Early Medical Assessment



Domestic Hardware and Homeware Retailing

Gardening Assistant – Stock Ordering

1. Domestic Hardware and Homeware Retailing
2. Gardening Assistant

Dear Doctor: This form will take up to 5 minutes to complete. Please review each task the worker undertakes (both picture and written description) and tick whether or not the worker can complete this task. If modification required, please leave comments. Space at the end of this document is available for final comments and recommendations.

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| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Brighton\IMG_0968.JPG  L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Brighton\IMG_0953.JPG | **Stock Handling**   * Repotting of plants as required – squatting required * Removing and disposing of damaged plants * Rotating plants as required for sun protection * Restocking shelves with plants and seedlings * Stacking pots on shelves  |  | | --- | |  | |  | |  | | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Brighton\IMG_0963.JPG | **Watering**   * Watering all plants using a hose on reel * Maneuvering long hose around rows and stands of plants * Replacing hose when finished | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Brighton\IMG_0968.JPG  L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Brighton\IMG_0969.JPG  L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Brighton\IMG_0966.JPG | **Stock Ordering**   * Responsible for ordering stock direct from the Growers themselves * Taking delivery of stock and placing on shelving. * Processing payments for stock delivered | Doctor Approval  Yes  No  Comments: |

1. Work Capacity Form

**Doctor Review (include final comments)**

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I confirm that in my view, subject to the above comments, the worker is able to perform certain duties detailed in this Early Medical Assessment.

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| These duties should be reassessed on: |  | Date: |

|  |  |  |
| --- | --- | --- |
| Signature : |  | Date: |

**Employers Declaration:**

I confirm that I/we have reviewed the Doctor’s recommendations and comments. I/we will make suitable changes to make allowances for the Doctor’s recommendations.

|  |  |  |
| --- | --- | --- |
| Signature : |  | Date: |

**Employees Declaration**

My Doctor has discussed their recommendations with me. I have been given the opportunity to participate in this process.

|  |  |  |
| --- | --- | --- |
| Signature : |  | Date: |

For information on completing this form, please contact Business SA on 08 8300 0000.

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