



VICTORIA NATIVE FRIENDSHIP CENTRE

231 Regina Avenue, Victoria, BC V8Z 1J6

Phone: (250) 384-3211 Fax: (250) 384-1586

CEER Return to Work Action Plan

Date:

Name:

Case Manager:

Please name, in order, from most recent to least recent, job titles you held.

- 1.
- 2.
- 3.
- 4.

Please describe reasons (barriers) that prevent you from returning to work.

- 1)
- 2)
- 3)
- 4)

Please describe what you feel would be the most direct route to take to return to work:



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Comments:

Is this a career change?

Yes No

Reason for career change (circle one)

Medical

industry downturn

other

If other, please explain:

Case manager signature:

date:

This information is true and accurate to the best of my knowledge

Client signature:

date:



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Notes: