

WORKERS COMPENSATION AND REHABILITATION

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 1982** 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 84I (1) (b)]

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

WORKERS DETAILS — (Worker to complete)

<p>Surname Mr/Mrs/Miss/Ms</p> <p>.....</p> <p>Other Names</p> <p>.....</p> <p>Address</p> <p>.....</p> <p>.....</p> <p>Postcode</p> <p>.....</p> <p>Phone No. (H)..... (W).....</p> <p>Occupation</p> <p>(e.g. boiler maker, underground miner)</p> <p>Main tasks or duties performed</p> <p>(e.g. welding, drilling)</p>	<p>Date of Birth</p> <p style="text-align: center;">/ /</p>	<p>Age</p>	<p>Sex</p> <p style="text-align: center;">M/F</p>
<p>If you have difficulty understanding English, what is your preferred language?</p> <p>.....</p>			
<p>TYPE 32</p> <p>AGENCY 991</p> <p>ICD 250</p> <p>LOCN 130</p> <hr/> <p style="text-align: center;">office use only</p> <p>ASCO</p>			

ELECTION FOR SCHEDULE 2 INJURY — item 6

NIBL FILE NO. (Office Use Only)	
Date of compensable test	
Compensable noise induced hearing loss % (of item 6)	Entitlement \$
Employer at time of test	
Address	Post Code
Previous settlement date	PLH

WORKER'S DECLARATION

I elect to accept under Schedule 2 of the *Workers' Compensation and Rehabilitation Act 1981* 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 Conciliation 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. Browns Welding;
 E.J. Drilling Service)

Address of worker's usual
 workplace or base

WorkCover No.

Local Gov.

Insurance Co.

Policy No.

