WC301

WORKERS' COMPENSATION AND REHABILITATION ACT 1981
WORKERS' COMPENSATION AND REHABILITATION AMENDMENT
REGULATIONS 1995

Made by the deputy of the Governor in Executive Council.

Citation
1. These regulations may be cited as the Workers' Compensation and Rehabilitation Amendment Regulations 1995.

Principal regulations
2. In these regulations the Workers' Compensation and Rehabilitation Regulations 1992 are referred to as the principal regulations.

[* Reprinted as at 14 February 1995.]

Regulation 4 amended
3. Regulation 4 of the principal regulations is amended by inserting after "Form 1" the following —

   or, in the case of a worker suffering from noise induced hearing loss, Form 2C

Regulation 6AA amended
4. Regulation 6AA of the principal regulations is amended by inserting after "Form 2B" the following —

   or, in the case of a worker suffering from noise induced hearing loss, Form 2C

Appendix 1 amended
5. Appendix 1 to the principal regulations is amended by inserting after Form 2B the following form —

   Form 2C

   [Reg 6AA]

Workers' Compensation and Rehabilitation Act 1981

[Section 84(1)(b)]

WORKER'S CLAIM AND ELECTION FOR LUMP SUM COMPENSATION FOR NOISE INDUCED HEARING LOSS

WORKERS DETAILS — (Worker to complete)

<table>
<thead>
<tr>
<th>Surame</th>
<th>Mr/Mrs/Miss/Ms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Names</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Phone No. (H)</td>
<td>(W)</td>
</tr>
<tr>
<td>Occupation</td>
<td>(e.g. boiler maker, underground miner)</td>
</tr>
<tr>
<td>Main tasks or duties performed</td>
<td>(e.g. welding, drilling)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M/F</td>
</tr>
</tbody>
</table>

If you have difficulty understanding English, what is your preferred language?

TYPE 22
AGENCY 991
ICD 256
LOCN 130

office use only

ASCO
ELECTION FOR SCHEDULE 2 INJURY — item 3

NIHIL FILE NO. (Office Use Only)

Date of compensable test

Compensable noise induced hearing loss (6) % of item 6

Employer at time of test

Address

Post Code

Previous settlement date

PLK

WORKER'S DECLARATION

I elect to accept under Schedule 2 of the Workers' Compensation and Rehabilitation Act 1987 the sum of $ , representing % loss of item 6, being loss of hearing. In making this election I declare that I have not received nor am I eligible to receive compensation in respect of the noise induced hearing loss under any law of the Commonwealth, another State or a Territory of the Commonwealth, or country other than Australia. In making this election and upon an agreement being registered at the Consultation and Review Directorate WorkCover WA, I acknowledge that after registration or the making of an award:

1. I shall have no further entitlement to compensation under the Act for the percentage loss of hearing which is the subject of this election;

2. I shall have no entitlement to further monies upon any increase to the prescribed amount for the percentage loss of hearing which is the subject of this election.

DATED the ............. day of ............ 19..........

(Signature of worker)

in the presence of: ...........................................

(Signature and full name and address of witness)

EMPLOYER DETAILS — (Employer to complete)

Trading name of employer
(e.g. Brown's Welding;
E.J. Drilling Service)

WorkCover No. ...........

Local Gov.

Insurance Co.

Policy No.
By Command, the deputy of the Governor,

J. PRITCHARD, Clerk of the Council.