



PLATINUM REHABILITATION GROUP

NOMINATION FORM

I, wish to nominate Platinum Rehabilitation Group (SIRA Workplace Provider Number #846) as my preferred rehabilitation provider to assist with my recovery. I seek to nominate Platinum Rehabilitation Group as I feel they will positively assist with my return to work, and injury progress.

CLAIM DETAILS	
WORKER NAME	
PHONE NUMBER	
CLAIM NUMBER	
NOMINATED TREATING DOCTOR	
DOB	
ADDRESS	

INSURER DETAILS	
INSURER	
CASE MANAGER	
PHONE NUMBER	
E-MAIL ADDRESS	

WORKER AUTHORITY	
SIGNATURE	
DATE	



PLATINUM REHABILITATION GROUP

CONSENT FORM

PRIVACY INFORMATION FOR INJURED WORKERS

Workplace rehabilitation is specialised service to assist you to return to, or stay in, suitable work. These services may include:

- Identifying and assessing suitable employment.
- Identifying and coordinating rehabilitation strategies that ensure work can be undertaken safely.
- Facilitating the link between insurer, employer, treatment provider/s to ensure integration of all injury management activities, and a focus on return to work.
- Assessing the critical physical, psychological, social, environmental, and organisational factors which may impact durable return to work.
- Assisting with the identification of alternate suitable employment in the event you are unable to return to pre-injury duties.

WORKPLACE REHABILITATION PROVIDERS

Workplace Rehabilitation Providers are accredited by the State Insurance Regulatory Authority (SIRA) to assist with the medical management of your claim, and return to work. Platinum Rehabilitation Group has accredited Rehabilitation Consultants with the required expertise and experience to complete service provision including:

- Occupational Therapists
- Physiotherapists
- Exercise Physiologists
- Psychologists
- Rehabilitation Consultants

INFORMATION CONSENT

To assist with your service provision, Platinum Rehabilitation Group may need to discuss certain aspects of your capacity, injury and / or recovery with other relevant parties, including your treating practitioner/s, employer and insurer.. Effective communication with all parties is important in order to make an accurate, evidence based assessment and promote recovery. **In all instances, only information relevant to your capacity and recovery will be exchanged. By providing your signature below, you will authorise this.**

WORKER CONSENT FORM

I, _____, authorise Platinum Rehabilitation Group to obtain / release information from parties pertinent to my claim to the following:



PLATINUM REHABILITATION GROUP

- Nominated Treating Doctor
- Employer
- Insurer
- Treatment Provider/s
- Specialist/s
- Union Representative
- Legal Representative
- Other individuals as reasonably necessary and relevant to my claim.

WORKER DECLARATION

I acknowledge I have been made aware of Platinum Rehabilitation Group's Privacy Policy. I understand I may cancel or change this at any time.

WORKER NAME

SIGNATURE

DATE