



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 & 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) Mobile 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 Fax Mobile Email Address

**INSURER / FUNDING DETAILS**

Insurer

Contact First Name Surname

Title

Address

City Postcode State

Phone Fax

Mobile 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 Fax

Mobile 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

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Fax toll free to **1300 132 991**

POST your referral to AWS:

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