**EARLY INTERVENTION PROGRAM EMPLOYER REPORTING TEMPLATE**

Please complete at the cessation of the Early Intervention Program for each Worker and send a copy through to CSaIM Office injurymanagement@csaim.org.au

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| --- | --- |
| **EMPLOYER NAME:** |  |

|  |  |
| --- | --- |
| **Date:** |  |
| **Site:** |  |
| **Incident Report number:** |  |
| **Total Cost:** | **$** |
| * Cost Breakdown (Doctor):
 | $ |
| * Cost Breakdown (Physio):
 | $ |
| * Cost Breakdown (Other):
 | $ |

|  |  |
| --- | --- |
| **Date:** |  |
| **Site:** |  |
| **Incident Report number:** |  |
| **Total Cost:** | **$** |
| * Cost Breakdown (Doctor):
 | $ |
| * Cost Breakdown (Physio):
 | $ |
| * Cost Breakdown (Other):
 | $ |