Work trial checklist

This checklist is designed to help workplace rehabilitation providers ensure all necessary work trial considerations have been made with reference to the SIRA Work trial guidance material.

Return to work goal

Goal identified, relevant parties reach agreement

Work trial position supports agreed return to work goal

Insurer’s injury management plan covers the duration of the work trial

Eligibility for work trial

At time of program commencement worker/trainee is receiving or entitled to receive weekly payments

Work trial host eligibility and suitability confirmed

No other trainees undertaking work trial with host

Conflict of interest

No conflict of interest identified OR

Potential conflict of interest identified and strategies to address issues outlined

Workplace assessment

Trainee and host present during assessment

Trainee capabilities noted (eg self-reported tolerances, skills)

Work tasks and demands outlined (physical, psychosocial, cognitive, environmental)

Trainee’s capacity matched to work requirements

Work health and safety issues considered and addressed

Host supervisory arrangements confirmed

Confirmation with host that trainee will be supernumerary

Comment regarding safety and suitability of proposed work trial

Need for equipment and/or training considered and addressed

Recover at work plan

Work goal, work trial position and work duties included

Date of commencement and completion stated

Work attendance arrangements (hours or days of work)

Work capacity outlined

Monitoring arrangements and review date(s) added

Details of equipment, workplace modifications

Strategies to address any identified concerns

Evidence of agreement of trainee and host

Work trial agreement

Agreement has been explained, signed and a copy provided to trainee and host

Insurances

Relevant insurances confirmed with trainee and host

Notification of injury

Trainee and host informed of injury notification requirements

All evidence relating to the work trial must be retained on file. This information may be reviewed by SIRA as a part of provider evaluations.

Signature

| Rehabilitation consultant: |  |
| --- | --- |
| Date (DD/MM/YYYY): |  |