Dear Dr

 Re: <insert full name>

D.O.B.: / /

 Occupation:

I am a Rehabilitation and Return to Work Coordinator working for the Department of Education. I have recently been allocated <insert employee's full name> as a new case.

The Department of Education is committed to the provision of rehabilitation services, including providing graduated return to work programs for employees with an injury or illness. This may include modifying hours, duties or work locations. For further information about the department’s policy on rehabilitation, please visit our website:

<https://education.qld.gov.au/initiatives-and-strategies/health-and-wellbeing/workplaces/injury-management#rehabilitation>

To assist with the ongoing rehabilitation of <insert employee's full name> I have attached:

* Voluntary Medical Authority – this provides appropriate authorisation for you to discuss confidential details of this case with me.
* Position Description
* Work Capabilities Checklist – when the employee is ready to commence a return to work program, please complete this checklist, then fax this back to me so an appropriate return to work plan can be developed.

Any advice or information you could provide that will assist in formulating an appropriate rehabilitation and return to work plan would be greatly appreciated.

If a graduated return to work program is recommended during <insert employee's full name>‘s rehabilitation, I will be contacting you to obtain your input. All graduated return to work programs will require your approval prior to them commencing.

Should you wish to discuss <insert employee's full name>’s rehabilitation, please do not hesitate to contact me on the telephone number listed below.

Yours sincerely

<Insert name of Rehabilitation and Return to Work Coordinator>

**Rehabilitation and Return to Work Coordinator**

School/Location:

Telephone:

Email: