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|  | | | | | | | (Eerstejaars)evaluatie | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **Waarom dit formulier?** U heeft de afgelopen tijd samen met uw werknemer gewerkt  aan de re-integratie. Is het uw werknemer nog niet gelukt  om weer volledig aan het werk te gaan? Met dit formulier  bekijkt u of het *Plan van aanpak* nog steeds voldoet of dat er  nieuwe afspraken moeten worden gemaakt. U gebruikt de *(Eerstejaars)evaluatie* voor afspraken die u met de werkgever  na een jaar maakt. En mogelijk ook voor nieuwe afspraken die  op een ander moment maakt.  Geef uw werknemer een kopie van de *(Eerstejaars)evaluatie*  en bewaar het formulier voor uw eigen administratie.  **Meer informatie over de (Eerstejaars)evaluatie** U leest meer informatie over de (*Eerstejaars)evaluatie* en  re-integratie tijdens ziekte op uwv.nl/re-integratie.  Heeft uw werknemer een Ziektewet-uitkering? Kijk dan  op uwv.nl/re-integratieZW.  **Opsturen: lever online aan**  Nadat uw werknemer een WIA-uitkering heeft aangevraagd,  levert u dit formulier samen met de andere documenten van  het re-integratieverslag online bij ons aan. U doet dit op uwv.nl/RIVuploaden. | | | | | | | | | | | | | |  | U heeft daarvoor een account op het werkgeversportaal UWV nodig. Heeft u nog geen account? Vraag dit dan zo snel mogelijk aan op uwv.nl/werkgeversportaal.  **Meer informatie voor werkgevers** U vindt meer informatie op uwv.nl. U kunt ook contact opnemen  met UWV Telefoon Werkgevers via 0900 - 92 95. Kijk voor de  kosten van dit telefoonnummer op uwv.nl/bellen. Als u belt, houd  dan uw loonheffingennummer en het burgerservicenummer van  uw werknemer bij de hand. Wij kunnen u dan beter van dienst zijn.   **Meer informatie voor werknemers** U vindt meer informatie op uwv.nl. U kunt ook contact opnemen  met UWV Telefoon Werknemers via 0900 - 92 94. Kijk voor de  kosten van dit telefoonnummer op uwv.nl/bellen. Als u belt, houd  dan uw burgerservicenummer bij de hand. Wij kunnen u dan beter van dienst zijn. | | | | | | | | | | | | | |  |
|  | |  | | 1 | |  | | | Werknemer | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | | | |  | | | *Gebruikt de werknemer de achternaam van de partner? Vul dan ook de geboortenaam in.* | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| 1.1 | | Voorletters en achternaam | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| 1.3 | | Burgerservicenummer | | | |  | | |  | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | |  | | 2 | |  | | | Werkgever | | | | | | | | | | | | | | | | | | | | | |  |
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| 2.1 | | Bedrijfsnaam | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | | 3 | |  | | | Aanleiding evaluatie | | | | | | | | | | | | | | | | | | | | | |  |
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| 3.1 | | Wat is de aanleiding van de evaluatie? | | | |  | | | Periodieke evaluatie  Eerstejaarsevaluatie (is verplicht na 1 jaar ziekte)  Deskundigenoordeel  Arbeidsdeskundig advies  Wijziging organisatie | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | |  | | | Nieuw advies van de bedrijfsarts⏵Datum | | | | | | | | | | | | | | | |  | | | | |  |  |
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|  | |  | | | |  | | | Anders | | | |  | | | | | | | | | | | | | | | | | |  |
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|  | |  | | 4 | |  | | | Verantwoording van de activiteiten | | | | | | | | | | | | | | | | | | | | | |  |
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| 4.1 | | Wat hebben u en uw werknemer gedaan om uw werknemer aan het werk te krijgen? | | | |  | | | *Ga bij deze vraag uit van de actuele gegevens van uw werknemer.* | | | | | | | | | | | | | | | | | | | | | |  |
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| 4.2 | | Zijn de afgesproken  re-integratieactiviteiten volgens  plan uitgevoerd? | | | |  | | | Ja⏵ *Geef hieronder eventuele toevoegingen op vraag 4.1 aan.* | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | |  | | | Nee⏵ | | | *Geef hieronder aan welke activiteiten u en uw werknemer niet hebben gedaan, wat daarvan de reden was en wat u heeft gedaan om het op te lossen.* | | | | | | | | | | | | | | | | | | |  |
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| 4.3 | | Is er reden om het einddoel  van de re-integratie bij te stellen? | | | |  | | | *Zie de regeling procesgang eerste en tweede ziektejaar, Staatscourant nr. 213, 4-11-2004.* | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | |  | | | Nee  Ja⏵*Geef hieronder het nieuwe einddoel op en de reden van bijstelling.* | | | | | | | | | | | | | | | | | | | | | |  |
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| 4.4 | | Is er reden om de aanpak  van de re-integratie bij te stellen? | | | |  | | | *Zie de regeling procesgang eerste en tweede ziektejaar, Staatscourant nr. 213, 4-11-2004.* | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | | | |  | | | Nee  Ja⏵*Zie vraag 6.1.* | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| 4.5 | | Is het tweede spoor van de  re-integratie ingezet? | | | |  | | | *In het tweede ziektejaar is het verplicht om te starten met een tweede spoor.* | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | | | |  | | Ja⏵Vanaf | | | | | |  | | | | | | | | |  | | | | | | | |  |
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|  | |  | | | |  | | Nee⏵Reden | | | | | |  | | | | | | | | | | | | | | | | |  |
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|  | |  | | 5 | |  | | | Stand van zaken | | | | | | | | | | | | | | | | | | | | | |  |
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| 5.1 | | Kruis aan welke situatie van  toepassing is. | | | |  | | | *U kunt meerdere mogelijkheden aankruisen.* | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | | | |  | | |  | De werknemer doet zijn eigen werk⏵ | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | | | |  | | |  | *Geef hieronder aan welke aanpassingen er zijn.* | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | | | |  | | |  | De werknemer werkt bij een andere werkgever⏵ | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | | | |  | | |  | De werknemer werkt nu niet, maar kan in de toekomst wel werken⏵ | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | | | |  | | |  | *Geef hieronder aan waarom de werknemer nog niet werkt.* | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | | 6 | |  | | | Nieuwe afspraken | | | | | | | | | | | | | | | | | | | | | |  |
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| 6.1 | | Zijn er nieuwe afspraken gemaakt  zoals deze in het *Plan van aanpak* zijn beschreven? | | | |  | | | *Zie het Plan van aanpak voor een uitgebreide beschrijving van de afspraken.* | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | |  | | | Nee  Ja⏵*Geef hieronder aan welke.* | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |  | | |  | | | | Arbeidsinhoud | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |  | | |  | | | | Arbeidsomstandigheden | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |  | | |  | | | | Overige activiteiten | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | | 7 | |  | | | Ondertekening | | | | | | | | | | | | | | | | | | | | | |  |
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