A Stay at Work (SAW) provider completes and submits this form to ACC on the date the client is discharged from the SAW programme.

Submit this form to the ACC contact person or claims@acc.co.nz

|  |  |
| --- | --- |
| 1. Client details | |
| **Client name:** | **Claim number:** |
| **Date of injury:** | |

|  |  |
| --- | --- |
| 3. Supplier Contact details | |
| **Supplier company name:** | **Service Delivery Company name:** |
| **Lead Provider name:** | **Lead Provider email address:** |
| **Lead Provider discipline:** | **Lead Provider phone:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 3. Completion report | | | | | | | |
| Result | Expected result achieved | | Hrs per week | Completion date - please note if achieved or expected | | | |
| Same job, same employer | Yes | No |  |  | | Achieved | Expected |
| Modified job, same employer | Yes | No |  |  | | Achieved | Expected |
| New job, same employer | Yes | No |  |  | | Achieved | Expected |
| **Has the client received medical clearance to return to work?**  *Please attach a copy of the medical clearance certification* | | | | Yes | | No | |
| **If the client has not returned to their pre-injury work tasks, what are the reasons?** | | | | | | | |
| **Does this client need any more assistance from ACC?** | | | | Yes | | No | |
| **If yes, what help is required?** | | | | | | | |
| Please list all activities completed to support vocational rehabilitation | | | | | Date completed | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |

|  |  |
| --- | --- |
| 9. Provider declaration and signature | |
| I declare the information provided by me on this form is, to the best of my knowledge, accurate and complete. | |
| Provider name: | Provider discipline: | |
| Signature: | Date: |

When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. For further details see ACC’s privacy policy, available at [www.acc.co.nz](https://aus01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.acc.co.nz%2F&data=04%7C01%7CSonia.DeLautour%40acc.co.nz%7Cf3a57126063245d3c61608d8708c27c8%7C8506768fa7d1475b901cfc1c222f496a%7C0%7C0%7C637383094545478020%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=2AC5zj72t8zqZ6QVZvnU5gV1azY96dySBL%2FjWbj2uac%3D&reserved=0). We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.