Work Coordinator Certificate issued with a ReturnToWorkSA approved training provider after training is completed.</p> <p>ReturnToWorkSA may ask to view a copy of your appointed coordinators certificate following submission of this form.</p>

Alternatively, you can save and send the form to
coordinators@rtwsa.com
For assistance contact the Employer Education Advisor team E:
coordinators@rtwsa.com P: 08 8238 5958