

**This form should be completed when:**

- any of your workplace rehabilitation accreditation details change
- you have a new rehabilitation and return to work coordinator.

**Please return this form to Q-COMP:**

**Email:** [rehab@qcomp.com.au](mailto:rehab@qcomp.com.au)  
**Facsimile:** 07 3020 6432, or  
**Post:** Education Promotion Team  
 PO Box 10119  
 Brisbane, Adelaide Street Qld 4000

Date: \_\_\_\_\_  
 Employer name: \_\_\_\_\_  
 WorkCover policy number: \_\_\_\_\_  
 Workplace rehabilitation accreditation number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

**Changes to employer details**

Only complete this section if your workplace details have changed.

New employer name: \_\_\_\_\_  
 New trading name: \_\_\_\_\_  
 New street address: \_\_\_\_\_  
 New postal address:  same as street address  
 different to street address \_\_\_\_\_  
 New phone: \_\_\_\_\_  New fax: \_\_\_\_\_  
 New general business email \_\_\_\_\_  
 New WorkCover policy number: \_\_\_\_\_  
 Previous WorkCover policy number: \_\_\_\_\_  
 The date these details are effective from: \_\_\_\_\_

**Changes to rehabilitation and return to work coordinator**

Only complete this section if your rehabilitation and return to work coordinator (RRTWC) has changed or you have employed an additional RRTWC. You must notify Q-COMP of these changes.

Name of previous RRTWC: \_\_\_\_\_  
 Date left employment or replaced: \_\_\_\_\_  
 New/additional RRTWC name: \_\_\_\_\_  
 Registration number: \_\_\_\_\_ Expiry date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Is your RRTWC in Queensland?  Yes  No  
 Is your RRTWC employed under a contract?  Yes  No

Employer's name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_