

**Sample Internal Vocational Rehabilitation Plan**

<b>Goal</b>	<b>Strategies to meet this goal and supports required</b>	<b>Who is responsible?</b>
<b>Review date</b>		<b>Expected completion date:</b>
<b>Goal</b>	<b>Strategies to meet this goal and supports required</b>	<b>Who is responsible?</b>
<b>Review date</b>		<b>Expected completion date:</b>
<b>Goal</b>	<b>Strategies to meet this goal and supports required</b>	<b>Who is responsible?</b>
<b>Review date</b>		<b>Expected completion date:</b>
<b>Goal</b>	<b>Strategies to meet this goal and supports required</b>	<b>Who is responsible?</b>
<b>Review date</b>		<b>Expected completion date:</b>
<b>Goal</b>	<b>Strategies to meet this goal and supports required</b>	<b>Who is responsible?</b>
<b>Review date</b>		<b>Expected completion date:</b>

Note: For each vocational goal describe the strategies to be employed to address expected timeframe for completion.

**Agreement for Internal Vocational Rehabilitation Plan**

I have reviewed the proposed Internal Vocational Rehabilitation Plan and agree with the Program. I have been given the opportunity to gain advice from my union representative. Please sign where indicated and return this page to **XXX**.

**Signed:** .....  
**(Injured Nurse)**

**Date:**.....

**Signed:** .....  
**(Medical Practitioner)**

**Date:**.....

**Signed:** .....  
**(NUM/ANUM)**

**Date:**.....

**Signed:** .....  
**(RTW Coordinator)**

**Date:**.....

**Start date:**.....

**Review date :**.....