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| **Your Return to Work Coordinator is here to assist you to remain at or return to work in suitable duties.**  **In addition to speaking with your case manager, they may need to discuss confidential information relevant to your injury and rehabilitation with your doctor, medical provider/s or other people / organisations.**  **By completing this consent form to exchange information you are giving your Return to Work Coordinators permission to exchange information relevant to the management of your rehabilitation and / or return to work.** |

I (insert name)      authorise my Return to Work Coordinators from Veolia Water Technologies to provide/obtain information relating to my injury / illness (specify)       sustained at work on or about (date)       or other information that is relevant for my return to work.

There are two ways to complete this authority.

1. Tick all the boxes below in order for your Return to Work Coordinators to better assist you and liaise with all parties that may be involved in your return to work
2. Specify names rather than tick boxes to limit the authority only to those people / organisations

□ Veolia Water Technologies Return to Work Coordinators

□ Assessing and treating medical doctors and / or service providers

□ Contracted rehabilitation consultant

□ Other (e.g. manager, supervisor, union representative)

I approve a copy of the consent form, including an electronic version, being treated as the original. The consent is valid for the duration of my claim unless it is superseded by a new consent or until such time as either I or my representative revokes the consent.

Date:

Signature:

