rETURN TO WORK DISCUSSION PLAN

|  |  |
| --- | --- |
| Name of employee: |  |
| Name of person conducting the meeting: |  |
| Others present: |  |
| Date and time of meeting: |  |

Discussion Points

1. How are you currently feeling about returning to work?
2. What strategies, adjustments or changes could support you to carry out your work?
3. Has your health professional outlined any reasonable adjustments to the workplace to help you return to work?
4. How can we address any barriers or stressors in the workplace that may prevent your successful return to work?
5. Are there actions outside of work that you feel you will also need to take? Please let us know if we can do anything to support you with these.
6. If you are away from work, what method would you like to be contacted by us and how often?
7. Is it OK for us to speak with your health professional about your recovery and work capacity?
8. Are you comfortable with work colleagues being made aware of your work arrangements? (details of the employee’s condition and treatment to remain confidential)
9. Outline workplace expectations to the employee e.g. how an employee should contact the workplace in the instance of an absence, the taking of, and requesting, personal leave.

|  |  |
| --- | --- |
| **Agreed date of next meeting:** |  |
| **Attendees signatures:** |  |