

Work Training Notification Form



Commencement Notification (Insurer to complete)

Insurer: Claim Number:

Claimant Name:

Start Date: End Date:

Host Employer Name and Address:

The following documents have been received to support the claimant's participation in the program to achieve the RTW goal:

Medical Endorsement Worksite Assessment Report Other supporting reports

Insurer Contact: Signature:

Date: Email:

Amendment / Extension Notification (Insurer to complete)

Start Date: End Date:

All required documents have been received and medical approval obtained for the extension as per the CTP Work Training Guideline. The claimant's participation in the program is supported to achieve the RTW goal. (Tick box to confirm)

Insurer Contact: Signature:

Date: Email:

MAIC Insurance Coverage (MAIC to complete)

Commencement declined Commencement approved Dates covered:

MAIC Contact: Signature: Date:

Amendment/Extension declined Amendment/Extension approved Dates covered:

MAIC Contact: Signature: Date:

Closure Notification (Insurer to complete)

Date work training completed / ceased:

The work trial was successful Yes No

If no, please provide details:

Is the claimant currently employed? Yes No

If yes, is this the result of the work training program Yes No

If no, is the claimant looking for work Yes No

Reason/s for claimant not looking for work:

Insurer Contact: Signature:

Date: Email:

Insurer to email completed form to MAIC at maic@maic.qld.gov.au