

Part one: worker's personal details

Name:

Address:

Post code:

Contact number: (H) (M)

Email:

Part two: referral information

Date of referral:

Claim number:

Employer at the time of injury:

Occupation at the time of injury:

Any other details that may be relevant:

Part three: insurer details

Name of referrer:

Office:

Part four: attachments

Vocational assessment report Yes No

Once complete, email your referral to rtwassist@qcomp.com.au, fax to 3020 6312 or call the Return to work assist team on 1300 023 969.