

**Part one: your personal details**

Name:

Date of Birth:

Address:

Post code:

Contact number: (H)

(M)

Email:

**Part two: referral information**

Your claim number:

Date your workers' compensation claim finalised:

Employer at the time of injury:

Occupation at the time of injury:

**Brief synopsis of injuries you sustained:**

**Details of why you cannot return to your previous type of work and/or your previous employer:**

**Any other details that may be relevant:**

Once complete, email your referral to [rtwassist@gcomp.com.au](mailto:rtwassist@gcomp.com.au), fax to 3020 6312 or call *Return to work assist* on 1300 023 969.