

## Return to Work Product Offering

Date of call / request				Time of call / request			
<b>General Client Information</b>							
<b>1.</b>	Company name			Name and surname			
	Designation of caller			Contact number - Land line			
	Contact number - Cell			E-mail address			
	VAT Number			Company Address			
	No of sites and location						
<b>Existing Client</b>							
<b>2.</b>	Existing client?			Momentum	OCSA	Metropolitan	Phela
	If yes, which products do they have with us						
	Name of CRM, Account Executive or Business Manager						
	Is this an enquiry or request for a quotation						
<b>3. Additional Information Required</b>							
<b>1. Occupational Health Risk Assessment:</b>		<b>Information required</b>					
1.1	<b>Digital OHRA</b>	Contact details					
1.2	<b>Onsite OHRA</b>	No of sites and location					
		No of employees per site					
<b>2. Microbiological Swab Sampling:</b>		<b>Information required</b>					
	<b>Onsite Swabs</b>	No of sites and location					
		No of employees per site					
<b>3. Return to Work Screening:</b>		<b>Information required</b>					
3.1	<b>Digital Screening Toolkit for RTW</b>	No of sites and location					
		No of employees per site					
		No of months service will be running per site					
		No of Thermometers needed per site (If you do not have your own)					
		Number of digital training sessions (1 session is standard with digital offering) per site					
		Employee RTW data must be provided- Yes / No					
3.2	<b>Onsite Screening for RTW by Registered Health Professional</b>	No of sites and location					
		No of employees per site					
		No of employees per shift (standard 3 shifts per day) per site					
		No of working days per week (5 or 7)					
		No of days project will be running (14 or 28)					
		Screening 2 hours per shift					
4.	<b>Employee Wellbeing Solution</b>		<b>Information required</b>				
	<b>Digital EWP</b>						
4.1			Does the client have an existing EAP Provider				
			If Yes indicate name of the provider				
			No of employees per site				
			No of months service will be running (1, 2, 3 or 4)				
			Employee RTW data must be provided- Yes / No				

Please complete form and return to [info@momentumwellness.co.za](mailto:info@momentumwellness.co.za) for an obligation free quotation.