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WORKERS' COMPENSATION AND
REHABILITATION ACT 1981

PROCLAMATION

**Workers' Compensation and Rehabilitation
Amendment Act 1999**

**Workers' Compensation and Rehabilitation
Amendment Regulations (No. 4) 1999**

**Workers' Compensation and Rehabilitation
Amendment Regulations (No. 5) 1999**

**Workers' Compensation and Rehabilitation
Amendment Regulations (No. 6) 1999**

**Workers' Compensation and Rehabilitation
Amendment Regulations (No. 7) 1999**

**Workers' Compensation and Rehabilitation
Amendment Regulations (No. 8) 1999**

**Workers' Compensation and Rehabilitation
Amendment Regulations (No. 9) 1999**

**Workers' Compensation and Rehabilitation
Amendment Regulations (No. 10) 1999**

**WORKERS' COMPENSATION AND REHABILITATION AMENDMENT
ACT 1999**

34 of 1999

PROCLAMATION

WESTERN AUSTRALIA
P. M. Jeffery,
Governor.
[L.S.]} By His Excellency Major General Philip Michael
Jeffery, Companion of the Order of Australia, Officer
of the Order of Australia (Military Division), Military
Cross, Governor of the State of Western Australia.

I, the, acting under section 2(2) of the *Workers' Compensation and Rehabilitation Amendment Act 1999* and with the advice and consent of the Executive Council, fix the day on which this proclamation is published in the *Government Gazette* as the day on which the provisions of that Act, other than sections 5, 14, 15, 32, 48(a)(iv) and 53(a), (c) and (d)(ii), come into operation.

Given under my hand and the Public Seal of the State on 14 October 1999.

By Command of the Governor,

CHERYL EDWARDES, Minister for Labour Relations.

GOD SAVE THE QUEEN!

Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1999

Made by the Governor in Executive Council.

1. Citation

These regulations may be cited as the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1999*.

2. Commencement

These regulations come into operation on the later of —

- (a) the day on which the *Workers' Compensation and Rehabilitation Amendment Act 1999* receives the Royal Assent; and
- (b) the day on which these regulations are published in the *Gazette*.

3. The regulations amended

The amendments in these regulations are to the *Workers' Compensation and Rehabilitation Regulations 1982**.

[* Reprinted as at 14 February 1995.

For amendments to 6 October 1999 see 1998 Index to Legislation of Western Australia, Table 4, p. 354, and Gazette 13 and 16 April, and 22 June, 1999.]

4. Regulation 8A repealed

Regulation 8A is repealed.

5. Regulation 9 amended

Regulation 9 is amended by deleting "(1), (2) and".

6. Part 3A inserted

After regulation 19I the following Part is inserted —

“

Part 3A — Constraints on awards of common law damages

19J. Assessment of degree of disability

- (1) A referral under section 93D(5) of the Act is to be made in the form of Form 22 in Appendix I.

- (2) A notification under section 93D(7) of the Act is to be —
 - (a) made in the form of Form 23 in Appendix I; and
 - (b) accompanied by a copy of the medical evidence produced to the Director under section 93D(6) of the Act.
- (3) A notification under section 93D(8) of the Act is to be made in the form of Form 23 in Appendix I.

19K. Agreement as to degree of disability

- (1) An agreement as to the degree of disability for the purposes of section 93E(3)(a), (4) or (9) of the Act is to be made in the form of Form 24 in Appendix I and lodged with the Director.
- (2) On receipt of the agreement the Director is to —
 - (a) record the agreement in a register kept for that purpose; and
 - (b) complete the relevant section of the agreement form and give a copy of it to the worker and the employer.

19L. Determination of degree of disability

- (1) The Director is to be notified as soon as practicable after a dispute resolution body determines a question referred to it under section 93D(10) of the Act.
- (2) On receipt of the notification the Director is to —
 - (a) record the determination in a register kept for that purpose; and
 - (b) give a copy of the determination to the worker, the employer and the employer's insurer.

19M. Election to retain right to seek damages

- (1) An election under section 93E(3)(b) of the Act is to be made in the form of Form 25 in Appendix I and lodged with the Director.
- (2) A worker may withdraw the election by giving a notice in the form of Form 26 to the Director before the election is registered under subregulation (3).
- (3) Subject to subregulations (4) and (5), on receipt of the election the Director is to —
 - (a) register the election in a register kept for that purpose; and
 - (b) complete the relevant section of the election form and give a copy of it to the worker and the employer.

- (4) If the election is lodged before an agreement or determination as to the degree of disability is recorded under section 93E(4) of the Act, the Director must not register the election until at least 14 days after the agreement or determination is recorded.
- (5) The Director may decline to register an election if the Director is satisfied that the worker does not fully understand the consequences of the registration of the election.
- (6) An election registered under subregulation (3) is taken to have been registered —
 - (a) if subregulation (4) applied in relation to it, on the day after the 14th day referred to in that subregulation; or
 - (b) otherwise, on the day on which it is received by the Director.

19N. Extension of time to make election

- (1) The Director may grant an extension of time under section 93E(7) of the Act if the Director is satisfied that the worker's disability is of such seriousness that the worker is likely to require major surgery within the next 6 months.
- (2) An application for an extension of time is to be —
 - (a) made in the form of Form 27 in Appendix I;
 - (b) accompanied by medical evidence from a medical practitioner who is a specialist in a relevant field of medicine; and
 - (b) lodged with the Director at least 21 days before the termination day.
- (3) Within 14 days of receiving the application the Director is to —
 - (a) decide whether to grant the extension; and
 - (b) complete the relevant section of the application form and give a copy of it to the worker and the employer.

19O. Application for compensation

An application for compensation under section 93E(11) of the Act is to be made and dealt with in accordance with the *Workers' Compensation (Conciliation and Review) Rules 1994* as if it were an application referring for conciliation a dispute as to the amount of compensation.

7. Appendix I amended

- (1) Form 2B in Appendix I is amended in the paragraph headed "**Injured worker's declaration**" by inserting at the end of the paragraph —

“

I also understand that I can only claim damages at common law for my injury if it is agreed or determined that I am at least 16% disabled and I lodge an election within the time specified in the *Workers' Compensation and Rehabilitation Act 1981* (which in most cases is 6 months after the commencement of weekly compensation payments).

”.

- (2) Appendix I is amended after Form 21 by inserting the following forms —

“

Form 22

Workers' Compensation and Rehabilitation Act 1981

Referral of Question of Degree of Disability

[r. 19J(1)]

Worker's details

Surname		Other names	
<input type="text"/>		<input type="text"/>	
Date of birth	Sex	Occupation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address		Postcode	
<input type="text"/>		<input type="text"/>	
Telephone no.			
<input type="text"/>			

Employer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Telephone no.	WorkCover no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Title	Telephone no.
<input type="text"/>	<input type="text"/>

Injury details

Description of injury	
<input type="text"/>	
Date injury occurred	Date weekly compensation commenced (if applicable)
<input type="text"/>	<input type="text"/>
Degree of disability As assessed by medical practitioner	Relevant level of disability (see s. 93E(3) of the Act)
<input type="text"/>	<input type="checkbox"/> not less than 30% <input type="checkbox"/> not less than 16%

Signature of worker	Date
<input type="text"/>	<input type="text"/>

Lodging this form

This form should be lodged with —

Director, Conciliation and Review Directorate
WorkCover WA
Perth, Western Australia

You must also give to the Director medical evidence from a medical practitioner indicating that, in his or her opinion, your degree of disability is not less than the relevant level.

Form 23

*Workers' Compensation and Rehabilitation Act 1981***Notice of Referral of Question of Degree of Disability**

[r. 19J(2), (3)]

Worker's details

Surname	Other names
<input type="text"/>	<input type="text"/>
Address	Postcode
<input type="text"/>	<input type="text"/>
Telephone no.	Occupation
<input type="text"/>	<input type="text"/>

Employer's details

Name	
<input type="text"/>	<input type="text"/>
Address	Postcode
<input type="text"/>	<input type="text"/>
Telephone no.	WorkCover no. (if known)
<input type="text"/>	<input type="text"/>

Injury details

Description of injury

Date injury occurred

Degree of disability as assessed by medical practitioner

Relevant level of disability

not less than 30%

not less than 16%

Question referred

The question of whether the worker's degree of disability is or is not less than the relevant level has been referred to the Director, Conciliation and Review Directorate, for consideration.

Medical evidence

Accompanying this notice is a copy of the medical evidence provided by the worker which indicates that in the opinion of the worker's medical practitioner the worker's degree of disability is not less than the relevant level.

Objection

If you (the employer) consider the worker's degree of disability is less than the relevant level, you should complete the bottom section of this form and return it to the Director within 21 days of receiving this notice.

If you do not notify the Director within 21 days you will be taken to have agreed that the worker's degree of disability is not less than the relevant level

Signature of Director	Date
<input type="text"/>	<input type="text"/>

Employer's objection

Employer's assessment of degree of disability		
Signature of employer _____	Date	<input type="text" value="/ /"/>

Form 24

Workers' Compensation and Rehabilitation Act 1981

Degree of Disability Agreement

[r. 19K(1), (2)]

Worker's details

Surname	Other names
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	Postcode
Telephone no.	Occupation
<input type="text"/>	<input type="text"/>

Employer's details

Name	
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	Postcode
Telephone no.	WorkCover no. (if known)
<input type="text"/>	<input type="text"/>

Injury details

Description of injury
<input type="text"/>
Date injury occurred
<input type="text"/>

Agreement

Agreed degree of disability (insert actual figure eg. 22%)	<input type="text" value=""/> %	Agreed degree of disability is —
		<input type="checkbox"/> not less than 30%
		<input type="checkbox"/> not less than 16%

Signature of Worker _____	Date	<input type="text" value="/ /"/>
Signature of witness _____	Name of witness	_____

Signature of Employer _____	Date	<input type="text" value="/ /"/>
Signature of witness _____	Name of witness	_____

Recording of agreement

Date of recording	Record no.
<input type="text"/>	<input type="text"/>

Signature of Director	Date	<input type="text"/>
<input type="text"/>		/ /

Form 25

*Workers' Compensation and Rehabilitation Act 1981***Election to Retain Right to Seek Damages**

[r. 19M(1), (3)]

Worker's details

Surname	Other names	
<input type="text"/>	<input type="text"/>	
Date of birth	Sex	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Telephone no.	Occupation	
<input type="text"/>	<input type="text"/>	

Employer's detail

Name	<input type="text"/>	
Address	<input type="text"/>	
	Postcode	
	<input type="text"/>	
Telephone no.	WorkCover no. (if known)	
<input type="text"/>	<input type="text"/>	
Contact person	<input type="text"/>	
Title	Telephone no.	
<input type="text"/>	<input type="text"/>	

Injury details

Description of injury	<input type="text"/>	
Date injury occurred	Degree of disability (as assessed by medical practitioner)	
<input type="text"/>	<input type="text"/>	
	%	

Signature of Worker	Date	<input type="text"/>
<input type="text"/>		/ /

Warning .

The registration of this election will, in most cases, prevent you from continuing to receive statutory benefits under the *Workers' Compensation and Rehabilitation Act 1981*.

You should seek appropriate independent advice before lodging this form.

Registration of election

Date of registration Registration no.

Signature of Director _____ Date / /

Form 26

*Workers' Compensation and Rehabilitation Act 1981***Withdrawal of Election to Retain Right to Seek Damages**

[r. 19M(2)]

Worker's details

Surname Other names

Address Postcode

Employer's detail

Name

Address Postcode

Election details

Date election lodged

Signature of Worker _____ Date / /

Form 27

*Workers' Compensation and Rehabilitation Act 1981***Application for Extension of Time to Make Election**

[r. 19N(2)]

Worker's details

Surname Other names

Date of birth Sex Occupation

Address Postcode

Telephone no. Occupation

Employer's detail

Name

Address Postcode

Telephone no. WorkCover no. (if known)

Contact person

Title Telephone no.

Injury details

Description of injury

--

Date injury occurred

--

Degree of disability

(as assessed by worker's medical practitioner)

%

Extension of time sought

Extension sought until

--

**Signature of
Worker**

Date

/ /

Lodging this form

This form should be lodged with —

Director, Conciliation and Review Directorate

WorkCover WA

Perth, Western Australia

You must also give to the Director medical evidence from a medical practitioner who is a specialist in a relevant field of medicine indicating that your disability is of such seriousness that you are likely to require major surgery within the next 6 months.

Granting of extension

An extension of time to make an election under section 93E(3)(b) of the Act —

 is granted until / / OR is not granted
**Signature of
Director**

Date

/ /

By Command of the Governor,

M. C. WAUCHOPE, Clerk of the Executive Council.

Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation and Rehabilitation Amendment Regulations (No. 5) 1999

Made by the Governor in Executive Council.

1. Citation

These regulations may be cited as the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 5) 1999*.

2. Commencement

These regulations come into operation on the day on which section 13 of the *Workers' Compensation and Rehabilitation Amendment Act 1999* comes into operation.

3. Appendix I amended

Form 4 in Appendix I to the *Workers' Compensation and Rehabilitation Regulations 1982** is amended as follows:

- (a) in clause B 2.(a) by deleting "wholly recovered from the effects of the disability" and inserting instead —
" total capacity for work ";
- (b) in clause B 2.(b) by deleting "partially recovered from the effects of the disability" and inserting instead —
" partial capacity for work ".

[* Reprinted as at 14 February 1995.

For amendments to 14 October 1999 see 1998 Index to Legislation of Western Australia, Table 4, p. 354 and Gazette of 13 and 16 April, and 22 June 1999.]

By Command of the Governor,

M. C. WAUCHOPE, Clerk of the Executive Council.

Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation and Rehabilitation Amendment Regulations (No. 6) 1999

Made by the Governor in Executive Council.

1. Citation

These regulations may be cited as the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 6) 1999*.

2. Commencement

These regulations come into operation on the day on which section 20 of the *Workers' Compensation and Rehabilitation Amendment Act 1999* comes into operation.

3. The regulations amended

The amendments in these regulations are to the *Workers' Compensation and Rehabilitation Regulations 1982**.
[* Reprinted as at 14 February 1995.

For amendments to 14 October 1999 see 1998 Index to Legislation of Western Australia, Table 4, p. 354 and Gazette of 13 and 16 April, and 22 June 1999.]

4. Regulation 6 repealed

Regulation 6 of the principal regulations is repealed.

5. Regulation 6AA amended

Regulation 6AA of the principal regulations is amended after subregulation (2) by inserting the following subregulation —

“

- (3) For a claim for compensation by dependants under section 84I(1)(b) of the Act (in the case of a death), the information required by Form 2D in Appendix I is prescribed under section 84I(2) of the Act.

”.

6. Appendix I amended

- (1) Appendix I to the principal regulations is amended by deleting Form 2A.

- (2) Appendix I to the principal regulations is amended by inserting after Form 2C the following form —

“

Form 2D

Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation Claim Form for Dependants of Deceased Workers

[r. 6AA]

If insufficient space attach relevant details. If you can't fill in this form yourself you may ask someone to help you. If the deceased had no dependants this form can be used to claim for statutory allowances only (e.g. funeral expenses). Please complete all questions except for the details requested on dependants (see below).

Applicant's Details

Full Name of Applicant	Surname	Other Names
	<input type="text"/>	<input type="text"/>
Occupation	Relationship to deceased worker	
	<input type="text"/>	<i>i.e. Executor, Wife/defacto, Son, Daughter</i>
Residential Address	<input type="text"/>	
	Postcode	Telephone No.

Deceased Worker's Details

Full Name of deceased worker	Surname	Other Names
	<input type="text"/>	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Worker's Occupation	<input type="text"/>	
Period of Employment	<input type="text"/>	
Residential Address immediately prior to death	<input type="text"/>	

Employer's Details

Full Name of Employer, including trading name	<input type="text"/>
Address of worker's usual workplace or base	<input type="text"/>
	Postcode <input type="text"/> Telephone No. <input type="text"/>
Major activity of workplace (e.g. footwear manufacturing, sheep farming)	<input type="text"/>

Deceased Worker's Dependant/s Details

Do not complete the following question if you are claiming for statutory allowances only. Give full details of deceased worker's dependants as at the date of death:

Name of Dependant	Date of Birth	Residential Address	Occupation	Relationship to deceased worker	Dependency Wholly ✓ Tick Box	Part Tick Box
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Details of Fatality

Was the death the result of a work-related injury and/or disease? Yes No

What was the cause of death?

What were the main tasks/duties of the deceased's employment when he/she suffered the injury and/or contracted the disease?

In the case of personal injury, when did it occur?
 Day of the week: _____ Time: _____ Date: _____ / /

Date of death if different. Date: _____ / /

Where did the injury occur? (e.g. Workshop floor, Hay Street, Cloverdale)

In the case of a disease, what was the date of death? Date: _____ / / Date of diagnosis: _____ / /

If known, when was the deceased first incapacitated by the disease? Date: _____ / / Don't know:

Prior to this application, have any workers' compensation payments been received or applied for in respect of the deceased (i.e. weekly payments, medical expenses, lump sums). YES NO Have you attached a copy of any official notice of the deceased's death? YES NO

If yes, please attach as much information as you can

Declaration

I, the undersigned, do hereby warrant the truth of the foregoing statements. I hereby authorize any medical practitioner to disclose to the deceased worker's employer or his/her insurer and WorkCover WA any information regarding the deceased worker's medical history.

Signature _____ Date: _____ / /
 Signature _____ Date: _____ / /

INSURER/SELF-INSURER DETAILS

Insurer/self-insurer to complete then detach and forward the duplicate of this notice to WorkCover WA, 2 Bedbrook Place, Shenton Park, WA 6008:

Name of insurer/self-insurer: _____ Date stamp of insurer/self-insurer _____

Policy number: _____

Claim number: _____

WCN: _____

Occurrence Details

Mechanism: _____

Agency: _____

Nature: _____

Body Locn: _____

By Command of the Governor,

M. C. WAUCHOPE, Clerk of the Executive Council.

Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation and Rehabilitation Amendment Regulations (No. 7) 1999

Made by the Governor in Executive Council.

1. Citation

These regulations may be cited as the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 7) 1999*.

2. Commencement

These regulations come into operation on the day on which section 23 of the *Workers' Compensation and Rehabilitation Amendment Act 1999* comes into operation.

3. Regulation 12AA replaced by regulations 12AA and 12AB

Regulation 12AA of the *Workers' Compensation and Rehabilitation Regulations 1982** is repealed and the following regulations are inserted instead —

“

12AA. Costs for persons other than legal practitioners in a conciliation

For the purposes of section 84X(2)(b) of the Act, a person other than a legal practitioner may not receive more than \$50.00 per hour for appearing for or acting on behalf of a person in a conciliation.

12AB. Costs for persons other than legal practitioners in proceedings before review officers

For the purposes of section 84ZL(2)(b) of the Act, a person other than a legal practitioner may not receive more than \$50.00 per hour for appearing for or acting on behalf of a person in proceedings before a review officer.

”.

[* Reprinted as at 14 February 1995.
For amendments to 1 October 1999 see 1998 Index to
Legislation of Western Australia, Table 4, p. 354 and
Gazette of 13 and 16 April, and 22 June 1999.]

By Command of the Governor,

M. C. WAUCHOPE, Clerk of the Executive Council.

Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation and Rehabilitation Amendment Regulations (No. 8) 1999

Made by the Governor in Executive Council.

1. Citation

These regulations may be cited as the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 8) 1999*.

2. Commencement

These regulations come into operation on the day on which section 53(d)(i) of the *Workers' Compensation and Rehabilitation Amendment Act 1999* comes into operation.

3. Regulation 17AA inserted

After regulation 17 of the *Workers' Compensation and Rehabilitation Regulations 1982** the following regulation is inserted —

“

17AA. Prescribed rate for vehicle running expenses (Sch. 1, cl. 19 of the Act)

For the purposes of Schedule 1 clause 19(1) of the Act, the prescribed rate for vehicle running expenses is 29 cents per kilometre (irrespective of engine capacity).

”

[* Reprinted as at 14 February 1995.

For amendments to 14 October 1999 see 1998 Index to Legislation of Western Australia, Table 4, p. 354 and Gazette of 13 and 16 April, and 22 June 1999.]

By Command of the Governor,

M. C. WAUCHOPE, Clerk of the Executive Council.

Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation and Rehabilitation Amendment Regulations (No. 9) 1999

Made by the Governor in Executive Council.

1. Citation

These regulations may be cited as the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 9) 1999*.

2. Commencement

These regulations come into operation on the day on which section 57 of the *Workers' Compensation and Rehabilitation Amendment Act 1999* comes into operation.

3. Regulation 20 amended

Regulation 20 of the *Workers' Compensation and Rehabilitation Regulations 1982** is amended by deleting "Penalty: \$200." at the foot of that regulation and inserting instead —

“ Penalty: \$1 000. ”.

[* Reprinted as at 14 February 1995.

For amendments to 14 October 1999 see 1998 Index to Legislation of Western Australia, Table 4, p. 354 and Gazette of 13 and 16 April, and 22 June 1999.]

By Command of the Governor,

M. C. WAUCHOPE, Clerk of the Executive Council.

Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation and Rehabilitation Amendment Regulations (No. 10) 1999

Made by the Governor in Executive Council.

1. Citation

These regulations may be cited as the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 10) 1999*.

2. Commencement

These regulations come into operation on the later of —

- (a) the day on which the *Workers' Compensation and Rehabilitation Amendment Act (No. 2) 1999* receives the Royal Assent; and
- (b) the day on which these regulations are published in the *Gazette*.

3. The regulations amended

The amendments in these regulations are to the *Workers' Compensation and Rehabilitation Regulations 1982**.

[* Reprinted as at 14 February 1995.

For amendments to 14 October 1999 see 1998 Index to Legislation of Western Australia, Table 4, p. 354 and Gazette of 13 and 16 April, and 22 June 1999.]

4. Regulation 12 amended

- (1) After regulation 12(1) the following subregulation is inserted —

“

- (1a) A memorandum of an agreement referred to in section 76 of the Act shall be in the form of Form 15C in Appendix I.

”.

- (2) After regulation 12(3) the following subregulation is inserted —

“

- (3a) A memorandum of an agreement lodged for the purposes of a redemption amount under section 67(1) shall be accompanied by Form 15D in Appendix I signed and dated by the worker, as acknowledgment that he/she is aware of the consequences of the recording of the memorandum.

”.

- (3) After regulation 12(4) the following subregulations are inserted —

“

- (4a) Where any interested party disputes the genuineness of the memorandum, or the adequacy of the compensation agreed upon or otherwise objects to the recording of the agreement that party shall, within the 7 days allowed in section 76(2), notify the Director by completing Form 15E in Appendix I, and forwarding that completed form to the Director.
- (4b) On receipt of an objection from any party in the manner prescribed in subregulation (4a), the Director shall send to each other party a notice, in the form of Form 15F, informing such parties that the memorandum will not be recorded except with the consent in writing of the objector.

”.

- (4) After regulation 12(5) the following subregulations are inserted —

“

- (6) The Director may vary or amend a memorandum if all parties first give the Director written consent to make that variation or amendment.
- (7) For the purpose of providing a statement of benefits paid, under section 67(2) of the Act, Part 4 of the Memorandum of Agreement form (Form 15C), may be used for this purpose.

”.

5. Appendix I to the Schedule amended

- (1) Appendix I to the Schedule is amended after form 15B by inserting the following forms —

“

Form 15C

Workers' Compensation and Rehabilitation Act 1981

MEMORANDUM OF AGREEMENT

(Section 76 & 67(2))

TO: the Director, Conciliation & Review Directorate,
Perth, Western Australia

In the matter of an Agreement made the _____ day of _____ (year)

Between _____ (Employer)

of (address)
(WCN Number)

and

(Worker)

of (address)

Claim No:

Upon the Agreement being recorded pursuant to section 76 of the *Workers' Compensation and Rehabilitation Act 1981* ("the Act") the worker's claims referred to in this Agreement are finalised and the employer shall pay to the worker, and the worker shall accept, the lump sum of \$ _____, upon the terms and conditions as set out in the following —

1. Date of disability (injury)

Which occurred by:

- * a personal injury by accident arising out of or in the course of the employment, or whilst the worker was acting under the employer's instructions;
- * a disabling disease to which Part III Division 3 applies;
- * a disease contracted by a worker in the course of his/her employment at or away from his/her place of employment and to which the employment was a contributing factor and contributed to a significant degree;
- * the recurrence, aggravation, or acceleration of any pre-existing disease where the employment was a contributing factor to that recurrence, aggravation, or acceleration and contributed to a significant degree; or
- * a disabling loss of function to which Part III Division 4 applies.

2. When the disability occurred —

- (a) the worker was _____ years of age. Date of Birth
- (b) the worker was employed by the employer as a
.....
- (c) his or her weekly earnings were

3. The nature of the disability was:

and now is:

and it occurred in the following circumstances —

4. The worker has received from the employer prior to the date of this Agreement:

- (a) weekly payments in respect of that disability totalling \$
- (b) expenses payable under Clauses 9, 10, 17, 18 and 19 of Schedule 1
Totalling \$
=====

5. The lump sum is made up as follows:

*(a)	weekly payments of compensation:	
(i)	by way of redemption of liability to make future weekly payments as for permanent total incapacity;	\$
(ii)	by way of redemption of liability to make future weekly payments as for permanent partial incapacity;	\$
(iii)	otherwise;	\$
*(b)	expenses as are provided for in Clauses 9, 10, 17, 18 and 19 of Schedule 1 namely;	\$
*(c)	the worker having elected under s. 24 of the Act by a form of election dated _____, compensation payable under Schedule 2, representing _____ % loss of Item _____ being for the permanent loss of the efficient use of the _____	
	Totalling:	\$
*(d)	redemption amount under Schedule 5 Clause 2 or 3 (2) (3) or (4)	\$
*(e)	supplementary amount under Schedule 5 Clause 2 or 3 (2), (3) or (4)	\$
	TOTAL LUMP SUM	\$ =====

- 6.** The employer warrants that to the date of this Agreement it has paid all compensation due to the worker and all expenses in respect of the matters contained in Clauses 9, 10, 17, 18 and 19 of Schedule 1 (which includes medical and travelling) and, to the extent that these have not been paid, undertakes to pay them.
- 7.** The worker warrants that he/she is not aware of any expenses due but unpaid in respect of the matters contained in Clauses 9, 10, 17, 18 and 19 of Schedule 1.
- 8.** The worker hereby releases and forever discharges the employer from all claims and demands which the worker now has or, but for the execution of this agreement, could or might have had against the employer under the Act in any respect to the disability to the worker referred to in this Agreement.

SIGNED by the worker:
in the presence of:

SIGNED by or on behalf of the employer:
in the presence of-

**Delete if not applicable.*

Form 15D

Workers' Compensation and Rehabilitation Act 1981

**STATEMENT OF THE CONSEQUENCES OF THE RECORDING OF A
MEMORANDUM OF AGREEMENT**

(Section 76(2)(a))

In making an agreement for the purposes of section 67(1) of the *Workers' Compensation and Rehabilitation Act 1981* ("the Act") and upon that agreement being recorded under section 76 of the Act the following will apply;

- (1) The worker will have no further entitlement to compensation under the Act for weekly payments arising out of the disability referred to in the agreement.
- (2) The worker will not have any other claim to redemption of weekly payments arising out of the disability referred to in the agreement.
- (3) The worker will not have any further entitlement in respect of the disability referred to in the agreement (after the date the agreement is recorded) to payment of expenses under clauses 9, 17, 18 or 19 of the Schedule 1 to the Act.
That is, in general terms, medical or surgical, dental, physiotherapy or chiropractic advice or treatment, first aid and ambulance expenses, medical requisites, charges for attendance and treatment by way of rehabilitation, charges for hospital treatment and maintenance, cost of artificial aids and travelling expenses.
- (4) The worker forfeits any entitlement he/she may have to compensation for a permanent disability, arising out of the disability referred to in the agreement under Schedule 2 of the Act.
- (5) The worker forfeits any entitlement he/she may have to pursue common law damages under section 93D of the Act, in respect of the injury referred to in the agreement.
That is, in general terms, the worker forfeits any entitlement they have to sue their employer for civil damages.

I _____, confirm that I have read the above information and I acknowledge that I am aware of the consequences of the recording of a memorandum under section 67(1) of the Act.

Dated the _____ day of _____ (year)

.....
Signature of the worker

Form 15E*Workers' Compensation and Rehabilitation Act 1981***NOTICE DISPUTING MEMORANDUM OF AGREEMENT, OR
OBJECTING TO ITS BEING RECORDED**

(Section 76)

IN THE CONCILIATION & REVIEW DIRECTORATE OF WESTERN
AUSTRALIA

In the matter of an Agreement between

Employer
and
Worker

Ref. AG

TAKE NOTICE that the genuineness of the Memorandum in the
abovementioned matter sent to you for registration is disputed by

a party affected by such Memorandum, in the following particulars:

(here state particulars)(Or that
of a party interested in the
Memorandum in the above mentioned matter sent to you for registration,
objects to the same being recorded, on the following grounds:)*(here state grounds)*

Dated this day of (year)

Form 15F*Workers' Compensation and Rehabilitation Act 1981***NOTICE THAT MEMORANDUM OF AGREEMENT IS DISPUTED, OR
OF OBJECTION TO ITS BEING RECORDED**

(Section 76)

IN THE CONCILIATION & REVIEW DIRECTORATE OF WESTERN
AUSTRALIA

In the matter of an Agreement between

Employer
and
Worker

Ref. AG

TAKE NOTICE that the genuineness of the Memorandum in the abovementioned matter left with me (or sent to me) for registration is disputed by

a party affected by such Memorandum, in the following particulars:

(Here state particulars of dispute)

(Or that

a party interested in the Memorandum in the abovementioned matter, left (or sent to) me for registration objects to the same being recorded, on the following grounds:)

(Here state grounds)

The Memorandum will therefore not be recorded, except with the consent in writing of

or by Order of the Compensation Magistrate's Court.

Dated this day of , (year)

Director,
Conciliation & Review

“.

By Command of the Governor,

M. C. WAUCHOPE, Clerk of the Executive Council.



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