



NOTIFICATION OF CHANGE

Rehabilitation & Return to Work Coordinator / Safety Advisor

This form is to be used for any change to information regarding your accreditation, including:

- workplaces; and
- resignation and/or appointment of Safety Advisors, and
- Resignation and/or appointment of Rehabilitation and Return to Work Coordinators.

Scheme Member: _____

Date: _____

WORKPLACE DETAIL CHANGES (eg address, number of workers)

Employer:			
Branch/Division:			
Workplace Address:			
Number of workers at this workplace:			

REHABILITATION & RETURN TO WORK COORDINATOR (RRTWC)

When a RRTWC leaves your employment you must promptly notify Local Government Workcare. Under the legislation & the conditions of the self-insurance licence, an appropriately qualified person must be appointed as your RRTWC. The RRTWC must be employed by the Scheme Member under a contract of service.			
Previous WRC:		Date left:	
New WRC:		Start date:	
E-mail Address:		Telephone:	

SAFETY ADVISOR

Previous Safety Advisor:		Date left:	
New Safety Advisor:		Start date:	
E-mail Address:		Telephone No.:	

NOTE: The RRTWC / Safety Advisor should also complete a LGMS Application for Access Form and send it through with this completed notification.

DECLARATION

Name (print):		Signature:	
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Please send the two completed forms to memberservicesqld@jlta.com.au