**Work Capability Statement**

We have a robust injury management program with a focus on returning injured employees back to work following an accident or illness. If an employee is unable to return to work on normal duties, we have a range of alternative duties available to accommodate injured employees and can work around most limitations.

Our trained Injury Management Coordinators will take your recommendations and develop an Injury Management Plan specific to the injured/ill worker and their injury/illness. Together with the employee, we commit to adhere to the Injury Management Plan, ensuring the process is reviewed if the injury changes or worsens. The Injury Management Plan is reviewed in line with your recommendations and is monitored regularly.

We offer a large range of duties for injured/ill workers to undertake, and we can accommodate all levels of restrictions – it is very rare for an employee to be completely ‘unfit for work’. There are always tasks available.

Please do not hesitate to contact me should you have any queries, below is a list of suitable duties in line with any activity restrictions an injured/ill employee may have. The contact details of our Injury Management Coordinators are below.

We would appreciate if you could complete the below ‘Work Capability Statement’ which will allow us to select appropriate alternative duties for our injured employee.

*Alternative duties we have include, but not limited to:*

|  |  |
| --- | --- |
| * *Sweeping yard areas*
* *General driving duties*
* *General office work including filing/shredding*
* *Vehicle washing*
 | * *Seated and standing office duties*
* *Sorting / distributing employee PPE and tools*
* *Alternative work at the employee’s current placement*
 |

**Injury Management Coordinators:**

|  |  |
| --- | --- |
| **Vida Laird**HSE AdvisorPh + 64 3 746 7173Mob +64 21 832 937Unit 7, 183 – 193 Glenda DriveFranktonQueenstown Vida.laird@brosnan.co.nz  | **Desai Link**Group HSE ManagerPh + 64 9 479 4347Mob + 64 21 717739Fax +64 9 479 434942C Tawa Drive, AlbanyPO Box 305047 Triton PlazaAucklandDesai.link@brosnan.co.nz  |

***Please complete the form on the reverse side***

Employee’s Name:

|  |  |  |  |
| --- | --- | --- | --- |
| **Action / Activity** | **Permitted** | **Restricted** | **Not Permitted** |
| *Example: Lifting* | *Max 10 kgs* | *Below shoulder height* | *Above shoulder height* |
| Standing |  |  |  |
| Walking |  |  |  |
| Sitting |  |  |  |
| Stretching Arms |  |  |  |
| Bending |  |  |  |
| Keyboard Tasks |  |  |  |
| Repetitive Movements (bending / twisting / squatting) |  |  |  |
| Repetitive Movements (arm / hand / wrist actions) |  |  |  |
| Driving |  |  |  |
| Lifting |  |  |  |
| Pulling/Pushing |  |  |  |
| At Heights – Ladders/Scaffold |  |  |  |
| Other:…………………………………….. |  |  |  |
| **Further Restrictions** |
| Not to use this body part: |  |
| Sedentary duties only |  |
| No walking on uneven terrain |  |
| No climbing stairs / ladders or working at heights |  |
| No reaching above shoulder height |  |
| Number of hours to be Worked | Hours per day: Days per week: |

 Reassessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return** this completed form to the Group HSEQ Manager. **Thank you** for your assistance.