GOVERNMENT OF WESTERN AUSTRALIA
WorkCoverWA
2 Bedbrook Place
Shenton Park WA 6008
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Advisory 1300 794 744
www.workcover.wa.gov.au

WORKPLACE REHABILITATION REFERRAL
Form 310

Workplace Rehabilitation Provider	

Details

Worker's Name	
Insurer	
Claim Number	
Date of Injury	
Phone	

Referral

☐ **Specific Service**	☐ Functional Capacity ☐ Vocational ☐ Ergonomic	☐ Job Demands ☐ Workplace ☐ Aids & Appliances
☐ **Rehabilitation Program**		

Status of Worker

☐ Working / Full Capacity ☐ Working / Partial Capacity	☐ Not Working / Full Capacity ☐ Not Working / Partial Capacity ☐ Not Working / No Capacity

Employer Details

Company			
Contact Name			
Address			
Phone		Email	

Medical Practitioner

Practice			
Name			
Address			
Phone		Email	

Source of Referral

☐ Medical Practitioner	☐ Employer	☐ Insurer	☐ Legal Representative/Worker

Referrer

Signature	
Name	
Date	

Insurer – Submit referral into WorkCover WA Online
Employer, Medical Practitioner and Worker – Provide form to the Insurer or WRP
WRP – Provide form to the Insurer