



## REFERRAL FOR ACTIVE WORKING SOLUTIONS SERVICES

### SERVICES REQUIRED:

WorkCover, Comcare or CTP Case Management

Critical Incident Stress Debriefing (CISD)

Psychological Assessment

Pre-Employment Screening / Drug &amp; Alcohol Testing

OHS Consultancy (Audit / Training)

Functional Capacity Assessment

Workplace Assessment

Enhanced Primary Care

Other Services (Please nominate) 

Vocational Assessment / Job Placement

Work Conditioning / Exercise Program

Driving Assessment / Training

Work Conditioning / Exercise Program / WRAP

Section 40 Assessment / Medico legal Assessment

Occupational Therapy Services / Assessment

General Counselling

Training (Please nominate) 

### PLEASE COMPLETE RELEVANT FIELDS

#### WORKERS DETAILS:

First Name  Surname Claim No. (If applicable) Address City  Postcode  State Occupation Phone (Home)  Phone (Work) Email Address Date of Birth Interpreter Required (Please nominate)  No  Yes  Language Required Date of Injury Type of Injury If worker is currently at work (Please nominate)  Normal Duties  Suitable Duties Date ceased (If worker is currently off work) Nominated Treating Doctor Phone (Work)  Fax (Work) Address City  Postcode  State 

#### EMPLOYER DETAILS:

Business Name Contact First Name  Surname Title Address City  Postcode  State Phone (Home)  Phone (Work) Email Address



**INSURER / FUNDING DETAILS**

Insurer

Contact First Name  Surname

Title

Address

City  Postcode  State

Phone (Home)  Phone (Work)

Email Address

Liability Accepted (Please nominate)    No    Yes    Don't Know

Attachments (Please nominate)    No    Yes    Claim Forms    Medical Certificate    Reports

Other

Comments

**REFERRER DETAILS**

Referral Date

Contact First Name  Surname

Title

Business Name (If applicable)

Address

City  Postcode  State

Phone (Home)  Phone (Work)

Email Address

**TO SUBMIT YOUR REFERRAL TO AWS**

*Please ensure you SAVE the completed pdf to your local hard drive.* Pdf referrals can then be submitted by either of the following methods:

**EMAIL your referral to AWS:**

Click the submit button, to submit all field details via email to AWS Reception.

**SUBMIT FORM**

Alternatively attach this pdf with additional documents to your email, and email to AWS Reception:

[reception@activeworkingsolutions.com.au](mailto:reception@activeworkingsolutions.com.au)

**FAX your referral to AWS:**

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