



Western Australia

## **Workers' Compensation and Injury Management Regulations 1982**

Compare between:

[25 Mar 2014, 07-c0-00] and [01 Jul 2014, 07-d0-01]



Western Australia

Workers' Compensation and Injury Management Act 1981

## **Workers' Compensation and Injury Management Regulations 1982**

### **Part 1 — Preliminary**

*[Heading inserted in Gazette 26 Feb 1991 p. 933.]*

#### **1. Citation**

These regulations may be cited as the *Workers' Compensation and Injury Management Regulations 1982* <sup>1</sup>.

*[Regulation 1 amended in Gazette 8 Mar 1991 p. 1071;  
21 Jan 2005 p. 275.]*

#### **2. Commencement**

These regulations shall come into operation on the date of the coming into operation of the *Workers' Compensation and Injury Management Act 1981* <sup>1, 2</sup>.

#### **2AA. Notes not part of regulations**

Notes in these regulations are provided to assist understanding and do not form part of the regulations.

*[Regulation 2AA inserted in Gazette 27 Jul 2012 p. 3665.]*

## **Part 2 — General**

*[Heading inserted in Gazette 26 Feb 1991 p. 933.]*

### **2A.     Indexation of child's allowance and redemption amount**

- (1) If the minimum award rates that would be relevant to calculating the amount of —
  - (a) the child's allowance, as defined in section 5(1) of the Act; or
  - (b) the redemption amount, as defined in the Act Schedule 5 clause 1,

for a particular financial year are not published, the amount to be calculated for that financial year (the **relevant year**) is to be obtained by varying the amount for the preceding financial year as described in subregulation (2).

- (2) To vary an amount as described in this subregulation, it is varied by the percentage by which the amount that the Australian Statistician published as the Labour Price Index (formerly known as the Wage Cost Index), ordinary time hourly rates of pay (excluding bonuses) for Western Australia varied between the second-last December quarter before the relevant year commenced and the last December quarter before the relevant year commenced.

*[Regulation 2A inserted in Gazette 17 Nov 2000 p. 6309-10; amended in Gazette 28 Oct 2005 p. 4861; 19 Mar 2010 p. 1038.]*

### **3.     Certain registered bodies specified for definition of *company* (Act s. 5(1))**

- (1) For the purposes of the definition of **company** in section 5(1) of the Act, the following registered bodies are specified —
  - (a) a registered Australian body that was formed or incorporated in the State;

- (b) a registered Australian body that was not formed or incorporated in the State and that does not have its head office or principal place of business in the State.

- (2) In this regulation —

*registered Australian body* has the meaning given by the *Corporations Act 2001* of the Commonwealth.

[Regulation 3 inserted in Gazette 28 Sep 2001 p. 5357.]

**4A. Certain mines, mining operations prescribed for definition of mine or mining operation in Act**

- (1) The classes of mine that are prescribed for the purposes of the definition of *mine* or *mining operation* in section 5(1) of the Act are those mines that are a mine as defined in the *Mines Safety and Inspection Act 1994* section 4(1).
- (2) The classes of mining operation that are prescribed for the purposes of the definition of *mine* or *mining operation* in section 5(1) of the Act are those mining operations that are mining operations as defined in the *Mines Safety and Inspection Act 1994* section 4(1).

[Regulation 4A inserted in Gazette 19 Mar 2010 p. 1038-9.]

**4. Form of election**

- (1) The form of election referred to in section 24B of the Act shall be in Form 1 or, in the case of a worker suffering from noise induced hearing loss, Form 2C in Appendix I.
- (2) The form of election referred to in section 31H of the Act must be in the form of Form 1A in Appendix I or, in the case of a worker suffering from noise induced hearing loss, in the form of Form 2CA in Appendix I.

[Regulation 4 amended in Gazette 26 Feb 1991 p. 934; 25 Aug 1995 p. 3885; 28 Oct 2005 p. 4862.]

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**5.            Determination form for medical panel**

Pursuant to section 38(2) of the Act, the form of the determination of the medical panel shall, as far as practicable in each case, be as set out in Form 2 in Appendix I.

*[6.            Deleted in Gazette 15 Oct 1999 p. 4900.]*

**6AA.       Form of claim for compensation**

- (1) Form 2B or, in the case of a worker suffering from noise induced hearing loss, Form 2C or Form 2CA, as the case requires, in Appendix I is prescribed for the purposes of a claim made by a worker in accordance with section 178(1)(b) of the Act.

*[(2)        deleted]*

- (3) Form 2D in Appendix I is prescribed for the purposes of a claim for compensation made by dependants in the case of the death of a worker in accordance with section 178(1)(b) of the Act.

*[Regulation 6AA inserted in Gazette 28 Jun 1991 p. 3291; amended in Gazette 18 Feb 1994 p. 660; 25 Aug 1995 p. 3885; 13 Apr 1999 p. 1531-2; 15 Oct 1999 p. 4900; 28 Oct 2005 p. 4862; 10 Sep 2010 p. 4352.]*

**6AB.       Relevant document (Act s. 180(1)(j))**

A certificate of currency in respect of the employer's insurance policy referred to in section 160(7) of the Act is prescribed under section 180(1)(j) of the Act as a relevant document.

*[Regulation 6AB inserted in Gazette 28 Oct 2005 p. 4863.]*

**6A.        Form of ~~medical~~first certificate of capacity**

- (1) Form 3 in Appendix I is the prescribed form under sections 57A(1)(b)(i) and 57B(1)(b)(i) of the Act.
- (2) In addition to the details prescribed in Form 3 as being necessary to make a valid claim for compensation under

sections 57A and 57B, the "Consent authority" is prescribed under section 292(1)(a) as expedient for the purposes of the Act, and ~~is to~~[must](#) be completed accordingly. |

*[Regulation 6A inserted in Gazette 8 Mar 1991 p. 1071; amended in Gazette 13 Apr 1999 p. 1532; 28 Oct 2005 p. 4863; 18 Nov 2011 p. 4820; [25 Mar 2014 p. 821.](#)]* |

**6B. Form for insurer accepting liability**

Form 3A in Appendix I is the prescribed form under section 57A(3)(a) of the Act.

*[Regulation 6B inserted in Gazette 8 Mar 1991 p. 1071.]*

**6C. Form for insurer disputing liability**

Form 3B in Appendix I is the prescribed form under section 57A(3)(b) of the Act.

*[Regulation 6C inserted in Gazette 8 Mar 1991 p. 1071.]*

**6D. Form for insurer undecided on liability**

Form 3C in Appendix I is the prescribed form under section 57A(3)(c) of the Act.

*[Regulation 6D inserted in Gazette 8 Mar 1991 p. 1071.]*

**6E. Form for employer disputing liability**

Form 3D in Appendix I is the prescribed form under section 57B(2)(b) of the Act.

*[Regulation 6E inserted in Gazette 8 Mar 1991 p. 1071.]*

**6F. Form for employer undecided on liability**

Form 3E in Appendix I is the prescribed form under section 57B(2)(c) of the Act.

*[Regulation 6F inserted in Gazette 8 Mar 1991 p. 1071.]*

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**7.            Discontinuance or reduction of weekly payments**

- (1) The ~~medical~~-certificate of capacity required by section 61 of the Act, before discontinuance of weekly payments, shall be in the form of Form 4 in Appendix I, or in the form of Form 3 in Appendix I if that form has been marked to indicate that it is to be regarded as both a first and final ~~medical~~-certificate of capacity.
- (2) Notice to the worker referred to in section 61 of the Act shall be in the form of Form 5 in Appendix I.
- (3) The period commencing on the making of an application for conciliation of a dispute about the intention of an employer to discontinue or reduce weekly payments to a worker and ending when a certificate under section 182H or 182O is issued in respect of the dispute is to be disregarded for the following purposes —
  - (a) calculating the period of notice of the intention of the employer under section 61(1);
  - (b) calculating the time within which the worker may apply for an order of an arbitrator under section 61(3).

*[Regulation 7 amended in Gazette 29 Oct 1993 p. 5930; 13 Apr 1999 p. 1532; 18 Nov 2011 p. 4820; 25 Mar 2014 p. 821.]*

**7A.            Form of progress certificate of capacity**

Form 4A in Appendix 1 is prescribed as a certificate for the purposes of section 61(1) of the Act.

*[Regulation 7A inserted in Gazette 25 Mar 2014 p. 821.]*

**8.            Frequency and time of medical examinations (Act s. 66)**

- (1) A worker who receives a ~~First Medical Certificate~~first certificate of capacity (Form 3) under the Act which nominates a medical review of the worker within a period of 14 days from the date the certificate is issued cannot be required, under



section 64 or 65 of the Act, to submit himself for examination by a medical practitioner provided by the employer before a period of one month has elapsed from the date the certificate is issued.

- (2) A worker who receives a ~~First Medical Certificate~~[first certificate of capacity](#) (Form 3) under the Act which does not nominate a medical review of the worker within a period of 14 days from the date the certificate is issued may be required, under section 64 or 65 of the Act, to submit himself for examination by a medical practitioner provided by the employer at any time from the date the certificate is issued.
- (3) A worker who fails to attend a medical review, nominated on a ~~First Medical Certificate~~[first certificate of capacity](#) in accordance with subregulation (1), may be required, under section 64 or 65 of the Act, to submit himself for examination by a medical practitioner provided by the employer at any time from the date of that non-attendance.
- (4) An employer shall not require a worker to attend an examination under section 64 or 65 of the Act —
  - (a) more frequently than once every 2 weeks; or
  - (b) at any time other than during reasonable hours.
- (5) A worker must not, under section 64 or 65 of the Act, be required to attend medical examinations by more than 3 medical practitioners who are specialists in the same field of medicine.
- (6) Nothing in subregulation (5) limits the number of times a worker may be required to attend a medical examination by a medical practitioner.

*[Regulation 8 inserted in Gazette 13 Apr 1999 p. 1532-3; amended in Gazette 28 Oct 2005 p. 4863-4; [25 Mar 2014 p. 821.](#)]*

*[8A. Deleted in Gazette 15 Oct 1999 p. 4890.]*

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**9.        Compound discount table**

The compound discount table required to be prescribed by section 68(3) of the Act is set out in Appendix II.

*[Regulation 9 amended in Gazette 2 Sep 1988 p. 3464;  
15 Oct 1999 p. 4890.]*

**9A.      Discount formula**

When calculating a lump sum redemption under section 68 of the Act the following formula shall be applied for use in conjunction with a compound discount table as set out in Appendix II.

**DISCOUNT FORMULA UNDER SECTION 68(4)**

Discounted sum =  $P \times 52 \times A$

Where —

S = prescribed amount less the sum of weekly payments made

P = the weekly payment

$$T = \frac{S}{P} \quad T = \frac{S}{P}$$

Y = the whole number equal to or next below  $\frac{T}{52}$

W = T — (52 x Y)

A = the present value of \$1.00 per annum payable weekly for Y years and W weeks obtained from the compound discount tables set out in Appendix II.

*[Regulation 9A inserted in Gazette 25 Jul 1986 p. 2484;  
amended in Gazette 2 Sep 1988 p. 3464.]*

**10.      Worker not residing in State**

- (1) For the purposes of section 69 of the Act, a worker shall prove his identity and the continuance of the incapacity in respect of which a weekly payment is payable, by delivering to the employer or the employer's insurer, at intervals of 3 months, a

declaration by the worker and by a medical practitioner in the form of or to the effect of Form 6 in Appendix I.

- (2) Where an employer, or an employer's insurer, disputes the identity or entitlement, or both, of a worker, the employer or insurer —
- (a) may apply under section 182E of the Act for resolution of the dispute by conciliation; and
  - (b) if the dispute is not resolved by conciliation, may apply under section 182ZT for determination of the dispute by arbitration.

*[Regulation 10 amended in Gazette 2 Sep 1988 p. 3464; 24 Dec 1993 p. 6844; 18 Feb 1994 p. 661; 17 Nov 2000 p. 6310; 28 Oct 2005 p. 4864; 18 Nov 2011 p. 4820-1.]*

*[10A. Deleted in Gazette 18 Nov 2011 p. 4821.]*

*[10B. Deleted in Gazette 28 Oct 2005 p. 4864.]*

**11. Payments after death outside State**

- (1) In the event of the death of a worker who dies outside the State and who was receiving or was entitled to receive weekly payments at the date of his death, his representatives shall, for the purpose of obtaining payment of the arrears (if any) due to the worker, forward to the Director a certificate of the death of the worker, and documents showing that they are entitled to such arrears, verified by declaration before a person having authority to administer an oath, with a request for payment of such arrears, specifying the place where and the manner in which the amount is to be remitted to them.
- (2) For the purposes of this regulation the expression **representatives** means —
- (a) if the worker leaves a will, the executors of the will; or
  - (b) where the worker dies intestate, the persons who are according to law entitled to his personal estate, and

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payment of the arrears may be made to the persons without the production of letters of administration.

- (3) On receipt of the certificate of death and the documents mentioned in this regulation, the Director shall examine them, and may, if not satisfied that they are in order, return them to the representatives for correction.
- (4) When the Director is satisfied that the certificate and documents are in order, or when they are returned to him in order, he shall send to the employer a notice requesting him to forward the amount due, and the employer shall thereupon forward the amount to the Director, who shall remit that amount, to the representatives of the worker at the address and in the manner requested by them, such remittance being in all cases at the risk of the representatives.

*[Regulation 11 amended in Gazette 18 Feb 1994 p. 661.]*

**12. Agreements**

- (1) A memorandum of an agreement referred to in section 76 of the Act is sent to the Director in accordance with that section by sending it to the Director as soon as practicable after the agreement has been entered into, with enough copies for the memorandum to be kept in the office of WorkCover WA and a copy to be given to each interested party.
- (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) The memorandum is to include full particulars of matters for which the agreement provides and, in the case of an agreement as to the compensation that is to be paid under Schedule 2 of the Act, is to identify each item for which the compensation is to be paid and, for each item —
  - (a) if the Act Part III Division 2 applies in respect of the personal injury or noise induced hearing loss that is the subject of the agreement —

- (i) the percentage loss of the full efficient use of a part or faculty of the body for which compensation is to be paid; and
  - (ii) the amount of compensation;
- or
- (b) if the Act Part III Division 2A applies in respect of the personal injury or noise induced hearing loss that is the subject of the agreement —
  - (i) the degree of permanent impairment of a part or faculty of the body for which compensation is to be paid; and
  - (ii) the amount of compensation.
- (3) The memorandum is to be signed by or on behalf of each party to the agreement and if the memorandum sent to the Director is not the original signed memorandum the original is to be produced for inspection by the Director.
- (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.
- (4) The notice despatched by the Director to each interested party, under section 76(2) of the Act, is to be in the form of Form 15A in Appendix I.
- (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

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parties that the memorandum will not be recorded except with the consent in writing of the objector.

- (5) If the Director records the memorandum, the Director is to notify each interested party accordingly in the form of Form 15B in Appendix I.
- (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.

*[Regulation 12 inserted in Gazette 18 Feb 1994 p. 661; amended in Gazette 15 Oct 1999 p. 4906-7; 28 Oct 2005 p. 4864-5; 18 Nov 2011 p. 4821.]*

**12AA. Notice of intention to dismiss worker (Act s. 84AB)**

- (1) This regulation applies to a notice of intention to dismiss a worker to which section 84AB of the Act refers.
- (2) Form 15G in Appendix I is the form prescribed for the notice.

*[Regulation 12AA inserted in Gazette 28 Oct 2005 p. 4865.]*

*[12AB. Deleted in Gazette 28 Oct 2005 p. 4865.]*

**12A. Contributions to General Account**

- (1) The amount prescribed for the purposes of section 109(1) of the Act is \$100 000.
- (2) The amount prescribed for the purposes of section 109(4) of the Act is \$40 000.

*[Regulation 12A inserted in Gazette 22 May 1987 p. 2193; amended in Gazette 2 Sep 1988 p. 3464; 22 Sep 1989 p. 3490-1; 6 Dec 1991 p. 6119; 16 Sep 2003 p. 4103; 28 Oct 2005 p. 4866.]*

**13. Ascertaining amount for reimbursement (Act s. 154AC(1))**

- (1) WorkCover WA may approve an application by an employer for reimbursement under section 154AC(1) of the Act.
- (2) The amount that WorkCover WA is to reimburse to an approved applicant under section 154AC(1) of the Act is to be calculated by subtracting the estimated total cost from the actual total cost.
- (3) In this regulation —

***actual total cost***, in relation to an award of damages, means the total amount paid on a claim (including all compensation paid in accordance with the Act, any award of damages, legal expenses and miscellaneous expenses associated with the claim, to the extent that these apply) by the insurer or self-insurer, as calculated in accordance with the Insurer/Self-Insurer Electronic Data Specification (Edition Q1), following an award of damages, as submitted to, and approved and recorded by, WorkCover WA;

***estimated total cost***, in relation to an award of damages, means the insurer, or self-insurer's, estimate of the total cost of the claim (including the estimated compensation to be paid in accordance with the Act, any award of damages, legal expenses and miscellaneous expenses associated with the claim to the extent that these apply or are likely to apply), estimated in accordance with the Insurer/Self-Insurer Electronic Data Specification (Edition Q1), as at the date of creation of the May 2004 return file recorded by WorkCover WA;

***Insurer/Self-Insurer Electronic Data Specification (Edition Q1)*** means Edition Q1, Version 1.4.6 of the Insurer/Self-Insurer Electronic Data Specification, published by WorkCover WA on 29 July 2003 to standardise the information or return requested under section 103A of the Act.

*[Regulation 13 inserted in Gazette 26 Oct 2004 p. 4898-9; amended in Gazette 21 Jan 2005 p. 276.]*

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**13A.     Prescribed rate of interest (Act s. 222(2), 223(2) and 224(2))**

- (1) Interest payable under an order made under section 222(1) of the Act must be calculated at a rate of 6% per annum.
- (2) Interest payable under section 223(1) of the Act must be calculated at a rate of 6% per annum.
- (3) Interest payable under section 224(1) of the Act in respect of a sum agreed to be paid must be calculated at a rate of 6% per annum.

*[Regulation 13A inserted in Gazette 28 Oct 2005 p. 4866.]*

**14.     Insurance requirement (Act s. 160(1))**

- (1) Section 160(1) of the Act does not require an employer to obtain or keep current a policy of insurance for liability to pay compensation under the Act or damages arising out of —
  - (a) a claim directly or indirectly occasioned by any event happening through or in consequence of —
    - (i) war; or
    - (ii) invasion; or
    - (iii) acts of foreign enemies; or
    - (iv) hostilities whether war be declared or not; or
    - (v) civil war; or
    - (vi) rebellion; or
    - (vii) revolution; or
    - (viii) insurrection; or
    - (ix) military or usurped power;or
  - (b) a claim in respect of —
    - (i) pneumoconiosis; or
    - (ii) mesothelioma; or
    - (iii) lung cancer; or



- (iv) diffuse pleural fibrosis,  
arising from employment in any mine or mining  
operation; or
  - (c) a claim in respect of any other industrial disease for the  
time being specified by the Minister under  
section 151(a)(iii) of the Act.
- (2) Section 160(1) of the Act does not require an employer to obtain  
or keep current a policy of insurance for liability to pay damages  
arising out of —
  - (a) a claim brought in respect of an injury occurring outside  
Australia; or
  - (b) a claim brought outside Australia.
- (3) Section 160(1) of the Act does not require an employer to obtain  
or keep current a policy of insurance for liability to pay —
  - (a) exemplary or punitive damages; or
  - (b) an aggregate amount of damages exceeding \$50 000 000  
arising out of all claims in respect of a single event.

Note: The *Workers' Compensation and Injury Management (Acts of Terrorism) Act 2001* section 6 provides that, in stated circumstances, section 160 of the Act does not require an employer to insure against certain liabilities attributable to acts of terrorism.

*[Regulation 14 inserted in Gazette 27 Jul 2012 p. 3665-6.]*

**15. Statements by approved insurance offices**

The statements required to be transmitted to WorkCover WA under section 171 of the Act shall be in the form of Forms 16 and 17 in Appendix 1.

*[Regulation 15 inserted in Gazette 8 Mar 2002 p. 949; amended in Gazette 16 Sep 2003 p. 4104; 21 Jan 2005 p. 276.]*

**[16.]** *Deleted in Gazette 28 Oct 2005 p. 4866.]*

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**16A.     Clause 1C notifications and elections**

- (1) The form of notification for the purposes of the Act Schedule 1 clause 1C(1) must be in the form of Form 29 in Appendix I.
- (2) The form of notification for the purposes of the Act Schedule 1 clause 1C(4)(a) must be in the form of Form 30 in Appendix I.
- (3) An election for the purposes of the Act Schedule 1 clause 1C(2) or clause 1C(4) or (6) must —
  - (a) be made in writing; and
  - (b) specify —
    - (i) the name and address of the dependant; and
    - (ii) the relationship (child or step-child) of the dependant to the deceased worker; and
    - (iii) the name of the deceased worker, and the address of the deceased worker at the time of death; and
    - (iv) whether the dependant elects to receive an apportionment of the notional residual entitlement or a child's allowance under the Act Schedule 1 clause 1A; and
    - (v) whether the worker died leaving any spouse or de facto partner wholly dependent on the workers' earnings, and whether that spouse or de facto partner is a parent of the dependant making the election; and
    - (vi) that the dependant has been independently advised of the financial consequences of the election, and the name, title, address and phone number of the person who gave that advice; and
    - (vii) the date on which the election is made;and
  - (c) be signed by the dependant or, in the case of an election by a person under a legal disability, the parent or guardian of that person; and

- (d) include the signature and full name and address of a witness to the signature of the dependant or his or her parent or guardian; and
- (e) be given to the Director.

*[Regulation 16A inserted in Gazette 28 Oct 2005 p. 4867-8.]*

**17. Prescribed allowance (Act Sch. 1 cl. 11(2))**

The Hospital Allowance provided for under the *Western Australian Government Health Services (Australian Liquor, Hospitality and Miscellaneous Union) Agreement 2000*, or under an industrial award made in replacement of that agreement, is prescribed as an allowance for the purposes of paragraph (c) of the definition of **Amount Aa** in the Act Schedule 1 clause 11(2).

*[Regulation 17 inserted in Gazette 21 Jan 2005 p. 275; amended in Gazette 28 Oct 2005 p. 4868.]*

**17AAA. Variation of Amount C (Act Sch. 1 cl. 11(2))**

For the purposes of the definition of **Amount C** paragraph (b) in the Act Schedule 1 clause 11(2), the amount is obtained by multiplying by 2 the average of the amounts that the Australian Bureau of Statistics published as the all employees average weekly total earnings in Western Australia for pay periods ending in the months of May and November preceding the financial year.

*[Regulation 17AAA inserted in Gazette 14 Dec 2012 p. 6209.]*

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

- (1) For the purposes of the Act Schedule 1 clause 19(1), the prescribed rate for vehicle running expenses (irrespective of engine capacity) is —
  - (a) for the period up to and including 30 June 2005, 34 cents per kilometre; and

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- (b) for a financial year commencing on or after 1 July 2005, the amount per kilometre obtained by —
  - (i) varying the amount applying at the end of the preceding financial year by the percentage by which the March CPI varies from the previous March CPI; and
  - (ii) rounding the amount to the nearest whole number of cents (with an amount that is .5 of a cent being rounded off to the next highest whole number of cents).

- (2) In this regulation —

**March CPI**, for a financial year, means the index number for the quarter ending on the last 31 March before the financial year commences, as shown in the Consumer Price Index Numbers (All Groups Index) for Perth published by the Commonwealth Statistician under the *Census and Statistics Act 1905* of the Commonwealth.

*[Regulation 17AA inserted in Gazette 29 Oct 2004 p. 4939-40; amended in Gazette 28 Oct 2005 p. 4868.]*

**17AB. Exceptional circumstances (Act Sch. 1 cl. 18A(2aa)(c)(ii))**

- (1) For the purposes of the Act Schedule 1 clause 18A(2aa)(c)(ii) the circumstances in relation to the medical and associated conditions, treatment and management of a worker are exceptional if operative intervention and reasonable post-operative treatment of a kind related to an MBS item are required to alleviate substantially the consequences of serious impairment and improve the worker's physical condition.
- (2) For the purposes of the Act Schedule 1 clause 18A(2aa)(c)(ii) the applicant must produce the following evidence in writing of the exceptional circumstances —
  - (a) clear medical opinion from a treating specialist that operative intervention and reasonable post-operative treatment of a kind related to an MBS item are required

to alleviate the consequences of serious impairment and improve the worker's physical condition; and

- (b) a management plan provided by the treating specialist that indicates that substantial medical improvement to the worker's physical condition is anticipated as a result of operative intervention and reasonable post-operative treatment.

- (3) In this regulation —

**MBS item** means an item specified in the Medicare Benefits Schedule published by the Commonwealth Department of Health and Aged Care;

**treating specialist**, in relation to an applicant, means a medical practitioner who —

- (a) is treating the applicant; and
- (b) is a specialist in a relevant field of medicine.

[Regulation 17AB inserted in Gazette 28 Oct 2005 p. 4868-9; amended in Gazette 18 Nov 2011 p. 4821.]

**17AC. Management plan (Act Sch. 1 cl. 18A(2ac))**

A reference in the Act Schedule 1 clause 18A(2ac) to a management plan is a reference to a management plan produced under regulation 17AB(2)(b).

[Regulation 17AC inserted in Gazette 28 Oct 2005 p. 4870.]

**17AD. Extending final day**

- (1) A worker may apply to the Director to extend the final day under the Act Schedule 1 clause 18B.
- (2) The application is made by —
  - (a) lodging with the Director a completed application in the form of Form 31 in Appendix I; and
  - (b) providing to the Director, with the application form, anything that this regulation requires to be provided with the application form.

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- (3) When the application form is lodged —
  - (a) if the worker has, in writing, requested an approved medical specialist to assess the worker's degree of permanent whole of person impairment, the Director must be provided with a copy of the worker's request; and
  - (b) if the approved medical specialist has notified the worker, in writing, that more time is or was required to give the worker the documents required to make an application under the Act Schedule 1 clause 18A(1b) before the final day, the Director must be provided with a copy of the notification.
- (4) The Director may, within the limits imposed by the Act Schedule 1 clause 18B(4), extend the final day until a day that the Director, having regard to the further time needed by the approved medical specialist, considers will give the worker a reasonable opportunity to make an application under the Act Schedule 1 clause 18A(1b).

*[Regulation 17AD inserted in Gazette 28 Oct 2005 p. 4870-1.]*

**17AE. Amount prescribed for funeral expenses (Act Sch. 1 cl. 17(2))**

- (1) For the purposes of the Act Schedule 1 clause 17(2), the amount prescribed for funeral expenses is —
  - (a) for the period up to and including 30 June 2007, \$7 547; and
  - (b) for a financial year commencing on or after 1 July 2007, in accordance with section 5A of the Act, the amount obtained by —
    - (i) varying the amount applying at the end of the preceding financial year by the percentage by which the March CPI varies from the previous March CPI; and

- (ii) rounding the amount to the nearest whole number of cents (with an amount that is .5 of a cent being rounded off to the next highest whole number of cents).

- (2) In this regulation —

**March CPI**, for a financial year, means the index number for the quarter ending on the last 31 March before the financial year commences, as shown in the Consumer Price Index Numbers (All Groups Index) for Perth published by the Commonwealth Statistician under the Commonwealth *Census and Statistics Act 1905*.

*[Regulation 17AE inserted in Gazette 4 Aug 2006 p. 2855-6.]*

**17A. Supplementary amount**

- (1) The supplementary amount referred to in the Schedule 5 clause 1 of the Act is —
  - (a) for the period up to and including 30 June 2008 —
    - (i) in relation to a worker with a dependant spouse or dependant de facto partner, or both, \$228; and
    - (ii) in relation to a worker without a dependant spouse or dependant de facto partner, \$128;and
  - (b) for a financial year commencing on or after 1 July 2008, in accordance with section 5A of the Act, the amount obtained by —
    - (i) varying the amount applying at the end of the preceding financial year by the percentage by which the March CPI varies from the previous March CPI; and
    - (ii) rounding the amount to the nearest whole number of cents (with an amount that is 0.5 of a cent being rounded off to the next highest whole number of cents).

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- (2) In this regulation —

**March CPI**, for a financial year, means the index number for the quarter ending on the last 31 March before the financial year commences, as shown in the Consumer Price Index Numbers (All Groups Index) for Perth published by the Commonwealth Statistician under the Commonwealth *Census and Statistics Act 1905*.

*[Regulation 17A inserted in Gazette 2 Nov 2007 p. 5933-4.]*

**17B.      Witness allowances**

A person who appears before the Registrar or an arbitrator to give evidence is entitled to any allowance for that appearance set by the Costs Committee established under section 269 of the Act.

*[Regulation 17B inserted in Gazette 28 Oct 2005 p. 4871;  
amended in Gazette 18 Nov 2011 p. 4821.]*

**18.      Form of election to receive redemption amount or supplementary amount**

- (1) The election to receive the redemption amount as a lump sum, referred to in Schedule 5 to the Act shall be in the form of Form 14 in Appendix I.
- (2) The election to receive the supplementary amount, referred to in Schedule 5 to the Act shall be in the form of Form 15 in Appendix I.

*[Regulation 18 amended in Gazette 17 Nov 2000 p. 6312.]*



## **Part 2A — Assessment of costs**

*[Heading inserted in Gazette 28 Oct 2005 p. 4871.]*

### **18A. Application of this Part**

This Part applies in relation to any costs incurred on or after 14 November 2005 in relation to a proceeding determined, or otherwise dealt with, by a dispute resolution authority.

*[Regulation 18A inserted in Gazette 28 Oct 2005 p. 4871.]*

### **18B. Terms used**

In this Part —

**agent service** has the meaning given to that term in section 261 of the Act;

**applicant** means an applicant for assessment of costs under regulation 18C;

**application** means an application for assessment of costs under regulation 18C;

**commencement day** means the day of the coming into operation of the *Workers' Compensation and Injury Management Amendment Act 2011* section 6;

**dispute resolution authority**, in relation to the period commencing on 14 November 2005 and ending on the day before commencement day, has the meaning given in section 5 of the former provisions;

**former provisions** means the Act as enacted before the commencement day;

**legal service** has the meaning given to that term in section 261 of the Act;

**taxing officer** means the Director, the Registrar, a conciliation officer or an arbitrator.

*[Regulation 18B inserted in Gazette 28 Oct 2005 p. 4872; amended in Gazette 18 Nov 2011 p. 4821.]*

**r. 18C**

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**18C.     Application for assessment of costs**

- (1) A person who has paid or is liable to pay, or who is entitled to receive or who has received, costs as a result of an order for the payment of an unspecified amount of costs made by a dispute resolution authority before commencement day may apply under the *Workers' Compensation and Injury Management Arbitration Rules 2011* for an assessment of the whole of, or any part of, those costs by a taxing officer.
- (2) A person who has paid or is liable to pay, or who is entitled to receive or has received, costs as a result of an order for the payment of an unspecified amount of costs made by a dispute resolution authority on or after commencement day may apply under the *Workers' Compensation and Injury Management Conciliation Rules 2011* or the *Workers' Compensation and Injury Management Arbitration Rules 2011*, as relevant, for an assessment of the whole of, or any part of, those costs by a taxing officer.

*[Regulation 18C inserted in Gazette 28 Oct 2005 p. 4872;  
amended in Gazette 18 Nov 2011 p. 4822.]*

**18D.     Taxing officer may require application to be given to other persons**

- (1) A taxing officer may, by written notice, require an applicant to give a copy of the application to —
  - (a) a party to the proceeding in respect of which the relevant order for costs was made; or
  - (b) a legal practitioner, agent or other interested party,specified by the taxing officer.
- (2) The application must be given in accordance with the *Workers' Compensation and Injury Management Conciliation Rules 2011* or the *Workers' Compensation and Injury Management Arbitration Rules 2011* as relevant.

- (3) If a person fails, without reasonable excuse, to comply with a notice given under subregulation (1) the taxing officer may decline to deal with the application.

*[Regulation 18D inserted in Gazette 28 Oct 2005 p. 4872-3; amended in Gazette 18 Nov 2011 p. 4822.]*

**18E. Taxing officer may require documents or further particulars**

- (1) A taxing officer may, by written notice, require a person (including the applicant, a party to the proceeding in which the relevant order for costs was made, the legal practitioner or agent concerned or any other legal practitioner or agent) to produce any relevant documents of or held by the person in respect of the matter.
- (2) A taxing officer may, by written notice, require an applicant to give to the taxing officer further particulars as to any item of costs claimed.
- (3) A notice given under subregulation (1) or (2) must specify the period within which the notice is to be complied with.
- (4) If a person fails, without reasonable excuse, to comply with a notice given under subregulation (1) or (2) the taxing officer may decline to deal with the application or may continue to deal with the application on the basis of the information provided.
- (5) Nothing in this regulation prevents a person from objecting to the production of a document on the grounds of legal professional privilege.

*[Regulation 18E inserted in Gazette 28 Oct 2005 p. 4873.]*

**18F. Consideration of application**

- (1) A taxing officer must not determine an application unless the taxing officer —
- (a) has given the applicant and any other party to the proceeding in which the relevant order for costs was

**r. 18G**

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made a reasonable opportunity to make oral or written submissions in relation to the application; and

(b) has given due consideration to any submissions so made.

- (2) In considering an application a taxing officer is not bound by the rules of evidence and may inform himself or herself on any matter in such manner as the taxing officer thinks fit.

*[Regulation 18F inserted in Gazette 28 Oct 2005 p. 4874.]*

**18G. Assessment to give effect to order and costs determination**

An assessment of costs must be made in accordance with, and so as to give effect to, orders of the dispute resolution authority and any costs determination published under section 273 of the Act.

*[Regulation 18G inserted in Gazette 28 Oct 2005 p. 4874.]*

**18H. Matters to be considered**

- (1) When dealing with an application the taxing officer must consider —
- (a) whether or not it was reasonable to carry out the work to which the costs relate; and
  - (b) what is a fair and reasonable amount of costs for the work concerned.
- (2) In assessing what is a fair and reasonable amount of costs, the taxing officer may have regard to any or all of the following matters —
- (a) the skill, labour and responsibility displayed on the part of the legal practitioner or agent responsible for the matter;
  - (b) the complexity, novelty or difficulty of the matter;
  - (c) the quality of the work done and whether the level of expertise was appropriate to the nature of the work done;

- (d) the place where and circumstances in which the legal services or agent services were provided;
  - (e) the time within which the work was required to be done;
  - (f) the outcome of the matter.
- (3) If the dispute resolution authority has ordered that the costs are to be assessed on a specified basis, the taxing officer must assess the costs on that basis.

*[Regulation 18H inserted in Gazette 28 Oct 2005 p. 4874-5.]*

**18I. Cost of assessment**

The costs of and incidental to an assessment are at the discretion of the taxing officer.

*[Regulation 18I inserted in Gazette 28 Oct 2005 p. 4875.]*

**18J. Enforcement of assessment**

- (1) The taxing officer must issue to each party a certificate that sets out the amount in which costs have been assessed and allowed by the taxing officer.
- (2) The costs are payable under the order made by the dispute resolution authority as to the costs.

*[Regulation 18J inserted in Gazette 28 Oct 2005 p. 4875.]*

**18K. Correction of error**

At any time after making a determination a taxing officer who made the determination may, for the purpose of correcting an inadvertent error in the determination —

- (a) make a new determination in substitution for the previous determination; and
- (b) issue a certificate under regulation 18J that sets out the new determination.

*[Regulation 18K inserted in Gazette 28 Oct 2005 p. 4876.]*

**r. 18LA**

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**18LA. Transitional provision**

- (1) In this regulation —
- pending application* means an application for the assessment of costs by a taxing officer —
- (a) made under the *Workers' Compensation (DRD) Rules 2005*<sup>3</sup> before commencement day; and
  - (b) which has not been determined by a taxing officer before commencement day.
- (2) A pending application is to be dealt with and determined under this Part as if it were an application made under the *Workers' Compensation and Injury Management Arbitration Rules 2011*.  
[Regulation 18LA inserted in Gazette 18 Nov 2011 p. 4822-3.]

**Part 2B — Medical assessment**

*[Heading inserted in Gazette 28 Oct 2005 p. 4876.]*

**18L. Terms used**

In this Part —

***prescribed details***, in relation to a worker, means —

- (a) the worker's name and address and any other details necessary to identify the worker; and
- (b) details sufficient to enable the worker to be contacted; and
- (c) the worker's date of birth; and
- (d) the date on which the worker's injury occurred; and
- (e) a description of the worker's injury; and
- (f) if a claim for compensation has been made under the Act with respect to the worker's injury — details sufficient to identify the claim, including any claim number that has been given to the claim; and
- (g) the employer's name and address and any other details necessary to identify the employer; and
- (h) details sufficient to enable the employer to be contacted; and
- (i) the insurer's name, if any;

***relevant provisions of the Act*** means —

- (a) Part III Division 2A of the Act (which provides for lump sum payments for specified injuries); or
- (b) Part IV Division 2 Subdivision 3 of the Act (which provides for restrictions on awarding, and the amount of, damages); or
- (c) Part IXA of the Act (which provides for specialised retraining programs); or

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- (d) (except in regulation 18R(3)(e)) clause 18A of Schedule 1 to the Act (which provides for additional sums to be allowed for medical expenses).

*[Regulation 18L inserted in Gazette 28 Oct 2005 p. 4876-7.]*

**18M. Request for assessment by approved medical specialist of worker's degree of impairment**

For the purposes of section 146A(3) of the Act, a request for a worker's degree of impairment to be assessed by an approved medical specialist has to be given in writing to the approved medical specialist, specifying —

- (a) the prescribed details in relation to the worker; and
- (b) the approved medical specialist's name; and
- (c) the relevant provisions of the Act for the purposes of which the assessment is to be made; and
- (d) the date of the request for the assessment.

*[Regulation 18M inserted in Gazette 28 Oct 2005 p. 4877.]*

**18N. Requirement to attend at place specified by approved medical specialist**

For the purposes of section 146G(1)(a) of the Act, the requirement for a worker to attend at a place specified by an approved medical specialist —

- (a) has to be given in writing to the worker and sent to the worker's address specified in the request for assessment referred to in regulation 18M; and
- (b) has to specify —
  - (i) the prescribed details in relation to the worker; and
  - (ii) the approved medical specialist's name; and
  - (iii) details sufficient to enable the approved medical specialist to be contacted; and



- (iv) the relevant provisions of the Act for the purposes of which the assessment is to be made; and
- (v) the time when and the place where the worker is to submit to examination, as required under section 146G(1)(d) of the Act.

*[Regulation 18N inserted in Gazette 28 Oct 2005 p. 4878.]*

**18O. Requirement to produce to approved medical specialist relevant documents and information and give consent**

- (1) For the purposes of section 146G(1)(c)(i) of the Act, the requirement to produce to an approved medical specialist any relevant document or information has to be given in writing to the worker, the employer, or the employer's insurer, specifying —
  - (a) the prescribed details in relation to the worker; and
  - (b) details of any relevant document or information to which the requirement applies; and
  - (c) the approved medical specialist's name; and
  - (d) details sufficient to enable the approved medical specialist to be contacted; and
  - (e) the relevant provisions of the Act for the purposes of which the assessment is to be made.
- (2) For the purposes of section 146G(1)(c)(ii) of the Act, the requirement to consent to another person who has any relevant document or information producing it to an approved medical specialist has to be given in writing to the worker, the employer, or the employer's insurer, specifying —
  - (a) the prescribed details in relation to the worker; and
  - (b) details of any relevant document or information to which the requirement applies; and
  - (c) the name of the person who has the relevant document or information; and

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- (d) the approved medical specialist's name; and
- (e) details sufficient to enable the approved medical specialist to be contacted; and
- (f) the relevant provisions of the Act for the purposes of which the assessment is to be made.

*[Regulation 18O inserted in Gazette 28 Oct 2005 p. 4878-9.]*

**18P. Period for compliance with requirements**

If the time for complying with a requirement referred to in regulation 18O is not specified in the requirement, the requirement has to be complied with within 7 days after the day on which the person who is to comply with the requirement receives it.

*[Regulation 18P inserted in Gazette 28 Oct 2005 p. 4879.]*

**18Q. Requirement for worker to produce requested information**

- (1) On being requested in writing to do so by the approved medical specialist, a worker who has requested an approved medical specialist to assess his or her degree of impairment is required to produce to the approved medical specialist for use in dealing with the requested assessment, within 7 days after the day on which the worker receives the approved medical specialist's request, any information that —
  - (a) relates to the injury from which the impairment resulted; and
  - (b) is specified in the approved medical specialist's request.
- (2) A request by an approved medical specialist under subregulation (1) has to include —
  - (a) the approved medical specialist's name; and
  - (b) details sufficient to enable the approved medical specialist to be contacted.

- (3) A person who contravenes a requirement under subregulation (1) commits an offence and is liable to a fine of \$2 000.
- (4) Subregulation (1) does not apply to any information that is the subject of a requirement referred to in regulation 18O(1).

*[Regulation 18Q inserted in Gazette 28 Oct 2005 p. 4880.]*

**18R. Reports and certificates regarding outcome of assessment**

- (1) A report of a worker's degree of impairment given by an approved medical specialist under section 146H(1)(a) of the Act has to include —
  - (a) the prescribed details in relation to the worker; and
  - (b) the approved medical specialist's name; and
  - (c) details sufficient to enable the approved medical specialist to be contacted; and
  - (d) the date of the examination of the worker by, or at the request of, the approved medical specialist; and
  - (e) the relevant provisions of the Act for the purposes of which the assessment was made.
- (2) A certificate specifying a worker's degree of impairment given by an approved medical specialist under section 146H(1)(b) of the Act has to include —
  - (a) the prescribed details in relation to the worker; and
  - (b) the approved medical specialist's name; and
  - (c) details sufficient to enable the approved medical specialist to be contacted; and
  - (d) the date of the examination of the worker by, or at the request of, the approved medical specialist.
- (3) A report given by an approved medical specialist under section 146H(2)(c) of the Act has to include —
  - (a) the prescribed details in relation to the worker; and

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- (b) the approved medical specialist's name; and
- (c) details sufficient to enable the approved medical specialist to be contacted; and
- (d) the date of the examination of the worker by, or at the request of, the approved medical specialist; and
- (e) the relevant provisions of the Act for the purposes of which the relevant certificate under section 146H(2) of the Act was given.

*[Regulation 18R inserted in Gazette 28 Oct 2005 p. 4880-1.]*

**18S. Requirement to attend at place specified by approved medical specialist panel**

For the purposes of section 146L(2)(a) of the Act, the requirement for a worker to attend at a place specified by an approved medical specialist panel has to be given in writing to the worker, specifying —

- (a) the prescribed details in relation to the worker; and
- (b) the names of the members of the approved medical specialist panel; and
- (c) the time when and the place where the worker is to submit to examination, as required under section 146L(2)(d) of the Act.

*[Regulation 18S inserted in Gazette 28 Oct 2005 p. 4882.]*

**18T. Requirement to produce to approved medical specialist panel relevant documents and information and give consent**

- (1) For the purposes of section 146L(2)(c)(i) of the Act, the requirement to produce to an approved medical specialist panel any relevant document or information has to be given in writing to the worker, the employer, or the employer's insurer, specifying —
  - (a) the prescribed details in relation to the worker; and

- (b) details of any relevant document or information to which the requirement applies; and
  - (c) the names of the members of the approved medical specialist panel.
- (2) For the purposes of section 146L(2)(c)(ii) of the Act, the requirement to consent to another person who has any relevant document or information producing it to an approved medical specialist panel has to be given in writing to the worker, the employer, or the employer's insurer, specifying —
  - (a) the prescribed details in relation to the worker; and
  - (b) details of any relevant document or information to which the requirement applies; and
  - (c) the name of the person who has the relevant document or information; and
  - (d) the names of the members of the approved medical specialist panel.

*[Regulation 18T inserted in Gazette 28 Oct 2005 p. 4882-3.]*

**18U. Period for compliance with requirements**

If the time for complying with a requirement referred to in regulation 18T is not specified in the requirement, the requirement has to be complied with within 7 days after the day on which the person who is to comply with the requirement receives it.

*[Regulation 18U inserted in Gazette 28 Oct 2005 p. 4883.]*

**18V. Requirement for worker to produce requested information**

- (1) On being requested to do so by the approved medical specialist panel, a worker in respect of whom a question as to degree of impairment has been referred to an approved medical specialist panel is required to produce to the approved medical specialist panel for use in dealing with the referral, within 7 days after the

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day on which the worker receives the request, any information that —

- (a) relates to the injury from which the impairment resulted; and
  - (b) is specified in the approved medical specialist panel's request.
- (2) A request by an approved medical specialist panel under subregulation (1) has to include the names of the members of the approved medical specialist panel.
- (3) A person who contravenes a requirement under subregulation (1) commits an offence and is liable to a fine of \$2 000.
- (4) Subregulation (1) does not apply to any information that is the subject of a requirement referred to in regulation 18T(1).

*[Regulation 18V inserted in Gazette 28 Oct 2005 p. 4883-4.]*

**18W. Reports and certificates regarding outcome of assessment**

A report of a worker's degree of impairment given by an approved medical specialist panel under section 146O(2)(a) of the Act, or a certificate specifying a worker's degree of impairment given by an approved medical specialist panel under section 146O(2)(b) of the Act, has to include —

- (a) the prescribed details in relation to the worker; and
- (b) the names of the members of the approved medical specialist panel; and
- (c) the date of the examination of the worker by, or at the request of, the members of the approved medical specialist panel.

*[Regulation 18W inserted in Gazette 28 Oct 2005 p. 4884.]*

**[19.]** *Deleted in Gazette 8 Mar 2002 p. 949.]*

### Part 3 — Noise induced hearing loss

[Heading inserted in Gazette 26 Feb 1991 p. 934.]

#### 19A. Terms used

In this Part unless the contrary intention appears —

**approved** means approved in writing by the chief executive officer;

**approved medical practitioner** means a medical practitioner approved under regulation 19B(1)(a);

**approved person** means a person approved under regulation 19B;

**audiologist** means an audiologist approved under regulation 19B(1)(b);

**audiometric officer** means a person approved under regulation 19B(1)(c);

**Australian Standard** means a standard published by the Standards Association of Australia <sup>4</sup>, as amended from time to time;

**clause** means a clause in the Act Schedule 7.

[Regulation 19A inserted in Gazette 26 Feb 1991 p. 934;  
amended in Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4884.]

#### 19B. Persons approved to carry out audiometric testing

- (1) The chief executive officer may approve, either generally or in a particular case, the following persons to carry out audiometric testing —
  - (a) a medical practitioner; and
  - (b) an audiologist who is either a full member or qualified to be a full member of the Audiological Society of Australia; and
  - (c) a person who, in the opinion of the chief executive officer, has appropriate qualifications to enable that

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person to carry out audiometric testing as an audiometric officer.

- (2) An audiometric test for the purposes of sections 24A and 24B of the Act shall be carried out by a person approved under subregulation (1).
- (3) The chief executive officer may at any time cancel an approval given under subregulation (1).
- (4) The chief executive officer shall serve on each person to whom an approval, or cancellation of approval, relates a certificate of approval or notification of cancellation, as the case requires.

*[Regulation 19B inserted in Gazette 26 Feb 1991 p. 934;  
amended in Gazette 21 Jan 2005 p. 276.]*

**19C. Testing procedures**

- (1) An approved person shall carry out an audiometric test —
  - (a) using an audiometer which meets the standards specified in writing by the chief executive officer; and
  - (b) in an approved hearing booth or other approved testing environment.
- (2) An approved person using an audiometer under subregulation (1) shall —
  - (a) check the audiometer on each day of use, both before and after the series of measurements carried out and after any relocation of the audiometer, to ensure that the audiometer is in satisfactory working order; and
  - (b) ensure that the audiometer has been calibrated at an approved calibration laboratory within the 12 months preceding each day of use and that the audiometric officer has received a copy of the report prepared on that calibration.
- (3) An approved person shall ensure that the background noise levels during the testing of the hearing of a worker do not exceed those values listed in Table 5.1 in Section 5 of



Australian Standard 1269-1989, or an approved equivalent, for the type of earphone/cushion or earphone enclosure combination connected to the audiometer used for the testing.

- (4) Subject to subregulation (5), an approved person shall test the hearing of a worker by means of a pure tone air conduction hearing threshold test carried out separately for the left and right ears —
  - (a) in accordance with —
    - (i) the procedure described in Section E2 of Appendix E of Australian Standard 1269-1989 as modified by written direction of the chief executive officer; or
    - (ii) any procedure which establishes a higher testing procedure than that specified in subparagraph (i) and which is approved in writing by the chief executive officer;
  - and
  - (b) if the test is conducted in accordance with the procedure referred to in paragraph (a)(i), at the frequencies 500, 1 000, 1 500, 2 000, 3 000, 4 000, 6 000, 8 000 Hz except that where an audiometer does not possess a 1 500 Hz tone the hearing threshold for that frequency shall be calculated by drawing a straight line on an audiogram connecting the points of threshold for 1 000 and 2 000 Hz, marking the point of intersection with the 1 500 Hz line, and adjusting this value to the nearest 5dB increment.
- (5) If, in the opinion of the chief executive officer, a worker has an injury which will prevent the effective use of an audiometric test referred to in subregulation (4), the hearing of that worker may be tested by any other method approved for the purposes of this subregulation.
- (6) In instances where audiometric testing is carried out by an audiometric officer and the audiometric officer believes that the

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worker meets the criteria specified in Item 4 of Waugh & Macrae's criteria for medical referral in Table 1 of National Acoustic Laboratories Report No. 80 "Criteria for assessing hearing conservation audiograms", the audiometric officer shall refer the worker to a medical practitioner and the audiometric officer shall defer audiometric testing until the worker has complied with the referral and the audiometric officer is satisfied that the worker does not meet those criteria.

- (7) Where an initial audiometric test is carried out by an audiometric officer and the results of an air conduction test meet the criteria specified in Item 1, 2 or 3 of Waugh and Macrae's criteria for medical referral in Table 1 of National Acoustic Laboratories Report No. 80, the audiometric officer shall refer the worker to an audiologist or an approved medical practitioner for full audiometric testing.
- (8) Where the results of an air conduction test carried out after an initial audiometric test show —
  - (a) at least a 10% loss of hearing from the initial audiometric test; or
  - (b) at least a 5% loss of hearing from the loss shown by the audiometric test which resulted in a successful election by the worker under section 24A or 31E of the Act; or
  - (c) where the worker has reached the age of 65 years or on the worker's retirement from work before that age, any further percentage loss of hearing from the loss shown by the audiometric test which resulted in a successful election by the worker under section 24A or 31E of the Act,

the worker shall be referred by WorkCover WA to an audiologist or an approved medical practitioner for full audiometric testing, and the audiologist or medical practitioner shall, upon completion of that testing refer the worker to a medical practitioner registered in the specialty of otorhinolaryngology for full otorhinolaryngological assessment to determine the percentage of noise induced hearing loss.

- (9) Where the results of a further air conduction test, carried out after those tests referred to in subregulation (8), show a further loss of hearing, the worker shall be referred by WorkCover WA to an audiologist or an approved medical practitioner for full audiometric testing and the audiologist or medical practitioner shall, if a further hearing loss is confirmed, refer the worker to a medical practitioner registered in the speciality of otorhinolaryngology for a full otorhinolaryngological assessment to determine the percentage of noise induced hearing loss.
- (10) Where a worker is referred to an approved medical practitioner, audiologist or medical practitioner registered in the speciality of otorhinolaryngology under subregulation (6), (7), (8) or (9), the audiometric test of that worker is completed on the date that —
- (a) if the referral is under subregulation (6), the audiometric officer completes the audiometric test; and
  - (b) if the referral is under subregulation (7), the medical practitioner or audiologist completes the audiometric test; and
  - (c) if the referral is under subregulation (8) or (9), the medical practitioner or audiologist completes the audiometric test, or if the worker is further referred, the medical practitioner registered in the speciality of otorhinolaryngology determines the percentage of noise induced hearing loss.

*[Regulation 19C inserted in Gazette 26 Feb 1991 p. 935-7; amended in Gazette 3 Apr 1992 p. 1541-2; 24 Dec 1993 p. 6845; 17 Nov 2000 p. 6312; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4884-5.]*

**19D. Notice of audiometric test and testing arrangements**

- (1) The employer of a worker who is required, or who makes a request, to undergo an audiometric test under clause 2 shall give written notice of the test to the worker in the form of Form 18 in Appendix I.

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- (2) The employer of a worker given a notice under subregulation (1) shall ensure that the worker is not knowingly exposed in the workplace, and the worker shall not knowingly permit himself to be exposed, to noise levels above 80dB(A) during the 16 hours preceding an audiometric test.
- (3) A worker given a notice under subregulation (1) shall not, without reasonable excuse, proof of which is on the worker, fail to submit himself for testing so notified.

*[Regulation 19D inserted in Gazette 26 Feb 1991 p. 937;  
amended in Gazette 17 Nov 2000 p. 6312.]*

**19E. Calculation of loss of hearing**

- (1) In sections 24A(2) and 31E(3) of the Act, loss of hearing means loss of hearing calculated in accordance with the hearing loss tables RB and EB published in Appendices 3 and 7 of Report No. 118 of the National Acoustic Laboratories as annexed in Appendix III.
- (2) The method of determining percentage loss of hearing occurring during the interval between 2 audiometric tests shall be by subtraction.

*[Regulation 19E inserted in Gazette 26 Feb 1991 p. 937;  
amended in Gazette 28 Oct 2005 p. 4885.]*

**19F. Report on audiometric test and storage of results**

- (1) A person who carries out an audiometric test shall ensure that the results are prepared and delivered to WorkCover WA and the worker in the form of Form 19A or Form 19B in Appendix I, as the case requires.
- (2) WorkCover WA shall, on the written request of the worker tested, communicate the results of an audiometric test delivered to it under clause 4(2) to any person specified by the worker in that request.

- (3) A person who receives the results of an audiometric test under subregulation (2) shall ensure that the results of the test, and any information derived from those results are not communicated to any person other than the worker except at the written request of the worker tested.

Penalty: a fine of \$1 000.

- (4) WorkCover WA shall store the results of audiometric tests delivered to it under clause 4(2) for a period ending the day after the 70th birthday of the worker to whom the results relate.

*[Regulation 19F inserted in Gazette 26 Feb 1991 p. 937-8; amended in Gazette 17 Nov 2000 p. 6312; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4885.]*

*[19G. Deleted in Gazette 28 Oct 2005 p. 4885.]*

**19H. Retest of person's hearing**

- (1) A worker or employer who disputes the results of an audiometric test shall give notice in the form of Form 21 in Appendix I to WorkCover WA.
- (2) A retest of a worker's hearing under clause 7(1) shall be carried out in the manner prescribed under regulation 19C by —
- (a) an approved medical practitioner; or
  - (b) an audiologist; or
  - (c) a medical practitioner registered in the speciality of otorhinolaryngology,
- nominated in writing by the chief executive officer.
- (3) A retest of a worker's hearing under clause 7(1) may include —
- (a) a physical examination; and

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- (b) any other appropriate investigation the approved medical practitioner or audiologist considers necessary to determine —
  - (i) whether the worker's hearing loss is noise induced; and
  - (ii) whether the worker's hearing loss is due, or partly due, to ear disease; and
  - (iii) whether the worker's hearing loss is due, or partly due, to a hearing loss which is noise induced but of a type which is not due to the nature of any employment in which the worker was or is engaged; and
  - (iv) any other causes of the hearing loss.
- (4) Having regard to the results obtained under subregulation (3), the medical practitioner registered in the speciality of otorhinolaryngology may determine the noise induced hearing loss of the worker as a binaural noise induced hearing loss expressed as a percentage loss of hearing.

*[Regulation 19H inserted in Gazette 26 Feb 1991 p. 938-9; amended in Gazette 21 Jan 2005 p. 276.]*

**19I. Prescribed workplaces**

- (1) For the purposes of clause 10 a prescribed workplace is a workplace or part of a workplace where a worker is receiving, or is likely to receive, noise above the action level specified in subregulation (2).
- (2) For the purposes of this regulation —

**action level** means —

  - (a) an L peak of 140dB(lin); or
  - (b) a representative LAeq,8h of 90dB(A);

**L peak** means the maximum unweighted sound pressure level recorded with an instrument equipped for measuring peak values in accordance with AS 1259.1-1990;

***representative LAeq,8h*** means an 8 hour equivalent continuous A weighted sound pressure level, determined from the assessment of worker exposures that is typical of the operation, work pattern or process being assessed as described in AS 1269-1989 Clause 1.4.7.

*[Regulation 19I inserted in Gazette 26 Feb 1991 p. 939.]*

## **Part 3A — Constraints on awards of common law damages**

*[Heading inserted in Gazette 15 Oct 1999 p. 4890.]*

### **Division 1 — 1993 scheme**

*[Heading inserted in Gazette 28 Oct 2005 p. 4885.]*

#### **19IA. Guides for assessing degree of disability**

- (1) The first edition is prescribed for the purposes of the definition of *AMA Guides* in section 93CA of the Act.
- (2) To the extent, if any, that neither section 93D(2)(a) nor (b) of the Act applies to the assessment of the degree of disability of a worker for the purposes of section 93E, the degree of disability is to be assessed in accordance with the American Medical Association's *Guides to the Evaluation of Permanent Impairment* (4<sup>th</sup> Edition).

*[Regulation 19IA inserted in Gazette 17 Nov 2000 p. 6312-13; amended in Gazette 28 Oct 2005 p. 4885.]*

#### **19J. Assessment of degree of disability**

- (1) Subject to regulations 19JA and 19JB, a referral under section 93D(5) of the Act —
  - (a) is to be made in the form of Form 22 in Appendix I; and
  - (b) is to nominate one, and only one, relevant level of the degree of disability in respect of which the referral is made.
- (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) Subject to regulations 19JA and 19JB, a notification under section 93D(8) of the Act is to be made in the form of Form 23 in Appendix I.

*[Regulation 19J inserted in Gazette 15 Oct 1999 p. 4890-1; amended in Gazette 14 Dec 1999 p. 6147; 26 Oct 2004 p. 4899; 28 Oct 2005 p. 4886 and 4911.]*

**19JA. Method of referral and notification when Act s. 93EA(3) applies**

- (1) A referral under section 93D(5) of the Act in combination with section 93EA(3) of the Act (due to the application of section 93EA(3) of the Act) is to be made in the form of Appendix I Form 22A.
- (2) When completing Form 22A, the worker is to nominate one, and only one, relevant level of the degree of disability in respect of which the referral is made, and provide details of the medical evidence relied upon to support the referral.
- (3) If section 93EA(3) of the Act applies because of a referral that was made before 14 December 1999 and, in that earlier referral —
- (a) the worker nominated both relevant levels of the degree of disability on the same form; and
  - (b) the worker is still seeking to nominate both relevant levels of the degree of disability in the present referral,
- the worker is to complete a separate Form 22A for each of the previously nominated relevant levels of the degree of disability.
- (4) A notification under section 93EA(5)(a) and (b)(i) of the Act is to be given in the form of Appendix I Form 23A.
- (5) The Director is to include a copy of any medical evidence that was produced and that complies with section 93D(6) of the Act, when giving notification under subregulation (4).

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(6) A notification under section 93D(8) of the Act that relates to a referral under section 93D(5) of the Act, due to the application of section 93EA(3) of the Act, is to be made in the form of Appendix I Form 23A.

(7) A notification under section 93EA(5)(b)(ii) of the Act is to be given in writing.

*[Regulation 19JA inserted in Gazette 26 Oct 2004 p. 4899-900; amended in Gazette 28 Oct 2005 p. 4911.]*

**19JB. Method of referral and notification when Act s. 93EB(3) applies**

(1) A referral under section 93D(5) of the Act in combination with section 93EB(3) of the Act (due to the application of section 93EB(3) of the Act) is to be made in the form of Appendix I Form 22B.

(2) When completing Form 22B, the worker is to nominate one, and only one, relevant level of the degree of disability in respect of which the referral is made, and provide details of the medical evidence relied upon to support the referral.

(3) If section 93EB(3) of the Act applies because of a referral that was made before 14 December 1999 and, in that earlier referral —

(a) the worker nominated both relevant levels of the degree of disability on the same form; and

(b) the worker is still seeking to nominate both relevant levels of the degree of disability in the present referral,

the worker is to complete a separate Form 22B for each of the previously nominated relevant levels of the degree of disability.

(4) A notification under section 93EB(5)(a) and (b)(i) of the Act is to be given in the form of Appendix I Form 23B.

(5) The Director is to include a copy of any medical evidence that was produced and that complies with section 93D(6) of the Act, when giving notification under subregulation (4).

- (6) A notification under section 93D(8) of the Act that relates to a referral under section 93D(5) of the Act, due to the application of section 93EB(3) of the Act, is to be made in the form of Appendix I Form 23B.

- (7) A notification under section 93EB(5)(b)(ii) of the Act is to be given in writing.

*[Regulation 19JB inserted in Gazette 26 Oct 2004 p. 4900-1; amended in Gazette 28 Oct 2005 p. 4911.]*

**19K. Agreement as to degree of disability**

- (1) An agreement as to the level of 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.

*[Regulation 19K inserted in Gazette 15 Oct 1999 p. 4891; amended in Gazette 28 Oct 2005 p. 4886.]*

**19L. Determination of degree of disability**

- (1) The Director is to be notified as soon as practicable after the determination of —

- (a) a dispute that arises under section 93D(8) of the Act; or
- (b) a question referred to a medical panel under section 93D(11) of the Act.

- (2) Upon becoming aware of a determination described in subregulation (1), the Director is to, as soon as practicable —

- (a) record the determination in a register kept for that purpose; and

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- (b) give a copy of the determination to the worker, the employer and the employer's insurer advising that the determination has been recorded.

*[Regulation 19L inserted in Gazette 15 Oct 1999 p. 4891; amended in Gazette 17 Nov 2000 p. 6313; 28 Oct 2005 p. 4886; 18 Nov 2011 p. 4823.]*

**19M. Election to retain right to seek common law damages**

- (1) An election under section 93E(3)(b) of the Act —
  - (a) is made by completing an election form in the form of Form 25 in Appendix I and lodging it with the Director; and
  - (b) cannot be made unless —
    - (i) it is agreed that the degree of disability is not less than 16%; or
    - (ii) it is determined that the degree of disability is not less than 16%.
- (2) If it is agreed that the degree of disability is not less than 16% the election form is to be accompanied by Form 24 in Appendix I unless an agreement as to the degree of disability for the purposes of section 93E(3)(a), (4) or (9) of the Act was recorded under regulation 19K before the lodgment of the election form.
- (3) If it is determined that the degree of disability is not less than 16% the election form is to be accompanied by evidence of the determination unless a determination of a dispute as to the degree of disability was recorded under regulation 19L before the lodgment of the election form.
- (4) Subject to subregulation (5), on the day on which the Director receives the election form the Director is to —
  - (a) record —
    - (i) under regulation 19K(2)(a) the agreement (if any) accompanying the election form; or

- (ii) under regulation 19L(2)(a) the determination (if any) accompanying the election form;
  - and
  - (b) register the election in a register kept for that purpose;
  - and
  - (c) complete the relevant section of the election form and give a copy of it to the worker and the employer.
- (5) The Director may refuse to register an election if not satisfied that the worker has been properly advised of the consequences of the election.
- (6) This regulation applies to an election under section 93E(3)(b) of the Act that is commenced on or after the day on which the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 11) 1999* come into operation <sup>1</sup>.  
[Regulation 19M inserted in Gazette 14 Dec 1999 p. 6147-8; amended in Gazette 17 Nov 2000 p. 6313-14.]

**19N. Extension of time to make election under Act s. 93E(3)(b)**

- (1) In this regulation —  
*extension period* means the period of time that ends 6 months after the termination day;  
*termination day* has the meaning that it has in section 93E of the Act.
- (2) For the purposes of section 93E(7) of the Act, the circumstances in which the Director may extend the period of time within which an election can be made under section 93E(3)(b) of the Act exist, whether or not the period being extended has already expired, if —
  - (a) the Director is satisfied that the worker will require major surgery in respect of the injury in the extension period; or
  - (aa) upon an application described in subregulation (3a), the Director is satisfied that an extension should be given

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for a period ending not more than 8 weeks after the termination day to give time for a specialist in a relevant field of medicine to prepare a report, based on treatment or medical investigation of the worker, as to whether the worker will require major surgery in respect of the injury in the extension period; or

- (b) no extension has been given under paragraph (aa) and the Director is satisfied that medical evidence that the worker will require major surgery in respect of the injury in the extension period has not been obtained from a medical practitioner who is a specialist in a relevant field of medicine despite all reasonably practicable steps having been taken by or on behalf of the worker to obtain that evidence; or
  - (c) the Director is satisfied that a medical panel under section 36 of the Act has determined that the worker's injury is of a kind mentioned in section 33 or 34 of the Act.
- (3) An application for an extension of time under subregulation (2)(a) is to be —
- (a) made in the form of Form 26 in Appendix I; and
  - (b) accompanied by medical evidence from a medical practitioner who is a specialist in a relevant field of medicine; and
  - (c) lodged with the Director at least 21 days before —
    - (i) the termination day; or
    - (ii) if an extension of time has been granted under subregulation (2)(aa) or (b), the last day of the period as extended.
- (3a) An application for an extension of time under subregulation (2)(aa) to give time for the preparation of a specialist's report, based on treatment or medical investigation of the worker, is to be —
- (a) made in the form of Form 28 in Appendix I; and

- (b) accompanied by medical evidence from a specialist in a relevant field of medicine indicating that —
    - (i) a report could not be satisfactorily prepared without the treatment or investigation having been carried out; and
    - (ii) the extension sought is needed to give sufficient time for the preparation of the report;
  - and
  - (c) lodged with the Director at least 21 days before the termination day.
- (4) An application for an extension of time under subregulation (2)(b) is to be —
  - (a) made in the form of Form 27 in Appendix I; and
  - (b) accompanied by such evidence, in addition to that provided in the Form 27, as may be requested by the Director about —
    - (i) the requirement for the worker to have the surgery mentioned in subregulation (2)(b); or
    - (ii) the action taken by or on behalf of the worker to obtain the medical evidence mentioned in subregulation (2)(b);
  - and
  - (c) lodged with the Director at least 21 days before the termination day.
- (5) An application for an extension of time under subregulation (2)(c) is to be —
  - (a) made in the form of Form 26 in Appendix I; and
  - (b) accompanied by evidence of the medical panel's determination; and
  - (c) lodged with the Director at least 21 days before —
    - (i) the termination day; or

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- (ii) if an extension of time has been granted under subregulation (2)(aa) or (b), the last day of the period as extended.
- (6) Within 14 days of receiving the application the Director is to —
  - (a) decide whether to extend the period within which the election can be made; and
  - (b) set the extension period in accordance with section 93E(7); and
  - (c) complete the relevant section of the application form and give a copy of it to the worker and the employer.

*[Regulation 19N inserted in Gazette 14 Dec 1999 p. 6149-50; amended in Gazette 17 Nov 2000 p. 6314-16; 28 Oct 2005 p. 4911.]*

**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 and Injury Management Conciliation Rules 2011* or the *Workers' Compensation and Injury Management Arbitration Rules 2011*, as relevant, as if it were an application in respect of a dispute as to the amount of compensation.

*[Regulation 19O inserted in Gazette 15 Oct 1999 p. 4892; amended in Gazette 28 Oct 2005 p. 4886; 18 Nov 2011 p. 4823.]*

**19P. Notification to workers about elections as to common law damages**

- (1) The employer of a worker who has an unfinalised claim for compensation under the Act is to give the worker written notice, in a form approved by the chief executive officer, of —
  - (a) the requirement under section 93E(3)(b) of the Act for the worker to elect to retain the right to seek damages; and



- (b) the date by which the election is to be made.
- (2) The employer is to give the notice mentioned in subregulation (1) —
  - (a) if a dispute resolution authority orders that weekly payments of compensation are to commence, within 7 days of the day of the order; or
  - (b) in any other case, 3 and 5 months from the day on which weekly payments commenced.
- (3) An employer's obligation under this regulation to give a worker notice is fulfilled if the notice is given, within the time required, by an insurer with which the employer has a policy indemnifying the employer against liability to pay the compensation claimed.

*[Regulation 19P inserted in Gazette 14 Dec 1999 p. 6150-1; amended in Gazette 17 Nov 2000 p. 6316-17; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4886.]*

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*[Heading inserted in Gazette 28 Oct 2005 p. 4887.]*

**20. Recording agreement**

- (1) If —
  - (a) the worker and the employer agree —
    - (i) that the worker's degree of permanent whole of person impairment is at least 15%; and
    - (ii) as to whether or not the worker's degree of permanent whole of person impairment is at least 25%;
  - and
  - (b) the worker, in writing, requests the Director to record the agreement,

the Director is required to record the agreement in a register kept for the purpose unless an agreement or assessment as to the

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worker's degree of permanent whole of person impairment has already been recorded under this regulation or regulation 21.

- (2) The request under subregulation (1)(b) for the Director to record the agreement has to include —
- (a) the worker's name and any other details necessary to identify the worker; and
  - (b) details sufficient to enable the worker to be contacted; and
  - (c) the worker's date of birth; and
  - (d) the date on which the injury occurred and a description of the injury; and
  - (e) if a claim for compensation under the Act for the injury has been made, the date on which the worker's claim was made and sufficient other details to identify the claim (including any claim number that may have been given to the claim); and
  - (f) the employer's name and any other details necessary to identify the employer; and
  - (g) details sufficient to enable the employer to be contacted; and
  - (h) the name of the insurer, if any.
- (3) The Director's record in the register is to be in the form of Form 32 in Appendix I, and the Director is required to give a copy of the record to each of the worker and the employer.

*[Regulation 20 inserted in Gazette 28 Oct 2005 p. 4887-8.]*

**21. Recording assessment**

- (1) If —
- (a) the worker's degree of permanent whole of person impairment has been assessed to be a percentage that is not less than 15%; and
  - (b) the Director has been given —

- (i) a copy of the certificate given to the worker under section 146H(1)(b) of the Act; and
- (ii) if the assessment involves a special evaluation as defined in section 146C(4) of the Act, a copy of the certificate referred to in section 93N(1) of the Act on the basis of which the special evaluation was requested;

and

- (c) the worker, in writing, requests the Director to record the assessment,

the Director is required to record the assessment in a register kept for the purpose unless an agreement or assessment as to the worker's degree of permanent whole of person impairment has already been recorded under regulation 20 or this regulation.

- (2) The Director's record in the register is to be in the form of Form 33 in Appendix I, and the Director is required to give a copy of the record to each of the worker and the employer.

*[Regulation 21 inserted in Gazette 28 Oct 2005 p. 4888-9.]*

## **22. Electing to retain right to seek damages**

- (1) An election under section 93K(4)(a) of the Act is made by completing an election form in the form of Form 34 in Appendix I and lodging it with the Director.
- (2) Unless under subregulation (3) the Director refuses to register the election, the Director is to —
  - (a) register the election in a register kept for that purpose on the day on which the Director receives the election form; and
  - (b) complete the relevant section of the election form and give a copy of it to the worker and the employer.
- (3) The Director may refuse to register the election if not satisfied that the worker has been properly advised of the consequences of the election.

*[Regulation 22 inserted in Gazette 28 Oct 2005 p. 4889.]*

**23. Extending termination day**

- (1) A worker may apply for the Director to extend the termination day under section 93M of the Act.
- (2) The application is made by —
  - (a) lodging with the Director a completed application form in the form of Form 35 in Appendix I; and
  - (b) providing to the Director, with the application form, anything that this regulation requires to be provided with the application form.
- (3) If the application is made in the circumstances described in section 93M(4)(a) of the Act —
  - (a) when the application form is lodged, the Director has to be provided with —
    - (i) a copy of the approved medical specialist's certificate certifying that the worker's condition has not stabilised to the extent required for a normal evaluation of the worker's degree of permanent whole of person impairment to be made in accordance with the WorkCover Guides as described in sections 146A and 146C of the Act; and
    - (ii) a copy of the approved medical specialist's recommendation of a day until which the termination day be extended; and
    - (iii) a copy of the approved medical specialist's report under section 146H(2)(c) of the Act;
  - and
  - (b) the Director may, within the limits imposed by the Act, extend the termination day until a day that the Director, having regard to the approved medical specialist's recommendation, considers will give the worker a

reasonable opportunity to make an election under section 93K(4)(a) of the Act.

- (4) If the application is made in the circumstances described in section 93M(4)(b) of the Act, the Director cannot extend the termination day to a day that is more than 6 months after the day on which the Director gives the extension.
- (5) If the application is made in the circumstances described in section 93M(4)(c) of the Act —
  - (a) when the application form is lodged —
    - (i) if the worker has, in writing, requested an assessment of the worker's degree of permanent whole of person impairment, the Director has to be provided with a copy of the worker's request; and
    - (ii) if the approved medical specialist has notified the worker, in writing, that more time is or was required to give the worker the documents required by section 146H of the Act than the time described in section 93O(1)(d) of the Act, the Director has to be provided with a copy of the notification;
  - and
  - (b) the Director may, within the limits imposed by the Act, extend the termination day until a day that the Director, having regard to the further time needed by the approved medical specialist, considers will give the worker a reasonable opportunity to make an election under section 93K(4)(a) of the Act.
- (6) If the application is made in the circumstances described in section 93M(4)(d)(i) or (ii) of the Act —
  - (a) when the application form is lodged —
    - (i) the Director has to be provided with a copy of the worker's request for an assessment of the

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worker's degree of permanent whole of person impairment; and

- (ii) if the approved medical specialist has notified the worker, in writing, that it would be impracticable to give the worker the documents required by section 146H of the Act at least 7 days before the termination day, the Director has to be provided with a copy of the notification;

and

- (b) the Director may, within the limits imposed by the Act, extend the termination day until a day that the Director considers will give the worker a reasonable opportunity to make an election under section 93K(4)(a) of the Act.

*[Regulation 23 inserted in Gazette 28 Oct 2005 p. 4889-92.]*

**24. Expected time for approved medical specialist to give assessment documents**

An approved medical specialist can reasonably be expected to take 6 weeks, after a worker requests an assessment of the worker's degree of permanent whole of person impairment, to give the worker the documents that the approved medical specialist is required by section 146H of the Act to give the worker.

*[Regulation 24 inserted in Gazette 28 Oct 2005 p. 4892.]*

**25. Employer's obligation to notify worker**

The notice that an employer is required by section 93O(1) of the Act to give to a worker has to be given by sending the worker a document in the form of Form 36 in Appendix I.

*[Regulation 25 inserted in Gazette 28 Oct 2005 p. 4893.]*

## Part 4 — Registered agents

[Heading inserted in Gazette 28 Oct 2005 p. 4893.]

### Division 1 — Preliminary

[Heading inserted in Gazette 28 Oct 2005 p. 4893.]

#### 26. Terms used

In this Part —

**applicant** means an applicant for registration;

**code of conduct** means the code of conduct set out in Appendix IV;

**employer**, in relation to an applicant or registered agent, other than a person in a class of persons prescribed under regulation 27A(b) or (c), means the person or body —

- (a) by which the applicant or registered agent is employed or engaged; and
- (b) as an employee or officer of which the applicant proposes to act as a registered agent, or of which the registered agent acts as a registered agent;

**fit and proper person**, in relation to an applicant or registered agent, means a person who satisfies WorkCover WA that he or she —

- (a) by reason of qualification or experience or both, has sufficient knowledge of the workers' compensation jurisdiction to represent a party effectively; and
- (b) is of good character;

**independent agent** means a person in a class of persons prescribed under regulation 27A(c);

**registration** means registration under this Part as a registered agent.

[Regulation 26 inserted in Gazette 28 Oct 2005 p. 4893;  
amended in Gazette 9 Dec 2005 p. 5892.]

**27. Prescribed organisations (Act s. 277(1)(e))**

The following organisations are prescribed for the purposes of section 277(1)(e) of the Act —

- (a) the Asbestos Diseases Advisory Service of Australia;
- (b) UnionsWA;
- (c) the Chamber of Commerce and Industry of Western Australia.

*[Regulation 27 inserted in Gazette 9 Dec 2005 p. 5892.]*

**27A. Prescribed classes of persons (Act s. 277(1)(f))**

The following classes of persons are prescribed for the purposes of section 277(1)(f) of the Act —

- (a) persons employed or engaged by a person or body that is engaged to provide claims management services to a self-insurer;
- (b) persons engaged by a self-insurer to provide claims management services to the self-insurer;
- (c) persons to whom section 277 of the Act does not otherwise apply and who act, or propose to act, as independent agents in the Conciliation Service or the Arbitration Service.

*[Regulation 27A inserted in Gazette 9 Dec 2005 p. 5892-3; amended in Gazette 18 Nov 2011 p. 4823.]*

**Division 2 — Registration and renewal**

*[Heading inserted in Gazette 28 Oct 2005 p. 4894.]*

**28. Application for registration**

- (1) An application for registration must be made to WorkCover WA in a form approved by WorkCover WA.



- (2) Unless an application is made by a person in a class of persons prescribed under regulation 27A(b) or (c), it must include a nomination of the applicant signed by the applicant's employer.
- (2a) An application by an independent agent must be accompanied by —
  - (a) a criminal record check in respect of the applicant issued not more than 3 months before the application is made;
  - (b) if the criminal record check shows details of a conviction, a statement detailing the grounds on which the applicant believes that, having regard to the conduct required under the code of conduct, the conviction is of a kind that does not relate to whether or not the applicant is a fit and proper person to be registered;
  - (c) a statement setting out the qualifications of the applicant, or any experience of the applicant, that demonstrates sufficient knowledge of the workers' compensation jurisdiction to enable the applicant to represent a party effectively;
  - (d) a statutory declaration verifying the particulars contained in the application and accompanying material.
- (2b) An application by a person in a class of persons prescribed under regulation 27A(a) or (b) must be accompanied by —
  - (a) a statement identifying the self-insurers to whom the agent, or the employer of the agent, is engaged to provide claims management services; and
  - (b) a statutory declaration verifying the particulars contained in the statement.
- (3) The application must be accompanied by evidence satisfactory to WorkCover WA that —
  - (a) there is, or upon registration under this Part will be, in force with respect to the applicant a policy of professional indemnity insurance for not less than \$1 million for any one claim; or

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- (b) within the meaning of subregulation (4), the applicant has sufficient material resources to provide professional indemnity.
- (4) A person has sufficient material resources to provide professional indemnity if —
  - (a) the person is nominated by an employer who —
    - (i) maintains professional indemnity insurance for not less than \$1 million for any one claim; or
    - (ii) holds legal or equitable estates or interests of not less than \$1 million in real or personal property;
  - or
  - (b) the person holds legal or equitable estates or interests of not less than \$1 million in real or personal property.
- (5) The applicant must provide WorkCover WA with any additional information or document that WorkCover WA may ask for.
- (6) In subregulation (2a)(a) —  
**criminal record check** means a document issued by the Western Australian Police Service, Australian Federal Police or another body or agency approved by WorkCover WA that sets out the criminal convictions of an individual for offences under the law of Western Australia, the Commonwealth, another State or a Territory.

*[Regulation 28 inserted in Gazette 28 Oct 2005 p. 4894-5;  
amended in Gazette 9 Dec 2005 p. 5893-4.]*

**29. Registration**

- (1) WorkCover WA may refuse to register an applicant if —
  - (a) the application is not duly made; or
  - (b) in the case of an application by an independent agent, the applicant is not a fit and proper person to be a registered agent.

- (2) WorkCover WA cannot refuse an application unless it has —
  - (a) given the applicant written notice of the intention to refuse the application, and of the grounds for the proposed refusal; and
  - (b) allowed at least 21 days for the applicant to show cause why the application should not be refused.
- (3) In the case of a registered agent other than a person in a class of persons prescribed under regulation 27A(b) or (c), registration has effect to the extent that the person acts as a registered agent as an employee or officer of the employer that nominates the person in the application under regulation 28(2), and not otherwise.
- (4) In the case of a registered agent who is a person in a class of persons prescribed under regulation 27A(a) or (b), registration has effect to the extent that the person acts as a registered agent for —
  - (a) a self-insurer identified in the agent's application under regulation 28(2b); or
  - (b) a self-insurer identified in a statement —
    - (i) provided to WorkCover WA after registration by the agent; and
    - (ii) verified by statutory declaration of the agent; and
    - (iii) accepted by WorkCover WA.

*[Regulation 29 inserted in Gazette 28 Oct 2005 p. 4895;  
amended in Gazette 9 Dec 2005 p. 5894-5.]*

**30. Indemnity and other conditions of registration**

- (1) It is a condition of registration that the professional indemnity insurance or material resources of the registered agent referred to in regulation 28(3) must be maintained during the period of registration.
- (2) It is a condition of registration that the registered agent must comply with the code of conduct.

**Workers' Compensation and Injury Management Regulations 1982**

**Part 4** Registered agents

**Division 2** Registration and renewal

**r. 31**

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- (3) In the case of a registered agent other than a person in a class of persons prescribed under regulation 27A(b) or (c), it is a condition of registration that the person will not act as a registered agent other than as an employee or officer of the employer who nominated the agent in the application for registration.
- (4) In the case of a registered agent who is a person in a class of persons prescribed under regulation 27A(a) or (b), it is a condition of registration that the person will not act as a registered agent other than for —
  - (a) a self-insurer identified in the agent's application under regulation 28(2b); or
  - (b) a self-insurer identified in a statement —
    - (i) provided to WorkCover WA after registration by the agent; and
    - (ii) verified by statutory declaration of the agent; and
    - (iii) accepted by WorkCover WA.

*[Regulation 30 inserted in Gazette 28 Oct 2005 p. 4895-6;  
amended in Gazette 9 Dec 2005 p. 5895.]*

**31. Duration of registration**

- (1) Except as provided in subregulation (3), a registration has effect from the day it is granted and continues in force until the following 30 June.
- (2) An application for the renewal of registration may be made at any time before the registration expires and, except as provided in subregulation (3), any such renewal has effect for the period 1 July to 30 June.
- (3) If a registered agent is removed from the register under regulation 36, or has his or her registration suspended or cancelled under regulation 38 or 39, the registration or renewal has effect until that removal or suspension, as the case requires.

*[Regulation 31 inserted in Gazette 28 Oct 2005 p. 4896.]*

**32. Application for renewal of registration**

- (1) An application for renewal of registration must be made in the same manner and form as an application for registration.
- (2) An application for renewal must be made not later than 28 days before the day on which the registration is due to expire.
- (3) WorkCover WA may shorten the period referred to in subregulation (2) and may do so either before or after the application is required to be made under that subregulation.
- (4) WorkCover WA may refuse to renew the registration if —
  - (a) the application is not duly made; or
  - (b) in the case of an application by an independent agent, the applicant is not a fit and proper person to be a registered agent.
- (5) WorkCover WA cannot refuse to renew the registration unless it has —
  - (a) given the applicant written notice of the intention to refuse the application, and of the grounds for the proposed refusal; and
  - (b) allowed at least 21 days for the applicant to show cause why the application should not be refused.

*[Regulation 32 inserted in Gazette 28 Oct 2005 p. 4896-7;  
amended in Gazette 9 Dec 2005 p. 5895-6.]*

**33. Certificate of registration**

- (1) WorkCover WA must issue a person with a certificate of registration —
  - (a) on the registration of the person; and
  - (b) on the renewal of the person's registration.
- (2) The period for which the registration of the person has effect must be entered on the certificate.

- (3) In the absence of evidence to the contrary a certificate of registration is evidence that the person to whom the certificate is issued is registered for the period specified in the certificate.

*[Regulation 33 inserted in Gazette 28 Oct 2005 p. 4897.]*

**34. False or misleading information**

A person must not in relation to an application for registration or renewal of registration give information orally or in writing that the person knows to be —

- (a) false or misleading in a material particular; or
- (b) likely to deceive in a material way.

Penalty: a fine of \$1 000.

*[Regulation 34 inserted in Gazette 28 Oct 2005 p. 4897.]*

**Division 3 — The register**

*[Heading inserted in Gazette 28 Oct 2005 p. 4898.]*

**35. Register**

- (1) WorkCover WA must keep a register in a manner and form determined by it.
- (2) WorkCover WA is to record in the register —
  - (a) the name and address of each registered agent; and
  - (b) the name and address of the employer, if any, of the registered agent; and
  - (c) the date of the initial registration and each date of renewal of registration of each registered agent; and
  - (d) such other particulars as WorkCover WA may determine.
- (3) WorkCover WA must allow any person —
  - (a) to inspect the register; and
  - (b) to take copies of, or extracts from, any part of it.

- (4) A person may, on application to WorkCover WA, obtain a certified copy of a part of, or entry in, the register.
- (5) WorkCover WA must make the amendments, additions and corrections to the register that are necessary to make the register an accurate record of the particulars in relation to all registered agents.

*[Regulation 35 inserted in Gazette 28 Oct 2005 p. 4898;  
amended in Gazette 9 Dec 2005 p. 5896.]*

**36. Removal from register**

- (1) WorkCover WA may, on the written request of a registered agent and the return of the relevant certificate of registration, remove the name of the registered agent from the register.
- (2) WorkCover WA may remove the name of a registered agent from the register if the employer who nominated the registered agent under regulation 28(2) notifies WorkCover WA in writing that the employer has withdrawn the nomination.

*[Regulation 36 inserted in Gazette 28 Oct 2005 p. 4898-9.]*

**Division 4 — Disciplinary powers**

*[Heading inserted in Gazette 28 Oct 2005 p. 4899.]*

**37. Restriction on exercise of powers**

WorkCover WA cannot take disciplinary action under regulation 38 or 39 unless it has given the registered agent and the employer, if any, who nominated the registered agent under regulation 28(2) an opportunity to show cause why the action should not be taken.

*[Regulation 37 inserted in Gazette 28 Oct 2005 p. 4899;  
amended in Gazette 9 Dec 2005 p. 5896.]*

**38. Cancellation of registration**

WorkCover WA may cancel the registration of a registered agent if WorkCover WA is satisfied that the registered agent has ceased to be an employee or officer of the employer who nominated the registered agent under regulation 28(2).

*[Regulation 38 inserted in Gazette 28 Oct 2005 p. 4899.]*

**39. Taking disciplinary action**

- (1) Proper causes for disciplinary action in respect of a registered agent are that the registered agent —
  - (a) improperly obtained registration; or
  - (b) has contravened a condition of that person's registration; or
  - (c) has done or omitted to do something, or engaged in conduct, that renders the person unfit to be registered.
- (2) WorkCover WA may, on receiving a written complaint about a registered agent, carry out any investigation necessary to decide whether there is proper cause for disciplinary action in respect of a registered agent.
- (3) If WorkCover WA is satisfied that proper cause exists for disciplinary action, WorkCover WA may —
  - (a) reprimand or caution the registered agent; or
  - (b) attach a condition to the registration; or
  - (c) suspend the registration for a period not exceeding 12 months; or
  - (d) cancel the registration.

*[Regulation 39 inserted in Gazette 28 Oct 2005 p. 4899-900.]*

**40. Return of certificate of registration**

- (1) If WorkCover WA suspends or cancels a person's registration it must give directions in writing to the person as to the return to it of the certificate of registration.



- (2) A person given a direction under subregulation (1) must comply with the direction.

Penalty: a fine of \$1 000.

*[Regulation 40 inserted in Gazette 28 Oct 2005 p. 4900.]*

#### **Division 5 — Review**

*[Heading inserted in Gazette 28 Oct 2005 p. 4900.]*

#### **41. Review by SAT**

A person aggrieved by a decision of WorkCover WA to —

- (a) refuse an application for registration or for renewal of registration; or
- (b) suspend or cancel the person's registration,

may apply to the State Administrative Tribunal for a review of that decision.

*[Regulation 41 inserted in Gazette 28 Oct 2005 p. 4900.]*

#### **Division 6 — Miscellaneous**

*[Heading inserted in Gazette 28 Oct 2005 p. 4901.]*

#### **42. Evidentiary matters**

In all courts and before all persons and bodies authorised to receive evidence, in the absence of evidence to the contrary —

- (a) a certificate purporting to be issued by WorkCover WA and stating —
  - (i) that a person was or was not registered;
  - (ii) that a person's registration was suspended or cancelled,

on any day or days or during a period mentioned in the certificate is evidence of the matters so stated; and

- (b) a copy of, or extract from the register or any statement that purports to reproduce matters entered in the register

**Workers' Compensation and Injury Management Regulations 1982**

**Part 4** Registered agents

**Division 6** Miscellaneous

**r. 42**

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and that is certified by WorkCover WA as a true copy,  
extract or statement, is evidence of the facts appearing in  
that copy, extract or statement.

*[Regulation 42 inserted in Gazette 28 Oct 2005 p. 4901.]*

**[43.]** *Deleted in Gazette 18 Nov 2011 p. 4823.]*

## **Part 5 — Injury management**

*[Heading inserted in Gazette 28 Oct 2005 p. 4903.]*

### **44. Vocational rehabilitation services**

The services listed in column 2 of the Table to this regulation and described in column 3 are services the provision of which, if they are for the purpose of enabling the worker to return to work, may be “vocational rehabilitation” as defined in section 5(1) of the Act.

**Table**

<b>column 1 item</b>	<b>column 2 service</b>	<b>column 3 description</b>
1	support counselling	activities to assist the worker to adjust to the injury and to the worker's return to work; family counselling related to vocational rehabilitation; progress counselling related to the progress of, and problems with, the worker's return to work
2	vocational counselling	activities focussed on problems the worker has in selecting and preparing for vocational change
3	purchase of aids and appliances	advising and assisting the worker with the purchase of aids and appliances
4	case management	activities associated with the management of the worker's return to work, which may include liaising and negotiating with the parties, developing, coordinating and

**Workers' Compensation and Injury Management Regulations 1982**

**Part 5** Injury management

**r. 44**

<b>column 1 item</b>	<b>column 2 service</b>	<b>column 3 description</b>
		otherwise managing, and reviewing, the service delivery plan, and arranging for interpreter services
5	retraining criteria assistance	assisting a worker to explore eligibility to participate in a specialised retraining program and to prepare information to show that the retraining criteria are satisfied
6	specialised retraining program assistance	services to assist a worker undertake a specialised retraining program
7	training and education	assisting to develop the worker's skills and knowledge, which may include providing training courses or other aspects of injury management
8	workplace activities	activities involving analysis of work behaviour and analysis and design of job duties
9	placement activities	activities focussed on obtaining a new job for the worker, which may include assistance with the preparation of a resume and preparation for an interview and research and other assistance in finding jobs

column 1 item	column 2 service	column 3 description
10	assessments:	
(a)	functional capacity	activities associated with assessing the worker's functional capacity, which may include preparing a report
(b)	vocational	activities associated with assessing the worker's vocational and retraining options, which may include preparing a report
(c)	ergonomic	activities associated with assessing how a particular work environment would affect the worker, which may include preparing a report
(d)	job demands	activities associated with identifying and assessing the physical and cognitive demands of a job, which includes preparing a report
(e)	workplace	activities associated with assessing the suitability of various workplace alternatives and other job options, which may include preparing a report
(f)	aids and appliances	activities associated with developing recommendations for aids and appliances to assist the worker, which may include preparing a report

**Workers' Compensation and Injury Management Regulations 1982**

**Part 5** Injury management

**r. 44A**

<b>column 1 item</b>	<b>column 2 service</b>	<b>column 3 description</b>
11	travel	travel that is associated with providing vocational rehabilitation
12	medical	discussion with specialists and other medical practitioners about vocational rehabilitation, which may include preparing a report
13	general reports	status reports relating to vocational rehabilitation

*[Regulation 44 inserted in Gazette 28 Oct 2005 p. 4903-5.]*

**44A. Counselling psychology**

- (1) In this regulation —

***counselling psychologist*** means a psychologist who has completed a 4 year psychology degree, a 2 year Master's degree in counselling psychology and 2 years of weekly supervision of full-time practice after completion of the Master's degree.

- (2) Where counselling psychology is approved under section 5(1) of the Act as an "approved treatment" for workers suffering disabilities that are compensable under the Act, that treatment can only be provided by a counselling psychologist.

*[Regulation 44A inserted in Gazette 15 Dec 2006 p. 5637.]*

**44B. Exercise physiology**

- (1) In this regulation —

***exercise physiologist*** means an individual with current accreditation as an exercise physiologist by Exercise and Sports Science Australia.

- (2) Where exercise physiology is approved under section 5(1) of the Act as an "approved treatment" for workers suffering

disabilities that are compensable under the Act, that treatment can only be provided by an exercise physiologist.

*[Regulation 44B inserted in Gazette 17 Dec 2008 p. 5333-4; amended in Gazette 14 Dec 2012 p. 6209.]*

**45. Insurer to advise of injury management obligations**

- (1) Subregulation (2) specifies the action that section 155D(1) of the Act requires an insurer to take to make an employer aware of the employer's obligations under section 155B and section 155C(1) and (3) of the Act.
- (2) Whenever the insurer issues to an employer, or renews, a policy of insurance against the employer's liability to pay compensation under the Act, the insurer has to give the employer a written notice informing the employer of the things described in subregulation (3).
- (3) The notice has to inform the employer that —
  - (a) section 155A(1) of the Act authorises WorkCover WA to issue a code of practice (injury management) and WorkCover WA will, on request, provide a copy of a code it issues; and
  - (b) section 155B of the Act requires the employer to establish and implement an injury management system in accordance with the code; and
  - (c) section 155C of the Act requires the employer to establish and implement a return to work program for a worker in accordance with the code in circumstances described in that section.

*[Regulation 45 inserted in Gazette 28 Oct 2005 p. 4905-6.]*

**[46.]** *Deleted in Gazette 18 Nov 2011 p. 4823.]*

## **Part 6 — Specialised retraining programs**

*[Heading inserted in Gazette 28 Oct 2005 p. 4907.]*

### **47. Recording agreement**

(1) If —

- (a) the worker and the employer agree that the worker's degree of permanent whole of person impairment is at least 10% but less than 15%; and
- (b) the worker, in writing, requests the Director to record the agreement,

the Director is required to record the agreement in a register kept for the purpose.

(2) If —

- (a) the worker and the employer agree that the worker satisfies all of the retraining criteria; and
- (b) the worker, in writing, requests the Director to record the agreement,

the Director is required to record the agreement in a register kept for the purpose.

(3) A request under subregulation (1)(b) or (2)(b) for the Director to record an agreement has to include —

- (a) the worker's name and any other details necessary to identify the worker; and
- (b) details sufficient to enable the worker to be contacted; and
- (c) the worker's date of birth; and
- (d) the date on which the injury occurred and a description of the injury; and
- (e) if a claim for compensation under the Act for the injury has been made, the date on which the worker's claim was made and sufficient other details to identify the



- claim (including any claim number that may have been given to the claim); and
  - (f) the employer's name and any other details necessary to identify the employer; and
  - (g) details sufficient to enable the employer to be contacted; and
  - (h) the name of the insurer, if any.
- (4) The Director's record in the register is to be in the form of —
- (a) if subregulation (1) requires the record, Form 37 in Appendix I;
  - (b) if subregulation (2) requires the record, Form 38 in Appendix I,

and the Director is required to give a copy of the record to each of the worker and the employer.

*[Regulation 47 inserted in Gazette 28 Oct 2005 p. 4907-8.]*

**48. Extending final day**

- (1) A worker may apply for the Director to extend the final day under section 158B of the Act.
  - (2) The application is made by —
    - (a) lodging with the Director a completed application form in the form of Form 39 in Appendix I; and
    - (b) providing to the Director, with the application form, particulars about —
      - (i) the action taken by the worker to obtain from the employer by the final day any agreement that the worker was unable to obtain as to —
        - (I) the worker's degree of permanent whole of person impairment; or
        - (II) whether the worker satisfies all of the retraining criteria;
- and

- (ii) the worker's having, at least 8 weeks before the final day, requested an approved medical specialist to assess the worker's degree of permanent whole of person impairment; and
  - (iii) the action taken by the worker towards applying under section 158C or 158D of the Act to have a matter in dispute determined by an arbitrator.
- (3) The Director may, within the limits imposed by the Act, extend the final day until a day that the Director considers will give the worker a reasonable opportunity to take the action referred to in section 158B(1) of the Act.

*[Regulation 48 inserted in Gazette 28 Oct 2005 p. 4908-9.]*

**49. Request for WorkCover to direct payment**

- (1) A person seeking that, under section 158F of the Act, WorkCover WA direct an employer or an insurer to make a payment may, in accordance with this regulation, request WorkCover WA to give the direction.
- (2) The request has to be made to WorkCover WA in writing, giving —
  - (a) the date on which the request is made; and
  - (b) the worker's name and any other details necessary to identify the worker; and
  - (c) details sufficient to enable the worker to be contacted; and
  - (d) reasons justifying the giving of the direction; and
  - (e) the date, if any, by which the payment needs to be made.
- (3) If the payment is to satisfy a debt incurred or to recoup the cost of any payment that has been made, the request has to be accompanied by copies of relevant invoices or other sufficient evidence of the debt or cost, showing details of each item charged and the rate at which it was charged, if applicable.

*[Regulation 49 inserted in Gazette 28 Oct 2005 p. 4909-10.]*

## **Part 7 — Infringement notices and modified penalties**

*[Heading inserted in Gazette 28 Oct 2005 p. 4910.]*

### **50. Prescribed offences**

The offences described in Appendix V are the offences for which an infringement notice may be given under section 175G(1) of the Act.

*[Regulation 50 inserted in Gazette 28 Oct 2005 p. 4910.]*

### **51. Prescribed modified penalties**

A penalty specified in Appendix V is the modified penalty for the corresponding offence in Appendix V for the purposes of section 175H(2)(b) of the Act.

*[Regulation 51 inserted in Gazette 28 Oct 2005 p. 4910.]*

### **52. Prescribed form of infringement notice**

The form of an infringement notice is set out in Appendix I Form 40 for the purposes of section 175H(1) of the Act.

*[Regulation 52 inserted in Gazette 28 Oct 2005 p. 4910.]*

### **53. Prescribed form of withdrawal of notice**

The form of a notice to withdraw an infringement notice is set out in Appendix I Form 41 for the purposes of section 175J(1) of the Act.

*[Regulation 53 inserted in Gazette 28 Oct 2005 p. 4911.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 1**

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**Appendix I**

**Form 1**

[r. 4(1)]

*Workers' Compensation and Injury Management Act 1981*

**ELECTION FOR SCHEDULE 2 INJURIES UNDER PART III  
DIVISION 2**

(Section 24B)

I, .....  
(name in full block letters)

of .....  
(address)

suffered compensable personal injury by accident in the employment of .....  
.....  
(name of employer)

on the..... day of..... 20 .....

The injury/injuries suffered by me was/were:

(state nature of injury and percentage loss of use or loss of efficient use of a  
part or faculty of the body)

\*Before that injury was suffered I had previously suffered compensable  
personal injury by accident to that part or faculty of the body resulting  
in..... % loss of use of that part or faculty.

I elect to receive compensation under Part III Division 2 of the *Workers' Compensation and Injury Management Act 1981* which I anticipate  
should be the sum of \$..... representing..... % loss of  
item..... being .....  
(state the part or faculty of the body affected)

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 1**

In making this election and upon an agreement being registered under Division 7 of Part 3 of the Act or an award being made by a dispute resolution authority, I acknowledge that after registration or the making of the award:

- (1) I shall have no further entitlement to compensation under the Act for weekly payments arising out of that injury;
- (2) I shall have no further entitlement in respect of that injury subsequent to the date of this election, to payment of expenses under the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 17, 18, 18A and 19 (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 injury management, charges for hospital treatment and maintenance, cost of artificial aids and travelling expenses);
- (3) I shall have no entitlement to further moneys upon any increase to the prescribed amount for this percentage loss of the part or faculty of the body the subject of this election.

Dated the                      day of                      20   .

.....  
(Signature)

in the presence of:

.....  
(Signature and full names  
and address of witness)

\*Delete if not applicable.

*[Form 1 amended in Gazette 26 Feb 1991 p. 939; 8 Mar 1991  
p. 1076; 18 Feb 1994 p. 662; 17 Nov 2000 p. 6319; 21 Jan 2005  
p. 276; 28 Oct 2005 p. 4912-13.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 1A**

**Form 1A**

[r. 4(2)]

*Workers' Compensation and Injury Management Act 1981*

**ELECTION FOR SCHEDULE 2 INJURIES UNDER PART III**  
**DIVISION 2A**

(Section 31H)

Surname	Mr/Mrs/Miss/Ms
.....	
Other Names	
.....	
Address	
.....	
.....	
.....Postcode .....	
Phone No.(H).....(W).....(Mb).....	
Occupation	
(e.g. boiler maker, underground miner) .....	
Main tasks or duties performed	
(e.g. welding, drilling) .....	
Employer at date of injury.....	
Address of employer.....	
.....	
.....Postcode .....	

**WORKER'S DECLARATION**

Date of injury/injuries.....

Type of injury/injuries .....

.....

Degree of permanent impairment .....

\* Before that impairment was suffered I had previously suffered a permanent impairment from a compensable personal injury by accident to that part or

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 1A**

faculty of the body resulting in..... degree of permanent impairment of that part or faculty.

I elect to receive compensation under the *Workers' Compensation and Injury Management Act 1981* Part III Division 2A which I anticipate should be the sum of \$..... representing..... % of item..... being.....

(state the part or faculty of the body affected)

In making this election and upon an agreement being registered under Part III Division 7 of the Act or an award being made by a dispute resolution authority, I acknowledge that after registration or the making of the award:

- (1) I shall have no further entitlement to compensation under the Act for weekly payments arising out of that injury.
- (2) I shall have no further entitlement in respect of that injury subsequent to the date of this election, to payment of expenses under the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 17, 18, 18A and 19 (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 injury management, charges for hospital treatment and maintenance, cost of artificial aids and travelling expenses).
- (3) I shall have no entitlement to further moneys upon any increase to the prescribed amount for this degree of permanent impairment the subject of this election.

Dated the.....day of.....20.....

.....  
(Signature of worker)

in the presence of:

.....  
.....  
.....  
(Signature and full names and address of witness)

\*Delete if not applicable.

[Form 1A inserted in Gazette 28 Oct 2005 p. 4913-14.]

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2**

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**Form 2**

[r. 5]

*Workers' Compensation and Injury Management Act 1981*

**MEDICAL PANEL**

(Sections 36 and 38)

Particulars of Claimant

Surname .....  
Christian Names .....  
Address .....  
Date of Birth .....

**DETERMINATION**

1. Is, or was, the worker suffering from pneumoconiosis, mesothelioma or lung cancer?
2. If so, is, or was, the worker thereby less able to earn full wages?
3. To what extent if any does, or did —
  - (i) pneumoconiosis;
  - (ii) mesothelioma;
  - (iii) lung cancer;
  - (iv) diffuse pleural fibrosis,adversely affect the worker's ability to undertake physical effort?
4. What other, if any, disease or physical condition is, or was, contributing to the worker's being less able to earn full wages, or death and to what extent?
5. Is, or was, the worker fit for work? If so, at what level — light, moderate, or heavy?

Signed:

.....  
(Chairman)

.....  
(Member)

.....  
(Member)

Date.....



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2**

Attendance of Medical Practitioner.

I hereby certify that .....  
of .....  
a Medical Practitioner, attended the examination of the above claimant.

.....  
(Chairman)

*[Form 2 amended in Gazette 8 Mar 1991 p. 1076; 24 Dec 1993  
p. 6845-6; 17 Nov 2000 p. 6320; 21 Jan 2005 p. 276; 18 Nov 2011  
p. 4823.]*

*[Form 2A deleted in Gazette 15 Oct 1999 p. 4900.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2B**

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**Form 2B**

[r. 6AA]

*Workers' Compensation and Injury Management Act 1981*

(Section 178(1)(b))

**Workers' Compensation Claim Form**

**Insurer please complete**

Date form received from employer:

ASCO (office use only):

Insurer name:

Claim number:

ANZSIC code:

Policy number:

WorkCover number:

Has employer contacted medical practitioner?

Estimated time off work:

- ☐ less than one day
- ☐ 1-4 work days (inclusive)
- ☐ 5-9 work days (inclusive)
- ☐ 10-20 work days (inclusive)
- ☐ more than 20 work days
- ☐ fatality

**Employer please complete**

Name of policy holder/employer:

Trading as (if different to above):

Address:

Postcode:

Contact person:

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2B**

Name:

Phone number:

Email:

Address of injured worker's usual workplace or base:

Postcode:

Major activity of workplace: (e.g. sheep farming, plumbing)

Date employer received the completed claim form from the injured worker:

Date employer received first ~~medical~~-certificate of capacity from the injured worker:

Date employer sent the claim form and ~~medical~~-certificate/s of capacity to insurer:

**Worker please complete**

Surname:

Other names:

Date of birth:

☐ Male ☐ Female

Preferred language (if not English):

Address

Postcode

Email:

Daytime contact phone number:

Occupation (e.g. first class welder):

Main tasks/duties performed (e.g. welding of high pressure steam pipes):

At the time of the injury I was working as a:

- ☐ direct employee  
☐ working director  
☐ contractor

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2B**

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- ☐ employee of a contractor  
☐ subcontractor  
☐ visa worker  
☐ other

At the time of the injury I was engaged as:

- ☐ full-time  
☐ part-time  
☐ permanent  
☐ temporary  
☐ casual

**Worker please complete — Other employment**

Do you have any other job?

If yes, please give details:

Employer name:

Contact phone number:

Hours of work per week:

**Worker please complete — Occurrence details**

Day of occurrence:

Date of occurrence:

Time of occurrence:

At what address did the occurrence happen?

Did you have to stop working?

If so when?

Date:

Time:

Were you:

- ☐ working — at your normal workplace  
☐ working — away from normal workplace  
☐ working — road traffic accident  
☐ on work break — at normal workplace  
☐ on work break — away from normal workplace  
☐ other duty status

☐ commuting/journey

Describe the occurrence. Include:

- (i) What action was involved (i.e. fall, struck by object,): [Mechanism]
- (ii) What object/machine/substance was involved (i.e. fumes, door frame): [Agency]
- (iii) The most serious injury or disease caused (i.e. fracture, burn, abrasion): [Nature]
- (iv) The bodily location of the injury or disease (i.e. upper arm, eye): [Bodily location]

**Worker please complete — Occurrence report — Describe how it happened**

Where did the occurrence happen? (i.e. store room, machinery shop):

What were you doing at the time of the occurrence?

What were the normal working hours for that day?

Starting time:

Finish time:

When did you first report the occurrence?

Date:

Time:

Who did you report the occurrence to?

Name:

Position:

Phone number:

If you didn't report the occurrence immediately, please state the reason if any:

Please provide the name and daytime contact phone number of witnesses of the occurrence:

Name:

Phone number:

Name:

Phone number:

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2B**

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**Worker please complete — Medical help/history — This occurrence**

When did you first seek medical attention?

Date:

Time:

If not immediately, please state the reason:

Was the part of the body affected by this occurrence healthy before this occurrence?

If not, please give details:

Is the present injury completely related to this occurrence?

If not, please give details:

Please give details of any similar injury prior to this occurrence:

Name and contact details of your usual medical practitioner and any health provider who has treated you for a similar injury:

Name:

Address:

Phone number:

**Worker please complete — Other / Previous claims**

Are you claiming compensation from any other source?

If yes, from whom?

Have you had any similar or related workers' compensation claims?

If yes, please give details:

Name of employer:

Address of employer:

Name of insurer (if known):

Type of injury or disease:

**Worker's declaration — worker please complete**

I solemnly and sincerely declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself and the occurrence are true both in substance and in fact to the best of my knowledge and belief.

I take notice that, under the provisions of section 59(2) of the *Workers' Compensation and Injury Management Act 1981*, I am required to notify my

employer in writing within 7 days if I commence work with another employer after making a claim, or while receiving weekly payments of workers' compensation.

Dated this                      day of:                      Year:

Signature of worker

Signature of witness

**Consent authority 1 (to be signed at the option of the worker)**

I authorise any doctor who treats me (whether named in this certificate or not) to discuss my medical condition, in relation to my claim for workers' compensation and return to work options, with my employer and with their insurer.

Signed:

Date:

Print your name:

Witness signature:

Witness print name:

**Consent authority 2 (to be signed at the option of the worker)**

I consent to my employer's insurer and its appointed service providers collecting personal information, inclusive of sensitive information such as medical information about me and using it for the purpose of assessing and managing my workers' compensation claim, including determining liability and whether my claim is true.

This consent extends to my employer's insurer disclosing my personal information, inclusive of sensitive information, to other insurers, medical practitioners, rehabilitation providers, investigators, legal practitioners and other experts or consultants for the purpose of assessing and managing my claim.

My personal information, inclusive of sensitive information, may also be disclosed as required or permitted by law. I also consent to my employer's insurer disclosing my personal details to WorkCover WA which is authorised to use this information to fulfil its functions and obligations under the *Workers' Compensation and Injury Management Act 1981*.

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2B**

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I have read all the information on this form regarding the consent authority and I consent to the Insurer dealing with my personal information in the manner described.

Signed:

Date:

Print your name:

Witness signature:

Witness print name:

**IMPORTANT: FAILURE TO PROVIDE YOUR SIGNATURE ON  
EITHER THE DECLARATION OR THE CONSENT AUTHORITIES  
MAY DELAY A DECISION BY THE INSURER ON YOUR CLAIM.**

*[Form 2B inserted in Gazette 10 Sep 2010 p. 4352-7; amended in  
Gazette 18 Nov 2011 p. 4824; [25 Mar 2014 p. 822.](#)]*



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2C**

**Form 2C**

[regs 4(1), 6AA]

*Workers' Compensation and Injury Management Act 1981*  
(Sections 24B, 178(1)(b))

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

**WORKER'S DETAILS — (Worker to complete)**

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

**ELECTION FOR SCHEDULE 2 INJURY — item 6**

NIHL 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.....

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2C**

**WORKER'S DECLARATION**

I elect to accept under Part III Division 2 of the *Workers' Compensation and Injury Management Act 1981* the sum of \$..... representing.....% of loss of Schedule 2 item 6 of the Act, 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 Territory of the Commonwealth, or country other than Australia. In making this election and upon an agreement being registered by the Director, I acknowledge that after registration or making 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..... 20.....  
(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

Name of Policy Holder

Address

Suburb/Town

Post Code

WorkCover No.....

Local Gov.

Insurance Co.

Policy No.

Claim No: Insurer/self  
insurer to complete

Insurer/self insurer's date  
stamp

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2C**

Major activity or workplace  
(e.g. metal fabrication;  
gold mining, engineering.)

office use only  
**ANZSIC**

**WORKER'S EMPLOYMENT HISTORY FROM MARCH 1, 1991**

**To be completed by WorkCover WA:**

Name of worker..... File # .....  
Name of insurer..... Period of insurance..... Policy No. ....  
Name of insurer..... Period of insurance..... Policy No. ....  
Name of insurer..... Period of insurance..... Policy No. ....  
Name of insurer..... Period of insurance..... Policy No. ....  
Employer at March 1, 1991: .....

(Name)

Address .....  
.....  
(Postcode)

Telephone Number (.....).....

Type of work engaged in..... Prescribed ☐ Yes ☐ No

Baseline Test Date...../...../..... PLH ☐ ☐ ☐ ☐ / **NO BASELINE TEST**  
(if worker has had a Full Audiological Baseline Test use the date and PLH of the full audiological test) please circle if applicable

Subsequent Test Date...../...../..... PLH ☐ ☐ ☐ ☐

Subsequent Test Date...../...../..... PLH ☐ ☐ ☐ ☐

Subsequent Test Date...../...../..... PLH ☐ ☐ ☐ ☐

Subsequent Test Date...../...../..... PLH ☐ ☐ ☐ ☐

Subsequent Test Date...../...../..... PLH ☐ ☐ ☐ ☐

Subsequent Test Date...../...../..... PLH ☐ ☐ ☐ ☐

Subsequent Full Audio Test Date...../...../..... PLH ☐ ☐ ☐ ☐

Otorhinolaryngological assessment Date...../...../..... NIHLPLH ☐ ☐ ☐ ☐

Number of years with this employer since the baseline test/March 1, 1991 ☐ ☐

Termination Date...../...../.....

Subsequent test at termination Date...../...../..... PLH ☐ ☐ ☐ ☐

NIHL Claims Officer check: Date...../...../..... Signature .....

NIHL Manager check: Date...../...../..... Signature .....

*[Form 2C inserted in Gazette 25 Aug 1995 p. 3885-7; amended in Gazette 17 Nov 2000 p. 6320; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4915-16; 18 Nov 2011 p. 4824.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2CA**

**Form 2CA**

[regs 4(2), 6AA]

*Workers' Compensation and Injury Management Act 1981*

(Sections 31H, 178(1)(b))

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

**WORKER'S DETAILS — (Worker to complete)**

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

**ELECTION FOR SCHEDULE 2 INJURY — item 44**

NIHL FILE No..... (Office Use Only)
Date of compensable test...../...../.....
Compensable noise induced hearing loss.....% (of item 44) Entitlement \$.....
Employer at time of test .....
Address..... Post Code .....
Previous settlement date...../...../.....PLH .....

**WORKER'S DECLARATION**

I elect to accept under the <i>Workers' Compensation and Injury Management Act 1981</i> Part III Division 2A the sum of \$..... representing.....% of loss of Schedule 2 item 44, 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 Territory of the Commonwealth, or country other than Australia. In making this
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**Workers' Compensation and Injury Management Regulations 1982**

**Appendix I**

**Form 2CA**

election and upon an agreement being registered by the Director, I acknowledge that after registration or making 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..... 20.....

.....  
(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

Name of Policy Holder  
\_\_\_\_\_  
Address  
Suburb/Town Post Code

Major activity or workplace  
(e.g. metal fabrication, gold mining, engineering)

**WorkCover No.....**

Local Gov.

Insurance Co.

Policy No.

Claim No:  
Insurer/self insurer to complete

Insurer/self-insurer's  
date stamp  
\_\_\_\_\_

office use only  
**ANZSIC**

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2CA**

**WORKER'S EMPLOYMENT HISTORY FROM 1 MARCH 1991**

**To be completed by WorkCover WA:**

Name of worker..... File No. ....  
Name of insurer..... Period of insurance..... Policy No. ....  
Name of insurer..... Period of insurance..... Policy No. ....  
Name of insurer..... Period of insurance..... Policy No. ....  
Name of insurer..... Period of insurance..... Policy No. ....  
Employer at 1 March 1991.....  
(Name)

Address .....  
.....  
(Postcode)

Telephone Number (.....).....

Type of work engaged in..... Prescribed ☐ Yes ☐ No

Baseline Test Date...../...../..... PLH ☐ ☐ ☐ / **NO BASELINE TEST**

(if worker has had a Full Audiological Baseline Test (please circle if applicable)  
use the date and PLH of the full audiological test)

Subsequent Test Date...../...../..... PLH ☐ ☐ ☐

Subsequent Test Date...../...../..... PLH ☐ ☐ ☐

Subsequent Test Date...../...../..... PLH ☐ ☐ ☐

Subsequent Test Date...../...../..... PLH ☐ ☐ ☐

Subsequent Test Date...../...../..... PLH ☐ ☐ ☐

Subsequent Test Date...../...../..... PLH ☐ ☐ ☐

Subsequent Test Date...../...../..... PLH ☐ ☐ ☐

Subsequent Full Audio Test Date...../...../..... PLH ☐ ☐ ☐

Otorhinolaryngological  
assessment Date...../...../..... NIHLPLH ☐ ☐ ☐

Number of years with this employer since the baseline test/1 March 1991 ☐ ☐

Termination Date...../...../.....

Subsequent test at termination Date...../...../..... PLH ☐ ☐ ☐

NIHL Claims Officer check Date...../...../..... Signature.....

NIHL Manager check Date...../...../..... Signature.....

*[Form 2CA inserted in Gazette 28 Oct 2005 p. 4916-19.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2D**

**Form 2D**

[r. 6AA]

*Workers' Compensation and Injury Management Act 1981*

**WORKERS' COMPENSATION CLAIM FORM FOR DEPENDANTS OF  
DECEASED WORKERS**

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
	Occupation	Relationship to deceased worker <small>i.e. Executor, spouse, de facto partner, son, daughter</small>
Residential Address		
	Postcode	Telephone No.

**Deceased Worker's Details**

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

**Employer's Details**

Full Name of Employer, including trading name	
Address of worker's usual workplace or base	
	Postcode Telephone No.
Major activity of workplace (e.g. footwear manufacturing, sheep farming)	

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 2D**

**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	Date	/ /
------	-----	-------------------	------	-----

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
<input type="checkbox"/>	<input type="checkbox"/>

Have you attached a copy of any official notice of the deceased's death?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please attach as much information as you can



**Workers' Compensation and Injury Management Regulations 1982**  
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**Form 2D**

**Declaration**

I, the undersigned, do hereby warrant the truth of the foregoing statements. I hereby authorise 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. However, I do not authorise the release or testing of human tissue samples or human tissue material of any kind or for any purpose.

Signature	_____	Date	<table border="1"><tr><td>/</td><td>/</td><td>/</td></tr></table>	/	/	/
/	/	/				
Signature	_____	Date	<table border="1"><tr><td>/</td><td>/</td><td>/</td></tr></table>	/	/	/
/	/	/				

**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:	_____	

*[Form 2D inserted in Gazette 15 Oct 1999 p. 4901-2; amended in Gazette 17 Nov 2000 p. 6320; 30 Jun 2003 p. 2637; 21 Jan 2005 p. 276; 14 Dec 2012 p. 6210.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 3**

**Form 3**

[r. 6A; and 7(1)]

*Workers' Compensation and Injury Management Act 1981*

(Sections 57A(1)(b), 57B(1)(b) and 61(1))

**FIRST ~~MEDICAL~~ CERTIFICATE OF CAPACITY**

**1. Worker's Details**

First name(s): ..... Surname: .....

Address: .....

Telephone: ..... Date of birth: ...../...../..... Occupation: .....

☐ I have provided a WorkCover WA Injury Management brochure to the worker.

**2. Employer Details**

Name & address of worker's employer: .....

**3. Consent Authority** *(to be signed at the option of the worker)*

~~I authorise any doctor who treats me (whether named in this certificate or not) to discuss my medical condition, in relation to my claim for workers' compensation and return to work options, with my employer and with their insurer.~~

Worker's Signature: ..... Date: .....

**1. WORKER'S DETAILS**

First name  Last name

Date of birth  Email

Phone  Mobile

Address

**2. EMPLOYMENT DETAILS**

Worker's job title  Employer's name

Employer's address

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 3**

<b>IMPORTANT: FAILURE TO PROVIDE YOUR SIGNATURE ON THE AUTHORITY ABOVE MAY DELAY A DECISION BY YOUR EMPLOYER ON YOUR CLAIM.</b>	
<b>3. CONSENT AUTHORITY</b>	
I consent to any medical practitioner who treats me (whether named on this certificate or not) to discuss my medical condition with my employer, insurer and other medical or allied health professionals for the purpose of my claim for workers' compensation and return to work options.	
Worker's signature	<div><div>Print name</div><div>Date</div></div>
<b>4. WORKER'S DESCRIPTION OF INJURY</b>	
Date of injury	
What happened?	
Worker's symptoms	
<b>5. MEDICAL ASSESSMENT</b>	
Date of this assessment	
Clinical findings	
Diagnosis	
The injury is consistent with worker's description of how injury occurred	
<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> uncertain	

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 3**

The injury is:		<input type="checkbox"/>	a new condition	<input type="checkbox"/>	a recurrence of a pre-existing condition
<b>6. WORK CAPACITY</b>					
Worker's usual duties		<input type="text"/>			
Having considered the health benefits of work, I find this worker to have:					
<input type="checkbox"/>	full capacity for work from	<input type="text"/>	<input type="checkbox"/>	but requires further treatment	
<input type="checkbox"/>	some capacity for work from	<input type="text"/>	to	<input type="text"/>	performing
<input type="checkbox"/>	pre-injury duties	<input type="checkbox"/>	modified or alternative duties	<input type="checkbox"/>	workplace modifications
<input type="checkbox"/>	pre-injury hours	<input type="checkbox"/>	modified hours of	<input type="text"/>	hrs/day <input type="text"/> days/wk
<input type="checkbox"/>	no capacity for any work from	<input type="text"/>	to	<input type="text"/>	(outline clinical reasons below)
Worker has capacity to:					
(Please outline the worker's physical and/or psychosocial capacity — refer to explanatory notes for examples. Where there is no capacity for work, please provide clinical reasoning.)					
<input type="checkbox"/>	lift up to	<input type="text"/>	kg	<input type="text"/>	
<input type="checkbox"/>	sit up to	<input type="text"/>	mins	<input type="text"/>	
<input type="checkbox"/>	stand up to	<input type="text"/>	mins	<input type="text"/>	
<input type="checkbox"/>	walk up to	<input type="text"/>	m	<input type="text"/>	
<input type="checkbox"/>	work below shoulder height	<input type="text"/>			

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 3**

<b>7. INJURY MANAGEMENT PLAN</b>	
<u>Activities/interventions</u>	<u>Purpose/goal</u> <i>(likely change in symptoms, function, activity and work participation)</i>

I would like:      ☐ more information about available duties

☐ a RTW program to be established

☐ to be involved in developing the RTW program

Examples of injury management activities/interventions include:

- further assessment — diagnostic imaging, medical specialist consults, worksite assessment;
- intervention — physiotherapy, clinical psychology, exercise physiology, prescribed medications, workplace mediation;
- return to work planning — identify suitable duties, establish return to work program.

**8. NEXT REVIEW DATE**

☐ Worker does not need to be reviewed again (FIRST and FINAL certificate of capacity)

☐ I will review worker again on       /  /  (If greater than 14 days, please provide clinical reasoning)

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 3**

Comments		
<b>9. MEDICAL PRACTITIONER'S DETAILS</b>		
Name	<input type="text"/>	AHPRA no. MED <input type="text"/>
Address	<input type="text"/>	Email <input type="text"/>
Phone	<input type="text"/>	Signature <input type="text"/>
Fax	<input type="text"/>	Date <input type="text"/>
(Practice stamp — optional)		

**AFFECTED AREA**

**4. Details from Worker** — Date of injury by accident or approximate date of onset of condition: .....

Workplace location where incident occurred: .....

Worker's description of the injury: .....

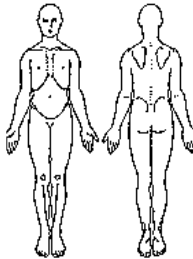
Worker's description of how it occurred: .....

**5. Medical Assessment**

Clinical findings / diagnosis (include possible complications, effect of prior injury or medical condition): .....

In my opinion the above diagnosis ☐ **does** ☐ **does not** ☐ correlate with the injury described to me by the worker.

**INJURY MANAGEMENT**



**6. Fitness for Work** — It is my opinion that as from the date of this certificate the worker is:

**FTT**

☐ Fit to return to pre-injury duties, no further treatment required

☐ Fit to return to pre-injury duties, but requires further treatment

☐ Fit for restricted return to work from ..... to .....

☐ First and Final certificate [See reg. 7 and s. 61(1) of the Act]

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**Form 3**

☐ restricted hours (please specify): .....  
☐ restricted days (please specify): .....  
☐ restricted duties: .....

☐ Work restrictions:  
☐ No lifting anything heavier than ..... kg. Other restrictions: .....  
☐ Avoid repetitive bending / lifting: .....  
☐ Avoid repetitive use of body part: .....  
☐ Avoid prolonged standing / walking / sitting: .....  
☐ Keep injured area clean and dry: .....

**UNFIT**

☐ Totally unfit for work for ..... days from ..... to ..... (inclusive).

**7. Medical Management**

☐ Medication: .....  
☐ Approved allied health treatments (specify type and include number of sessions recommended)  
.....  
☐ Imaging .....  
☐ Referred to hospital/specialist (name) .....  
Other treatment: .....  
.....

Next appointment (unless "First & Final Certificate") Date ..... Time .....

*If the worker is reviewed within 14 days, the worker cannot be required, under section 64 or 65 of the Act, to submit to a medical examination by a medical practitioner provided by the employer, on a day chosen by the employer that is within one month of the date of this certificate.*

**8. Medical Practitioner / Employer Contact**

☐ I have made contact with the employer and discussed alternative work options.  
☐ The worker will be off work for more than 3 working days and/or is unable to return to normal duties.  
Employer please fax your contact details as I will contact you to discuss return to work options.  
☐ The worker is able to return to normal duties. Contact with employer not necessary at this stage.

**9. Medical Practitioner's Details**

Name ..... Registration No. ....  
Address .....  
Telephone ..... Signature .....  
Fax ..... Time & Date of examination .....

**For workers' compensation information or assistance contact**  
**WorkCover WA's Infoline: 1300 794 744**

*[Form 3 inserted in Gazette 13 Apr 1999 25 Mar 2014 p. 1539-40;  
amended in Gazette 17 Nov 2000 p. 6320; 21 Jan 2005 p. 276;  
28 Oct 2005 p. 4919-20; 18 Nov 2011 p. 4824 822-4.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 3A**

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**Form 3A**

[r. 6B]

*Workers' Compensation and Injury Management Act 1981*

(Section 57A(3)(a))

**INSURER'S NOTICE THAT LIABILITY IS ACCEPTED**

To:

1. ....  
[name and address of worker to whom the claim relates]

2. ....  
[name and address of employer]

From: ....  
[name and address of insurer]

\* Claim Number:.....

Date of injury by accident or approximate date of onset of condition: .....

Nature of incapacity: .....

Date claim made by employer:.....

In respect of the above claim you are notified that liability is accepted in respect of the weekly payments claimed by the worker.

Date on which weekly payments are proposed to commence: .....

[Insurer to liaise with employer to ascertain the commencement date]

Signed on behalf of the insurer: .....

Date:.....

\* Please provide this claim number to your general practitioner at your next appointment in relation to this claim

*[Form 3A inserted in Gazette 14 Dec 1999 p. 6151; amended in  
Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4920.]*



**Form 3B**

[r. 6C]

*Workers' Compensation and Injury Management Act 1981*  
(Section 57A(3)(b))

**INSURER'S NOTICE THAT LIABILITY IS DISPUTED**

To:

1. ....  
[name and address of worker to whom the claim relates]

2. ....  
[name and address of employer]

From: ....  
[name and address of insurer]

Claim Number: .....

Date of injury by accident or approximate date of onset of condition: .....

Nature of incapacity: .....

Date claim made by employer: .....

In respect of the above claim you are notified that liability is disputed in respect of:

- \* all the weekly payments claimed by the worker.
- \* the following weekly payments claimed by the worker.  
[provide details]

The reasons why liability is disputed are as follows: .....

If a reason is that the applicant is not a worker, state the grounds upon which this assertion is made:

If a reason is that the applicant did not suffer an injury as defined in section 5(1) of the Act, state the grounds upon which this assertion is made:

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 3B**

---

If a reason is that the injury was not suffered in the course of employment, state the grounds upon which this assertion is made:

.....  
.....  
.....

The provisions of the *Workers' Compensation and Injury Management Act 1981* relied on to dispute liability are:

.....  
.....  
.....

Signed on behalf of the insurer. ....  
(signature of senior officer responsible for claim)

Date:.....

[\*delete if appropriate]

NOTE THAT if you wish you may —

- discuss this notice with the insurer or apply to have the matter heard under any internal dispute resolution process of the insurer;
- seek advice in relation to the dispute from WorkCover WA;
- if reasonable attempts have been made to resolve the dispute by negotiation with the employer and the insurer, apply to the Director under section 182E of the Act for resolution of a dispute by conciliation;
- seek advice or assistance in relation to the dispute from your trade union organisation, a legal practitioner or a registered agent.

*[Form 3B inserted in Gazette 8 Mar 1991 p. 1074; amended in Gazette 5 Feb 1993 p. 1059; 18 Feb 1994 p. 662; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4921-2; 18 Nov 2011 p. 4824.]*

**Form 3C**

[r. 6D]

*Workers' Compensation and Injury Management Act 1981*  
(Section 57A(3)(c))

**INSURER'S NOTICE WHERE NO DECISION ABOUT LIABILITY**

To:

1. ....  
[name and address of worker to whom the claim relates]

2. ....  
[name and address of employer]

3. Director

From: ....  
[name and address of insurer]

Claim Number:.....

Date of injury by accident or approximate date of onset of condition: .....

Nature of incapacity: .....

Date claim made by employer:.....

In respect of the above claim you are notified that a decision as to whether or not liability is to be accepted in respect of the weekly payments claimed by the worker is not able to be made within the time allowed by section 57A(3) of the Act.

The reasons why the decision is not able to be made are as follows: .....

Where further medical information is required to make a decision about liability, state the nature and substance of the medical information and whether a written authority from the worker is required:

Where further information on the worker's weekly earnings is required to make a decision about liability, state the nature and substance of the information:

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 3C**

---

Where other particulars are required to help make a decision about liability, specify the particulars required:

.....  
.....  
.....

Signed on behalf of the insurer: .....

Date:.....

NOTE THAT if you wish you may —

- discuss this notice with the insurer or employer or apply to have the matter heard under any internal dispute resolution process of the insurer;
- seek advice in relation to the dispute from WorkCover WA;
- if reasonable attempts have been made to resolve the dispute by negotiation with the employer and the insurer, apply to the Director under section 182E of the Act for resolution of a dispute by conciliation;
- seek advice or assistance in relation to the dispute from your trade union organisation, a legal practitioner or a registered agent.

*[Form 3C inserted in Gazette 8 Mar 1991 p. 1075; amended in  
Gazette 5 Feb 1993 p. 1059; 18 Feb 1994 p. 662; 21 Jan 2005 p. 276;  
28 Oct 2005 p. 4922-3; 18 Nov 2011 p. 4824.]*

**Form 3D**

[r. 6E]

*Workers' Compensation and Injury Management Act 1981*  
(Section 57B(2)(b))

**UNINSURED OR SELF-INSURED EMPLOYER'S NOTICE THAT  
LIABILITY IS DISPUTED**

To: .....  
[name and address of worker to whom the claim relates]

From: .....  
[name and address of uninsured or self-insured employer]

Date of injury by accident or approximate date of onset of condition: .....

Nature of incapacity: .....

Date claim made by worker:.....

In respect of the above claim you are notified that liability is disputed in respect of the weekly payments claimed by you.

The reasons why liability is disputed are as follows: .....

If a reason is that the applicant is not a worker, state the grounds upon which this assertion is made:

If a reason is that the applicant did not suffer an injury as defined in section 5(1) of the Act, state the grounds upon which this assertion is made:

If a reason is that the injury was not suffered in the course of employment, state the grounds upon which this assertion is made:

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 3D**

---

The provisions of the *Workers' Compensation and Injury Management Act 1981* relied on to dispute liability are:

.....  
.....  
.....

Signed on behalf of the uninsured or self-insured employer .....  
(signature of senior officer responsible for claim)

Date:.....

NOTE THAT if you wish you may —

- discuss this notice with the employer or, if the employer is self insured, apply to have the matter heard under any internal dispute resolution process of the employer;
- seek advice in relation to the dispute from WorkCover WA;
- if reasonable attempts have been made to resolve the dispute by negotiation with the employer, apply to the Director under section 182E of the Act for resolution of a dispute by conciliation;
- seek advice or assistance in relation to the dispute from your trade union organisation, a legal practitioner or a registered agent.

*[Form 3D inserted in Gazette 8 Mar 1991 p. 1075; amended in Gazette 5 Feb 1993 p. 1059; 18 Feb 1994 p. 662; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4923-4; 18 Nov 2011 p. 4824.]*

**Form 3E**

[r. 6F]

*Workers' Compensation and Injury Management Act 1981*

(Section 57B(2)(c))

**UNINSURED OR SELF-INSURED EMPLOYER'S NOTICE  
WHERE NO DECISION ABOUT LIABILITY**

To:

1. ....  
[name and address of worker to whom the claim relates]

2. Director

From: ....  
[name and address of uninsured or self-insured employer]

Claim number:.....

Date of injury by accident or approximate date of onset of condition: .....

Nature of incapacity: .....

Date claim made by worker:.....

In respect of the above claim you are notified that a decision as to whether or not liability to make the weekly payments claimed by the worker is not able to be made within the time allowed by section 57B(2) of the Act.

The reasons why the decision is not able to be made are as follows: .....

Where further medical information is required to make a decision about liability, state the nature and substance of the medical information and whether a written authority from the worker is required:

Where further information on the worker's weekly earning is required to make a decision about liability, state the nature and substance of the information:

Where other particulars are required to help make a decision about liability, specify the particulars required:

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 3E**

---

.....  
Signed on behalf of the uninsured or self-insured employer: .....

Date:.....

NOTE THAT if you wish you may —

- seek advice in relation to the dispute from WorkCover WA;
- if reasonable attempts have been made to resolve the dispute by negotiation with the employer, apply to the Director under section 182E of the Act for resolution of a dispute by conciliation;
- seek advice or assistance in relation to the dispute from your trade union organisation, a legal practitioner or a registered agent.

*[Form 3E inserted in Gazette 8 Mar 1991 p. 1075-6; amended in  
Gazette 5 Feb 1993 p. 1060; 18 Feb 1994 p. 662; 21 Jan 2005 p. 276;  
28 Oct 2005 p. 4925-6; 18 Nov 2011 p. 4824-5.]*



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 4**

**Form 4**

[r. 7(1)]

*Workers' Compensation and Injury Management Act 1981*

(Section 61(1))

**FINAL ~~MEDICAL~~ CERTIFICATE OF CAPACITY**

<b>1. WORKER'S DETAILS</b>			
First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	Claim No. (if known)	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Address			
<input type="text"/>			
<b>2. EMPLOYER'S DETAILS</b>			
Employer's name	<input type="text"/>	Employer's phone	<input type="text"/>
Employer's address	<input type="text"/>		
<b>3. MEDICAL ASSESSMENT</b>			
Date of this assessment	<input type="text"/>	Date of injury	<input type="text"/>
<input type="checkbox"/> The worker's condition is unlikely to change substantially in the next 12 months.			

Inserted Cells

Inserted Cells

Inserted Cells

Deleted Cells

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 4**

**4. WORK CAPACITY**

Having considered the health benefits of work, I find this worker to have:

☐ full capacity for work from  /  but requires further treatment (specifics below)

☐ capacity for work performing  hours per day and  days per week from  /  /

▲ ▲ To (name and address of worker's employer) as outlined below:

*(Please outline the worker's physical and/or psychosocial capacity for work, functional limits, ongoing need for workplace modifications, and/or further treatment needs)*

☐ lift up to  kg

☐ sit up to  min

☐ stand up to  min

☐ walk up to  m

☐ work below shoulder height

☐ The worker's incapacity is no longer a result of the injury.

**5. REASON FOR CAPACITY/INCAPACITY**

Please outline your clinical reason for the worker's capacity/incapacity:


Inserted Cells

Inserted Cells

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 4A**

<b>6. MEDICAL PRACTITIONER'S DETAILS</b>											
Name	<input type="text"/>	AHPRA no. MED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>								
	<input type="text"/>	Signature	<input type="text"/>								
Phone	<input type="text"/>										
Fax	<input type="text"/>	Date	<input type="text"/>								
(Practice stamp — optional)											

[Form 4 inserted in Gazette 25 Mar 2014 p. 824-5.]

**Form 4A**

[r. 7A]

*Workers' Compensation and Injury Management Act 1981*

(Section 61(1))

**PROGRESS CERTIFICATE OF CAPACITY**

<b>1. WORKER'S DETAILS</b>			
First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	Claim no.	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

Deleted Cells

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 4A**

<u>Address</u>					
<b><u>2. EMPLOYER'S DETAILS</u></b>					
<u>Employer's name</u>		<u>Employer's phone</u>			
<u>Employer's address</u>					
<b><u>3. MEDICAL ASSESSMENT</u></b>					
<u>Date of this assessment</u>	_/_/	<u>Date of injury</u>	_/_/		
<u>Diagnosis</u>					
<b><u>4. PROGRESS REPORT</u></b>					
<u>Activities/interventions</u>	<u>Actual outcome (change in symptoms, function, activity and work participation)</u>	<u>Still required?*</u>			
		<input type="checkbox"/>	<input type="checkbox"/>	<u>Yes</u>	<u>No</u>
		<input type="checkbox"/>	<input type="checkbox"/>	<u>Yes</u>	<u>No</u>
		<input type="checkbox"/>	<input type="checkbox"/>	<u>Yes</u>	<u>No</u>
		<input type="checkbox"/>	<input type="checkbox"/>	<u>Yes</u>	<u>No</u>
		<input type="checkbox"/>	<input type="checkbox"/>	<u>Yes</u>	<u>No</u>
		<input type="checkbox"/>	<input type="checkbox"/>	<u>Yes</u>	<u>No</u>
<small>* (If management activities/interventions are still required, please also list them in Section 6 "Injury management plan".)</small>					

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 4A**

<input type="checkbox"/>	Other factors appear to be impacting recovery and return to work.	
Comment	<div></div>	
<b>5. WORK CAPACITY</b>		
Worker's usual duties	<div></div>	
Having considered the health benefits of work, I find this worker to have:		
<input type="checkbox"/>	full capacity for work from	<div> / /</div> <div></div> but requires further treatment
<input type="checkbox"/>	some capacity for work from	<div> / /</div> to <div> / /</div> performing
<input type="checkbox"/>	pre-injury duties	<input type="checkbox"/> modified or alternative duties <input type="checkbox"/> workplace modifications
<input type="checkbox"/>	pre-injury hours	<input type="checkbox"/> modified hours of <div></div> hrs/day <div></div> days/wk
<input type="checkbox"/>	no capacity for any work from	<div> / /</div> to <div> / /</div> <div></div> (outline clinical reasons below)
Worker has capacity to:		
(Please outline the worker's physical and/or psychosocial capacity — refer to explanatory notes for example. Where there is no capacity for work, please provide clinical reasoning.)		
<input type="checkbox"/>	lift up to	<div> kg</div> <div></div>
<input type="checkbox"/>	sit up to	<div> mins</div> <div></div>

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 4A**

<input type="checkbox"/>	<a href="#">stand up to</a>	<input type="checkbox"/>	<a href="#">mins</a>	<input type="text"/>
--------------------------	---------------------------------	--------------------------	----------------------	----------------------

<input type="checkbox"/>	<a href="#">walk up to</a>	<input type="checkbox"/>	<a href="#">m</a>	<input type="text"/>
--------------------------	--------------------------------	--------------------------	-------------------	----------------------

<input type="checkbox"/>	<a href="#">work below shoulder height</a>	<input type="text"/>
--------------------------	--	----------------------

**6. INJURY MANAGEMENT PLAN**

<a href="#">Activities/interventions</a>	<a href="#">Purpose/goal (likely change in symptoms, function, activity and work participation)</a>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

<input type="checkbox"/>	<a href="#">I support the RTW program established by the employer/insurer/WRP dated</a>	<input type="text"/>
--------------------------	---	----------------------

<input type="checkbox"/>	<a href="#">I would like more information about available duties</a>
--------------------------	--

<input type="checkbox"/>	<a href="#">I would like to be involved in developing the RTW program</a>
--------------------------	---

<input type="checkbox"/>	<a href="#">Please engage a workplace rehabilitation provider (If you have made a referral, provide name and contact details below)</a>
--------------------------	---

<input type="text"/>
----------------------

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 4A**

*Examples of injury management activities/interventions include:*

- further assessment — diagnostic imaging, medical specialist consults, worksite assessment;
- intervention — physiotherapy, clinical psychology, exercise physiology, prescribed medications, workplace mediation;
- return to work planning — identify suitable duties, establish return to work program.

**7. NEXT REVIEW DATE**

☐ I will review worker again on  /  /  (If greater than 28 days, please provide clinical reasoning)

Comments

**8. MEDICAL PRACTITIONER'S DETAILS**

Name  AHPRA no. MED

Address  Email

Signature

Phone

Fax  Date

(Practice stamp — optional)

First name(s): ..... Surname: .....  
Address: .....  
Telephone: .....  
Date and place of occurrence of injury: ..... / ..... / .....  
.....

**MEDICAL ASSESSMENT**

Having examined the worker, it is my opinion that as from ..... / ..... / .....

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 4A**

- ☐ — the worker has total capacity for work;  
☐ — the worker has partial capacity for work;  
☐ — the worker's incapacity is no longer a result of the injury.

It is also my opinion that as from ...../...../..... the worker is  
☐ — fit,

☐ — fit for alternative duties with the following limitations:

.....  
.....  
.....

Grounds for the opinion in medical assessment

.....  
.....  
.....

**MEDICAL PRACTITIONER'S DETAILS**

Name: ..... Registration No.: .....

Address: .....

Telephone: .....

Fax: .....

Signature: ..... Time & Date of examination: .....

**For workers' compensation information or assistance contact**  
**WorkCover WA's Infoline: 1300 794 744**

*[Form [44A](#) inserted in Gazette [14 Dec 1999](#) [25 Mar 2014](#) p. 6152;  
~~amended in Gazette 17 Nov 2000 p. 6320; 21 Jan 2005 p. 276;~~  
~~28 Oct 2005 p. 4926~~ [826-8](#).]*



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 5**

**Form 5**

[r. 7(2)]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE TO WORKER OF INTENTION TO DISCONTINUE  
OR REDUCE PAYMENTS**

(Section 61(1) and (2))

TO: .....  
(Name and address of worker)

TAKE NOTICE that your employer .....  
(name of employer)

intends, after 21 clear days from the date of service upon you of this notice, to \*discontinue the weekly payments of compensation/reduce the weekly payments on the following basis —

- (1) this notice is based upon the ~~medical~~-certificates of capacity or report(s) of .....  
dated..... 20 .....  
(names of medical practitioners and dates of reports)  
sent with this notice, in which it is said that (state concisely the ground relied upon by the employer);
- (2) you may, if you dispute the employer's right to discontinue or reduce the weekly payments within the 21 days referred to in this notice apply for an order of an arbitrator that the weekly payments shall not be discontinued or reduced;
- (3) if you do not so apply, weekly payments may be lawfully discontinued or reduced;
- [(4) *deleted*]
- (5) you may obtain information from WorkCover WA situated at .....  
as to the ways and means available to you to establish or protect your rights in respect of your injury.

Dated the ..... day of ..... 20 .....  
Signed on behalf of the employer.

\* Delete whichever is inapplicable.

*[Form 5 corrigendum in Gazette 23 Apr 1982 p. 1384; amended in Gazette 8 Mar 1991 p. 1076; 29 Oct 1993 p. 5930; 18 Feb 1994 p. 663; 17 Nov 2000 p. 6320; 21 Jan 2005 p. 276 and 277; 28 Oct 2005 p. 4926; 25 Mar 2014 p. 828.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 6**

**Form 6**

[r. 10(1)]

[Heading inserted in Gazette 14 Dec 2012 p. 6210.]

*Workers' Compensation and Injury Management Act 1981*

(Section 69)

**DECLARATIONS IN RESPECT OF WORKER NOT RESIDING  
IN W.A.**

[ ☐ = tick where appropriate. \* = delete where appropriate]

To: (name and address of employer or employer's insurer).....  
.....  
.....

Re: Claim Number.....

**1. WORKER'S SECTION**

**1a. Worker's details**

First name(s):..... Surname:.....  
Address:.....  
Telephone:..... Date of birth:...../...../..... Occupation:.....  
Date of injury:..... Nature of injury:.....

**1b. Employer details**

Name and address of worker's employer:.....

**1c. Declaration by worker**

I,.....  
(full name of worker)

\*being duly sworn, say that/do solemnly and sincerely affirm that the above details about me are correct.

\*Sworn/affirmed at )  
in (State or country) )  
this day of 20 )  
Before me: )

(a person having authority  
to administer an oath)

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 6**

**2. MEDICAL PRACTITIONER'S SECTION**

**2a. Fitness for work**

On...../...../20..... I examined the above person and am of the opinion that he/she is —

**Fit**

- ☐ Fit to return to pre-injury duties, no further treatment required
- ☐ Fit to return to pre-injury duties, but requires further treatment
- ☐ Fit for restricted return to work from ..... to.....
  - ☐ Restricted hours (*please specify*) .....
  - ☐ Restricted days (*please specify*) .....
  - ☐ Restricted duties .....
- ☐ Work restrictions:
  - ☐ No lifting anything heavier than..... kg
  - ☐ Avoid repetitive bending / lifting .....
  - ☐ Avoid repetitive use of the affected body part .....
  - ☐ Avoid prolonged standing / walking / sitting .....
  - ☐ Keep injured area clean and dry .....
  - ☐ Other restrictions .....

**Unfit**

- ☐ Unfit totally for work for ..... days from..... to..... (inclusive)

**2b. Medical assessment**

Clinical findings / diagnosis (*include possible complications, effect of prior injury or medial conditions*)

.....  
.....  
.....

**2c. Medical management at this consultation**

- ☐ Medication:.....  
.....
- ☐ Approved allied health treatments: (*specify type and include number of sessions recommended*).....  
.....
- ☐ Imaging:.....
- ☐ Referred to another hospital/specialist: (*name*).....
- ☐ Other treatment:.....  
.....

**2d. Progress report** (*clinical findings/diagnosis at this consultation and possible barriers to return to work*)

.....  
.....  
.....

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 6**

---

**2e. Declaration by medical practitioner**

I,.....  
(full name of medical practitioner)

of.....  
(address)

..... Postcode:.....

\*being duly sworn, say that/do solemnly and sincerely affirm that —

1. I am a duly qualified medical practitioner.

2. The above details are correct.

\*Sworn/affirmed at )

in (State or country) )

this day of 20 )

Before me: .....  
(a person having authority  
to administer an oath)

IF A WORKER RESIDES OUTSIDE THE STATE, PROOF OF THE  
WORKER'S IDENTITY AND CONTINUING INCAPACITY IS  
REQUIRED EVERY 3 MONTHS

*[Form 6 inserted in Gazette 14 Dec 2012 p. 6210-11.]*

*[Form 7 deleted in Gazette 18 Nov 2011 p. 4825.]*

*[Forms 8-11 deleted in Gazette 8 Mar 1991 p. 1076.]*

*[Form 12 deleted in Gazette 18 Feb 1994 p. 663.]*

*[Form 13 deleted in Gazette 28 Oct 2005 p. 4928.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 14**

**Form 14**

[r. 18(1)]

*Workers' Compensation and Injury Management Act 1981*

**ELECTION TO RECEIVE REDEMPTION AMOUNT**

(Schedule 5 clause 3)

I, ..... of .....  
(name of worker) (address)

having attained the age of 65 years on the ..... day of ..... 20....., having suffered from pneumoconiosis/mesothelioma/lung cancer and being entitled to weekly payments of compensation in accordance with Schedule 1 of the Act, elect to receive the redemption amount of \$..... as a lump sum.

I acknowledge that, by making this election: —

1. I shall have no other claim to redemption of weekly payments.
2. I shall have no claim after the date of this election to weekly payments of compensation.
3. I shall have no further entitlement from the date of this election, to payment of expenses under the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 17, 18, 18A and 19 (that is, in general terms, medical and other expenses, hospital charges and travelling costs).
4. Upon my death the provisions of the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 1, 1A, 1B, 1C, 2, 3, 4, 5 and 17(2) shall not apply: that is, in general terms dependants of mine, whether totally or partially dependent, shall have no entitlement to payment, benefit, allowance or expenses (funeral or otherwise).

Dated the ..... day of ..... 20.....

Signed by the worker  
in the presence of:

.....  
.....  
.....  
(Signature and full names of witness).

*[Form 14 amended in Gazette 8 Mar 1991 p. 1076; 24 Dec 1993 p. 6850; 17 Nov 2000 p. 6320; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4928.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 15**

**Form 15**

[r. 18(2)]

*Workers' Compensation and Injury Management Act 1981*

**ELECTION TO RECEIVE SUPPLEMENTARY AMOUNT**

(Schedule 5 clause 3)

I, ..... of .....  
(name of worker) (address)

having attained the age of 65 years on the ..... day of ..... 20..... having suffered from pneumoconiosis/mesothelioma/lung cancer and being entitled to weekly payments of compensation in accordance with Schedule 1 of the Act, elect to receive the supplementary amount having \*a/\*no dependant spouse or dependant de facto partner, being currently the sum of \$.....

I acknowledge that, by making this election: —

1. I shall have no other claim to redemption of weekly payments.
2. I shall have no claim after the date of this election to weekly payments of compensation.
3. If my death results from that injury and a dependant spouse or/and a dependant de facto partner survives me then that person is, or those persons are, entitled to all or part of a lump sum calculated in accordance with the *Workers' Compensation and Injury Management Act 1981* Schedule 5 clause 7 of the supplementary amount for a worker with a dependent spouse or dependent de facto partner.
4. Upon my death the provisions of the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 1, 1A, 1B, 1C, 2, 3, 4, 5 and 17(2) shall not apply: that is, in general terms, dependants of mine, whether totally or partially dependent, shall have no entitlement to any payment, benefit, allowance or expense (funeral or otherwise).

Dated the ..... day of ..... 20 ..

Signed by the worker  
in the presence of:

.....  
.....  
.....  
(Signature and full names of witness).

\* Delete whichever is inapplicable.

*[Form 15 amended in Gazette 8 Mar 1991 p. 1076; 24 Dec 1993 p. 6850; 17 Nov 2000 p. 6320; 30 Jun 2003 p. 2637-8; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4928-9.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 15A**

**Form 15A**

[r. 12(4)]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF MEMORANDUM HAVING BEEN RECEIVED**

Ref.

**TAKE NOTICE**

1. That a Memorandum, copy of which is hereto annexed, has been sent to me for registration. The Memorandum appears to affect you.
2. I therefore request you to inform me within 7 days from this date whether you admit the genuineness of the Memorandum, or whether you dispute it, and if so, in what particulars, or object to its being recorded, and if so, on what ground.
3. If the Memorandum is recorded it is enforceable as an award or order.
4. If you have any doubts as to the effect of the agreement, or your rights to compensation generally you should contact me immediately.

Dated this..... day of..... 20.....

.....  
Director

*[Form 15A inserted in Gazette 18 Feb 1994 p. 663; amended in  
Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4929; 18 Nov 2011  
p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 15B**

---

**Form 15B**

[r. 12(5)]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF RECORDING OF MEMORANDUM OF AGREEMENT**

Ref.

YOU ARE NOTIFIED

That a memorandum of the agreement entered into between

.....

and

.....

the abovenamed parties, and dated the..... day of..... 20..... has now been recorded in the Register under section 76 of the *Workers' Compensation and Injury Management Act 1981*.

The Agreement has been numbered.....

You may, without fee, obtain a certificate of the memorandum and its recording.

Dated this..... day of..... 20.....

.....  
Director

*[Form 15B inserted in Gazette 18 Feb 1994 p. 664; amended in  
Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4929; 18 Nov 2011  
p. 4825.]*



## Appendix I

[r. 12(1a)]

(Section 76 & 67(2))

Claim No:

- \* 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.

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 15C**

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 the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 10, 17, 18, 18A and 19  
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 the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 10, 17, 18, 18A and 19 namely;                      \$
- \* (c) the worker having elected under s. 24 of the Act by a form of election dated                      , compensation payable under Part III Division 2, representing                      % loss of Item being for the permanent loss of the efficient use of the  
Totalling:                      \$
- \* (ca) the worker having elected under section 31C of the Act by a form of election dated....., compensation payable under the Act Schedule 2 Division 2A, in respect of an impairment mentioned in Schedule 2 item....., representing..... degree of permanent impairment from the injury.  
Totalling:                      \$
- \* (d) redemption amount under the *Workers' Compensation and Injury Management Act 1981* Schedule 5 clause 2 or 3(2), (3) or (4)                      \$
- \* (e) supplementary amount under the *Workers' Compensation and Injury Management Act 1981* Schedule 5 clause 2 or 3(2), (3) or (4)                      \$
- TOTAL LUMP SUM                      \$  
=====

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

---

**Form 15C**

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 the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 10, 17, 18, 18A and 19 (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 the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 10, 17, 18, 18A and 19.
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 15C inserted in Gazette 15 Oct 1999 p. 4907-10; amended in Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4929-31; 18 Nov 2011 p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 15D**

---

**Form 15D**

[r. 12(3a)]

*Workers' Compensation and Injury Management 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(l) of the *Workers' Compensation and Injury Management 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 injury referred to in the agreement.
- (2) The worker will not have any other claim to redemption of weekly payments arising out of the injury referred to in the agreement.
- (3) The worker will not have any further entitlement in respect of the injury referred to in the agreement (after the date the agreement is recorded) to payment of expenses under the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 17, 18, 18A or 19.

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 injury management, charges for hospital treatment and maintenance, cost of artificial aids and travelling expenses.

- (4) The worker forfeits any entitlement he/she may have under the Act Part III to compensation for a permanent impairment from a compensable personal injury by accident referred to in the agreement.
- (5) The worker forfeits any chance of a court awarding common law damages against the employer in respect of the injury referred to in the agreement (see section 93E(13) and section 93K(1) of the Act).

That is, in general terms, the worker forfeits any chance to recover civil damages from the employer.

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(l) of the Act.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ (year)

.....  
Signature of the worker

*[Form 15D inserted in Gazette 15 Oct 1999 p. 4910; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4931-2.]*

**Form 15E**

[r. 12(4a)]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE DISPUTING MEMORANDUM OF AGREEMENT, OR  
OBJECTING TO ITS BEING RECORDED**

(Section 76)

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 15E inserted in Gazette 15 Oct 1999 p. 4911; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4932.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 15F**

---

**Form 15F**

[r. 12(4b)]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE THAT MEMORANDUM OF AGREEMENT IS DISPUTED, OR  
OF OBJECTION TO ITS BEING RECORDED**

(Section 76)

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 Registrar.

Dated this      day of      , (year)

Director

*[Form 15F inserted in Gazette 15 Oct 1999 p. 4911-12; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4932; 18 Nov 2011 p. 4825.]*

Form 15G

[r. 12AA]

Workers' Compensation and Injury Management Act 1981

**NOTICE OF INTENTION TO DISMISS WORKER TO WHICH  
SECTION 84AB OF THE ACT REFERS**

TO: (insert name of worker or "WorkCover WA", as the case requires)
<b><u>TAKE NOTICE</u></b>
The employer described below intends to dismiss the worker described below with effect from the following date.
Date dismissal effective:
<small>[Note that the date on which the dismissal is effective cannot be before a period of 28 days has passed after this notice is given to the worker and WorkCover WA (see section 84AB of the Workers' Compensation and Injury Management Act 1981)].</small>

**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		
<input type="text"/>		
Postcode		
<input type="text"/>		
Telephone no.	WorkCover claim number (WCCN)	
<input type="text"/>	<input type="text"/>	

(if not known, insurer can provide WCCN)

**Employer's details**

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

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 15G**

---

**Insurer's details**

Name

Address

Postcode

Policy no.

Contact person

Telephone no.

**Injury details**

Description of injury

Date injury occurred

Claim number given by insurer (if known)

**Notice given to**

**worker**

\_\_\_\_\_  
(signed on behalf of employer)

Date

**WorkCover WA**

\_\_\_\_\_  
(signed on behalf of employer)

Date

*[Form 15G inserted in Gazette 28 Oct 2005 p. 4932-4.]*



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 16**

**Form 16**

[r. 15]

[Heading inserted in Gazette 14 Dec 2012 p. 6211.]

*Workers' Compensation and Injury Management Act 1981*

**MONTHLY STATEMENT BY APPROVED INSURANCE OFFICES**

CONFIDENTIAL

(Section 171(1)(a))

**NEW/RENEWED POLICIES/COVER NOTES**

Name of approved insurance office.....

Address.....

Chief executive officer, WorkCover WA.

The following are the names, addresses and industries of each employer who has during the month of..... 20..... effected or renewed a policy or contract of insurance with the above office against liability under the Act.

WorkCover no.	Policy/cover note no.	New (N) Renewal (R) Cover note (C)	Name	Address	Industry	Effective date	Expiry date

Position held by officer..... Date.....

.....  
Signature of responsible officer

[Form 16 inserted in Gazette 14 Dec 2012 p. 6211-12.]

**Form 17**

## [r. 15]

*Workers' Compensation and Injury Management Act 1981*

CONFIDENTIAL

(Section 171(1)(b))

Name of approved insurance office.....

Address:..... Date approved:.....

Chief executive officer, WorkCover WA.

The following are the names and addresses of each employer in respect to whom, during the month of..... 20..... the above approved insurance office has, in its books, lapsed a policy of insurance under the Act: —

Work Cover No.	Policy no.	Name	Address	Reason

Position held by officer..... Date.....

Signature of responsible officer

[Form 17 inserted in Gazette 14 Dec 2012 p. 6212.]

**Form 18**

[r. 19D]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF ARRANGEMENT OF AUDIOMETRIC TEST**

TO: .....  
(full name of worker)

of: .....  
.....  
(full address of worker)

Notice is hereby given that I have arranged for you to undergo an audiometric test to be conducted by

.....  
(name of person approved under regulation 19B)  
of .....  
(full address at which test is to be conducted)

at..... am/pm on .....

.....  
(Signature of person arranging test)  
.....  
(name of employer) (date)

**NON-ATTENDANCE:** A worker shall not, without reasonable excuse, fail to submit himself for an audiometric test of which the worker has notice (regulation 19D(3)).

**PERIOD OF QUIET:** An employer shall ensure that the worker is not knowingly exposed in the workplace, and the worker shall not knowingly permit himself to be exposed, to noise levels above 80dB(A) during the 16 hours immediately preceding the audiometric test (regulation 19D(2)).

*[Form 18 inserted in Gazette 26 Feb 1991 p. 940; amended in Gazette 8 Mar 1991 p. 1076; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4934.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 19A**

**Form 19A**

[r. 19F]

*Workers' Compensation and Injury Management Act 1981*

**REPORT OF BASELINE AUDIOMETRIC TEST**

TO: Chief executive officer, WorkCover WA.

Notice is hereby given that I have conducted an audiometric \*test/retest of:

**WORKER'S DETAILS**

GIVEN NAMES (in full)										SEX	
										<input type="checkbox"/>	<input type="checkbox"/>
SURNAME										M	F
ADDRESS NUMBER AND STREET											
SUBURB OR TOWN						POSTCODE					
DATE OF BIRTH											
DAY	MONTH	YEAR	HOME PHONE NUMBER			WORK PHONE NUMBER			A.S.L.C. OFFICE USE		
OCCUPATION OF WORKER											

**EMPLOYED BY:**

FULL NAME OF EMPLOYER											
ADDRESS NUMBER AND STREET OF EMPLOYER											
SUBURB OR TOWN						POSTCODE					
PREDOMINANT INDUSTRY OF EMPLOYER											

**LEVEL OF TEST:**

Air-conduction	
Full audiological	
Medical Panel	

**PURPOSE OF TEST:**

Baseline	
----------	--

## Appendix I

(Please tick only if worker fails)

(Please tick only if worker fails)

Item 1  Item 2  Item 3

[illegible]

CALCULATED PLH  %

OFFICE USE

<div style="display: flex; justify-content: space-between; padding: 5px;"> <span>SURNAME</span> <span>INITIAL</span> </div>	<div style="display: flex; justify-content: space-between; padding: 5px;"> <span>REG. NO.</span> </div>
---	---

EQUIPMENT REG. NO.				BOOTH REG. NO.			
--------------------	--	--	--	----------------	--	--	--

I hereby certify, that I have personally conducted an audiometric test in accordance with the *Workers' Compensation and Injury Management Act 1981* and to the best of my knowledge and belief the results are true and correct.

DATE OF TEST

SIGNATURE \_\_\_\_\_

\* Delete which doesn't apply  
\*\* Approved Medical Practitioners or Audiologists Only

[Form 19A inserted in Gazette 3 Apr 1992 p. 1542-3; amended in Gazette 21 Jan 2005 p. 276 and 277.]

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 19B**

**Form 19B**

[r. 19F]

*Workers' Compensation and Injury Management Act 1981*

**REPORT OF SUBSEQUENT/RETIRING/TURNING 65  
AUDIOMETRIC TEST**

TO: Chief executive officer, WorkCover WA.

Notice is hereby given that I have conducted an audiometric \*test/retest of:

**WORKER'S DETAILS**

GIVEN NAMES (in full)			SEX	
			<input type="checkbox"/>	<input type="checkbox"/>
SURNAME			M	F
FORMER SURNAME IF APPLICABLE				
ADDRESS NUMBER AND STREET				
SUBURB OR TOWN			POSTCODE	
DATE OF BIRTH				
DAY	MONTH	YEAR	HOME PHONE NUMBER	
			WORK PHONE NUMBER	
OCCUPATION OF WORKER			A.S.I.C. OFFICE USE	

**EMPLOYED OR FORMERLY EMPLOYED BY:**

FULL NAME OF EMPLOYER				
ADDRESS NUMBER AND STREET OF EMPLOYER				
SUBURB OR TOWN			POSTCODE	
PREDOMINANT INDUSTRY OF EMPLOYER			A.S.I.C. OFFICE USE	

**LEVEL OF TEST:**

Air-conduction	
Full audiological	
Medical Panel	

**PURPOSE OF TEST:**

Subsequent	
Retired/Turning 65	



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 21**

---

**Form 21**

[r. 19H]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF DISPUTE**

TO: Chief executive officer, WorkCover WA

NAME OF WORKER:.....

ADDRESS OF WORKER:.....

NAME OF EMPLOYER:.....

ADDRESS OF EMPLOYER:.....

I, being an \*employer/worker hereby notify you that I dispute the results of an  
audiometric test conducted on the above worker on (date)...../...../20.....  
and request that you arrange a retest of hearing under regulation 19H.

.....  
Signature of Applicant Date

\* Strike out whichever does not apply.

*[Form 21 inserted in Gazette 26 Feb 1991 p. 946; amended in  
Gazette 8 Mar 1991 p. 1076; 21 Jan 2005 p. 276 and 277.]*



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 22**

**Form 22**

[r. 19J(1)]

*Workers' Compensation and Injury Management Act 1981*

**REFERRAL OF QUESTION OF DEGREE OF DISABILITY**

**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		
<input type="text"/>		
		Postcode
<input type="text"/>		
Telephone no.		
<input type="text"/>		

**Employer's details**

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"/>

**Insurer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date weekly payments commenced (if applicable).	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 22**

**Injury details**

Description of injury

--

Date injury occurred

--

Date weekly payments commenced

--

Degree of disability as assessed by  
medical practitioner

--

Degree of disability (see s. 93E(3) of the Act)

Nominate **only one** of the following.

- ☐ not less than 30%  
☐ not less than 16%

Tick if the worker and the employer cannot agree on whether the degree of disability is  
not less than the relevant level

<input type="checkbox"/>
--------------------------

The action taken by or on behalf of the worker to obtain the employer's agreement


**Signature  
of worker**

\_\_\_\_\_

Date

/ /

**Lodging this form**

This form should be lodged with —

Director  
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 22 inserted in Gazette 14 Dec 1999 p. 6153-4; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4934-5; 18 Nov 2011 p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 22A**

**Form 22A**

[r. 19JA]

*Workers' Compensation and Injury Management Act 1981*

**REFERRAL OF QUESTION OF DEGREE OF DISABILITY**

**[Made by the worker under sections 93D(5) and 93EA(3) of the Act,  
due to the application of section 93EA(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		
<input type="text"/>		
		Postcode
<input type="text"/>		<input type="text"/>
Telephone no.		
<input type="text"/>		

**Employer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	<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"/>

**Insurer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	<input type="text"/>
Date weekly payments commenced (if applicable)	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 22A**

**Injury details**

Description of injury

**Note:** This must be the same injury and only that injury that was the subject of a referral in the circumstances set out in section 93EA(1) of the Act.

--

Date injury occurred

--

Degree of disability as assessed by  
medical practitioner

--

Date weekly payments commenced

--

Degree of disability (see s. 93E(3) of the Act)

Nominate **only one** of the following

- ☐ not less than 30%  
☐ not less than 16%

**Note:** The nominated level must be the same level as was nominated in the original referral. If the original referral was pre 14 December 1999 and both levels were nominated, the nominated level should be one of those levels, and a further Form 22A may be used for the other level, if required.

Tick if the worker and the employer cannot agree on whether the degree of disability is not less than the relevant level

☐

The action taken by or on behalf of the worker to obtain the employer's agreement


**The following information should be included with this referral —**

If, on or before 30 September 2001, you sought to refer a question to the Director under section 93D(5) of the Act, and in order to satisfy section 93D(6) of the Act you produced to the Director anything that, even though it may not have constituted evidence of the kind required by that subsection, was accepted by the Director as evidence of that kind, then a copy of the Form 22 that was referred to and accepted by the Director should be attached.

☐

If, based on a failure to satisfy the requirements of section 93D(6), a review officer did not deal with the substance of the question referred to above, a copy of the review officer's decision should be attached;

☐

or

If, based on a failure to satisfy the requirements of section 93D(6), a court set aside or quashed a decision of a review officer that dealt with the substance of the question referred to in the first paragraph above, a copy of the court decision should be attached.

☐

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 22A**

<b>The following details must be completed regarding the medical evidence relied upon in support of this referral —</b>	
Name of Medical Practitioner/s	Date of medical report/s
<b>Note:</b> Under section 93EA(4)(c) of the Act, this form is to be accompanied by a copy of the medical evidence that complies with section 93D(6) of the Act, unless the worker satisfies the Director that the complying evidence has already been produced.	

<b>Signature of worker</b> _____	Date	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center; margin: 0 auto;">/ /</div>
----------------------------------	------	--

<b>Lodging this form</b>
This form should be lodged with —
Director
WorkCover WA
Perth, Western Australia

*[Form 22A inserted in Gazette 26 Oct 2004 p. 4902-5; amended in Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4935; 18 Nov 2011 p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 22B**

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**Form 22B**

[r. 19JB]

*Workers' Compensation and Injury Management Act 1981*

**REFERRAL OF QUESTION OF DEGREE OF DISABILITY**

[Made by the worker under sections 93D(5) and 93EB(3) of the Act,  
due to the application of section 93EB(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		
<input type="text"/>		
		Postcode
<input type="text"/>		
Telephone no.		
<input type="text"/>		

**Employer's details**

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"/>

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 22B**

**Insurer's details**

Name

Address

Postcode

Date weekly payments commenced (if applicable)

Claim no. (if known)

Contact person

Telephone no.

**Injury details**

Description of injury

**Note:** This must be the same injury and only that injury that was the subject of a referral in the circumstances set out in section 93EB(1) of the Act.

Date injury occurred

Date weekly payments commenced

Degree of disability as assessed by  
medical practitioner

Degree of disability (see s. 93E(3) of the Act)

Nominate **only one** of the following

- ☐ not less than 30%  
☐ not less than 16%

**Note:** The nominated level must be the same level as was nominated in the original referral. If the original referral was pre 14 December 1999 and both levels were nominated, the nominated level should be one of those levels, and a further Form 22B may be used for the other level, if required.

Tick if the worker and the employer cannot agree on whether the degree of disability is  
not less than the relevant level

☐

The action taken by or on behalf of the worker to obtain the employer's agreement

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 22B**

**The following information should be included with this referral —**

If, before the commencement of section 10 of the *Workers' Compensation (Common Law Proceedings) Act 2004*, you sought to refer a question to the Director under section 93D(5) of the Act, then a copy of the Form 22 that was referred to and accepted by the Director should be attached.



If, on or after 4 December 2003, on the basis that Part IV Division 2 as in force before it was amended by section 32 of the *Workers' Compensation and Rehabilitation Amendment Act 1999* applied to proceedings for the awarding of damages concerned, a review officer did not deal with the substance of the question referred to above, a copy of the review officer's decision should be attached;



or

If, on or after 4 December 2003, on the basis that Part IV Division 2 as in force before it was amended by section 32 of the *Workers' Compensation and Rehabilitation Amendment Act 1999* applied to proceedings for the awarding of damages concerned, a court set aside or quashed a decision of a review officer that dealt with the substance of the question referred to in the first paragraph above, a copy of the court decision should be attached.



**The following details must be completed regarding the medical evidence relied upon in support of this referral —**

Name of Medical Practitioner/s	Date of medical report/s

**Note:** Under section 93EB(4)(c) of the Act, this form is to be accompanied by a copy of the medical evidence that complies with section 93D(6) of the Act, unless the worker satisfies the Director that the complying evidence has already been produced.



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 22B**

<b>Signature of worker</b> _____	Date	<table border="1"><tr><td>/</td><td>/</td></tr></table>	/	/
/	/			

<b>Lodging this form</b> This form should be lodged with — Director WorkCover WA Perth, Western Australia
---

*[Form 22B inserted in Gazette 26 Oct 2004 p. 4905-8; amended in  
Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4936; 18 Nov 2011  
p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 23**

**Form 23**

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

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF REFERRAL OF QUESTION OF DEGREE OF  
DISABILITY**

**Worker's details**

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

**Employer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
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"/>	
Degree of disability as assessed by medical practitioner	Degree of disability
<input type="text"/>	<input type="checkbox"/> not less than 30%
	<input type="checkbox"/> not less than 16%

**Workers' Compensation and Injury Management Regulations 1982**

**Appendix I**

**Form 23**

**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, 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

/	/
---	---

**Employer's objection**

Employer's assessment of degree of disability

**Signature of  
employer**

Date

/	/
---	---

*[Form 23 inserted in Gazette 14 Dec 1999 p. 6154-5; amended in Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4936-7; 18 Nov 2011 p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 23A**

**Form 23A**

[r. 19JA]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF REFERRAL OF QUESTION OF DEGREE OF DISABILITY**

**[Notice given under section 93EA(5)(a) and (b)(i) of the Act,  
where section 93EA(3) applied]**

**Worker's details**

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

**Employer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
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"/>	
Degree of disability as assessed by medical practitioner	Degree of disability
<input type="text"/>	<input type="checkbox"/> not less than 30%
	<input type="checkbox"/> 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, for consideration under section 93D(5), due to the application of section 93EA(3).

**Medical evidence**

Accompanying this notice is a copy of the medical evidence produced by the worker that complies with section 93D(6) of the Act.

**Director's opinion**

In accordance with section 93EA(5)(a) and (b)(i) of the Act, it is my opinion that —

- (a) evidence complying with section 93D(6) has been produced and in all other respects the referral is properly made; and ☐
- (b) the referral is accepted. ☐

In accordance with section 93EA(5)(b)(i) of the Act, notification is also given that the following provisions may apply —

Section 93E(6a)

**Note:** Section 93E(6a) provides that, despite section 93E(5), and even though section 93E(6) does not apply if the Director gives the worker notice under section 93EA(5)(b)(i) that this subsection applies, an election can be made within 14 days after the Director subsequently gives the worker notice in writing that an agreement or determination of the question has been recorded. This only applies if the worker is required to make an election under section 93E(3)(b) of the Act (i.e. the worker has an agreed or determined degree of disability of not less than 16% but less than 30%).

Section 93EC

**Note:** If —

- (a) under section 93EA(5)(b)(i), the Director notifies a worker that the referral of a question relating to an injury is accepted and that this section applies; and
- (b) the time limited by any written law for the commencement of an action seeking damages in respect of the injury —
- (i) has elapsed before the day on which the Director notifies the worker (the "notification" day); or
- (ii) is due to elapse on the notification day or before the expiry of a period of 2 years after the notification day,

an action seeking damages in respect of the injury may, despite that written law, be commenced at any time before the expiry of a period of 2 years after the notification day.

**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

--	--	--

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 23A**

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**Employer's objection**

Employer's assessment of degree of disability

**Signature of  
employer**

Date

/ /

*[Form 23A inserted in Gazette 26 Oct 2004 p. 4908-10; amended in  
Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4937-8; 9 Dec 2005  
p. 5897; 18 Nov 2011 p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 23B**

**Form 23B**

[r. 19JB]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF REFERRAL OF QUESTION OF DEGREE OF  
DISABILITY**

[Notice given under section 93EB(5)(a) and (b)(i) of the Act,  
where section 93EB(3) applied]

**Worker's details**

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

**Employer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	<input type="text"/>
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"/>	
Degree of disability as assessed by medical practitioner	Degree of disability
<input type="text"/>	<input type="checkbox"/> not less than 30%
	<input type="checkbox"/> not less than 16%

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 23B**

**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, for consideration under section 93D(5), due to the application of section 93EB(3).

**Medical evidence**

Accompanying this notice is a copy of the medical evidence produced by the worker that complies with section 93D(6) of the Act.

**Director's opinion**

In accordance with section 93EB(5)(a) and (b)(i) of the Act, it is my opinion that —

- (a) evidence complying with section 93D(6) has been produced and in all other respects the referral is properly made; and ☐
- (b) the referral is accepted. ☐

In accordance with section 93EB(5)(b)(i) of the Act, notification is also given that the following provisions may apply —

Section 93E(6a)

**Note:** Section 93E(6a) provides that, despite section 93E(5), and even though section 93E(6) does not apply if the Director gives the worker notice under section 93EB(5)(b)(i) that this subsection applies, an election can be made within 14 days after the Director subsequently gives the worker notice in writing that an agreement or determination of the question has been recorded. This only applies if the worker is required to make an election under section 93E(3)(b) of the Act (i.e. the worker has an agreed or determined degree of disability of not less than 16% but less than 30%).

Section 93EC

**Note:** If —

- (a) under section 93EB(5)(b)(i), the Director notifies a worker that the referral of a question relating to an injury is accepted and that this section applies; and
- (b) the time limited by any written law for the commencement of an action seeking damages in respect of the injury —
- (i) has elapsed before the day on which the Director notifies the worker (the “notification day”); or
- (ii) is due to elapse on the notification day or before the expiry of a period of 2 years after the notification day,
- an action seeking damages in respect of the injury may, despite that written law, be commenced at any time before the expiry of a period of 2 years after the notification day.

**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.**



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 23B**

<b>Signature of Director</b> _____	Date	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">/ /</div>
--	------	--

**Employer's objection**

Employer's assessment of degree of disability

<b>Signature of employer</b> _____	Date	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">/ /</div>
--	------	--

*[Form 23B inserted in Gazette 26 Oct 2004 p. 4911-13; amended in  
Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4937-8; 9 Dec 2005  
p. 5897; 18 Nov 2011 p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 24**

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**Form 24**

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

*Workers' Compensation and Injury Management Act 1981*

**DEGREE OF DISABILITY AGREEMENT**

**Worker's details**

Surname	Other names
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	Occupation
<input type="text"/>	<input type="text"/>

**Employer's details**

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

**Insurer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
Date weekly payments commenced (if applicable).	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 24**

**Injury details**

Description of injury

--

Date injury occurred

--

**Agreement**

Agreed degree of disability  
(insert actual figure e.g. 22%)

--

%

Agreed degree of disability is —

- ☐ not less than 30%  
☐ not less than 16%

**Signature of  
Worker**

\_\_\_\_\_

Date

/	/	/
---	---	---

**Signature of  
witness**

\_\_\_\_\_

Name of  
witness

\_\_\_\_\_

**Signature of  
Employer**

\_\_\_\_\_

Date

/	/	/
---	---	---

**Signature of  
witness**

\_\_\_\_\_

Name of  
witness

\_\_\_\_\_

**Recording of agreement**

Date of recording

--

Record no.

--

**Signature of  
Director**

\_\_\_\_\_

Date

/	/	/
---	---	---

*[Form 24 inserted in Gazette 14 Dec 1999 p. 6156-7; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4938.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 25**

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**Form 25**

[r. 19M(1)]

*Workers' Compensation and Injury Management Act 1981*

**ELECTION TO RETAIN RIGHT TO SEEK DAMAGES**

**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		
<input type="text"/>		
		Postcode
<input type="text"/>		
Telephone no.		
<input type="text"/>		

**Employer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
	Postcode
<input type="text"/>	<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"/>

**Insurer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
	Postcode
<input type="text"/>	<input type="text"/>
Date weekly payments commenced	Claim no. (if known)
<input type="text"/>	<input type="text"/>

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 25**

Contact person

Telephone no.

**Injury details**

Description of injury

Date injury occurred

Has a Degree of Disability Agreement (Form 24) already been recorded by the Director? Yes ☐  
No ☐

If yes: .....date when recorded

.....record number

Degree of disability as agreed.....%

Has the determination of a dispute as to the degree of disability already been recorded under reg. 19L by the Director? Yes ☐  
No ☐

If yes: .....date when recorded

.....record number

Degree of disability as determined.....%

**Advice of consequences of election**

I have been properly advised of the consequences of this election.

**Signature  
of Worker**

Date

**Warning**

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

**You should seek appropriate independent advice before lodging this form.**

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 25**

---

**Registration of election**

Date of registration

Registration no.

**Signature of  
Director**

\_\_\_\_\_

Date

*[Form 25 inserted in Gazette 14 Dec 1999 p. 6157-9; amended in  
Gazette 17 Nov 2000 p. 6317 and 6321; 21 Jan 2005 p. 276;  
28 Oct 2005 p. 4938.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 26**

**Form 26**

[r. 19N(3)(a) and (5)(a)]

*Workers' Compensation and Injury Management Act 1981*

**APPLICATION FOR EXTENSION OF TIME TO MAKE ELECTION  
(MEDICAL EVIDENCE AVAILABLE)**

**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		
<input type="text"/>		
		Postcode
<input type="text"/>		
Telephone no.		
<input type="text"/>		

**Employer's details**

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"/>

**Insurer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date weekly payments commenced	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 26**

**Injury details**

Description of injury

--

Date injury occurred

--

Degree of disability  
(as assessed by worker's medical specialist)

	%
--	---

**Extension of time sought**

The application for extension of time is made under —

☐ regulation 19N(2)(a) OR ☐ regulation 19N(2)(c)

Extension sought until

--

**Signature of  
Worker**

\_\_\_\_\_ Date

/ /
-----

**Lodging this form**

This form should be lodged with —

Director

WorkCover WA

Perth, Western Australia

If applying under regulation 19N(2)(a) 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 you will require major surgery in the extension period (see regulation 19N(1)).

If applying under regulation 19N(2)(c) you must give the Director evidence of the medical panel's determination.

**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

The extension of time is granted under —

☐ regulation 19N(2)(a) OR ☐ regulation 19N(2)(c)

**Signature of  
Director**

\_\_\_\_\_ Date

/ /
-----

*[Form 26 inserted in Gazette 14 Dec 1999 p. 6159-61; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4938-9; 18 Nov 2011 p. 4825.]*



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 27**

**Form 27**

[r. 19N(4)(a)]

*Workers' Compensation and Injury Management Act 1981*

**APPLICATION FOR EXTENSION OF TIME TO MAKE ELECTION**  
**(MEDICAL EVIDENCE NOT YET AVAILABLE)**

**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		
<input type="text"/>		
		Postcode
<input type="text"/>		
Telephone no.		
<input type="text"/>		

**Employer's details**

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"/>

**Insurer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date weekly payments commenced	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 27**

---

**Injury details**

Description of injury

--

Date injury occurred

--

**Extension of time sought**

Extension sought until

--

State grounds on which the worker submits that he or she will require major surgery in respect of the injury in the extension period (see regulation 19N(1))


State the action that has been taken by or on behalf of the worker to obtain medical evidence from a medical practitioner who is a specialist in a relevant field of medicine that the worker will require major surgery in respect of the injury in the extension period


(attach separate sheet if insufficient room)

**Signature of  
Worker**

Date

/	/
---	---

**Lodging this form**

This form should be lodged with —

Director

WorkCover WA

Perth, Western Australia

You must also give to the Director any further evidence that the Director may request in relation to this application.

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 27**

**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

/ /

*[Form 27 inserted in Gazette 14 Dec 1999 p. 6161-3; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4939; 18 Nov 2011 p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 28**

---

**Form 28**

[r. 19N(3a)(a)]

*Workers' Compensation and Injury Management Act 1981*

**APPLICATION FOR EXTENSION OF TIME TO MAKE ELECTION (TIME  
NEEDED FOR REPORT BASED ON TREATMENT OR MEDICAL  
INVESTIGATION)**

**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		
<input type="text"/>		
		Postcode
<input type="text"/>		
Telephone no.		
<input type="text"/>		

**Employer's details**

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"/>

**Insurer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date weekly payments commenced	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 28**

**Injury details**

Description of injury

Date injury occurred

**Extension of time sought**

Extension sought until

The extension is needed to give sufficient time for the preparation of a specialist's report, based on treatment or medical investigation of the worker, as to whether the worker will require major surgery in respect of the injury in the extension period (see regulation 19N(1)). The treatment or medical investigation is (describe below):


**Signature of  
Worker**

Date

**Lodging this form**

This form should be lodged with —

Director

WorkCover WA

Perth, Western Australia

You must also give to the Director medical evidence from a specialist in a relevant field of medicine indicating that a report could not be satisfactorily prepared without the treatment or investigation having been carried out, and that the extension sought is needed to give sufficient time for the preparation of the report

**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

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 28**

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<b>Signature of Director</b> _____	Date _____	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center; margin: 0 auto;">/   /</div>
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*[Form 28 inserted in Gazette 17 Nov 2000 p. 6317-19; amended in  
Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4939; 18 Nov 2011  
p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 29**

**Form 29**

[r. 16A(1)]

*Workers' Compensation and Injury Management Act 1981*  
(Schedule 1 clause 1C(1), (5))

**NOTICE OF DEPENDANT'S ENTITLEMENT TO ELECT**

**Record No.**

**TO:**

1. Dependant's details

Surname

Other names

Address

Postcode

As a dependant referred to in the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clause 1B(1)(a) or (c) you are entitled to elect to receive a child's allowance under that Act Schedule 1 clause 1A or an apportionment of the notional residual entitlement of

.....

(name of deceased worker)

You may, within 30 days of receiving this notification, elect to receive the amount of the apportionment or a child's allowance. A form for making the election is attached.

If an election is not made within 30 days of receiving this notification, and registered by the Director, you will receive a child's allowance.

The Director may refuse to register the election if not satisfied that you have been independently advised of the financial consequences of the election.

Dated this..... day of..... 20.....

.....

Director

*[Form 29 inserted in Gazette 28 Oct 2005 p. 4939-40; amended in Gazette 18 Nov 2011 p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 30**

**Form 30**

[r. 16A(2)]

*Workers' Compensation and Injury Management Act 1981*

(Schedule 1 clause 1C(4)(a), (5))

**NOTICE OF PROVISIONAL APPORTIONMENT**

**Record No.**

**TO:**

1. Dependant's details

Surname

Other names

Address

Postcode

As a dependant of.....

(name of deceased worker)

The notional residual entitlement in relation to.....

(name of deceased worker)

has been apportioned between the worker's dependants under the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clause 1C(4)(a).

The amount provisionally apportioned to you is \$.....

You may, within 30 days of receiving this notification, elect to receive the amount of the provisional apportionment or a child's allowance. A form for making the election is attached.

If an election is not made within 30 days of receiving this notification, and registered by the Director, you will receive a child's allowance.

The Director may refuse to register the election if not satisfied that you have been independently advised of the financial consequences of the election.

Dated this..... day of..... 20.....

.....

Arbitrator

*[Form 30 inserted in Gazette 28 Oct 2005 p. 4941.]*



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 31**

**Form 31**

[r. 17AD(2)]

*Workers' Compensation and Injury Management Act 1981*

**APPLICATION TO EXTEND FINAL DAY**  
**[for extension under Schedule 1 clause 18B]**

**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		
<input type="text"/>		
		Postcode
<input type="text"/>		<input type="text"/>
Telephone no.		WorkCover claim number (WCCN)
<input type="text"/>		<input type="text"/>
(if not known, insurer can provide WCCN)		

**Employer's details**

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

**Insurer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date the claim for compensation by way of weekly payments was made on employer	Claim number given by insurer (if known)
<input type="text"/>	<input type="text"/>
Contact person	Telephone no.
<input type="text"/>	<input type="text"/>

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 31**

**Final day**

1.	Did a dispute resolution authority, acting under section 58(1) or (2) of the Act, determine the question of liability to make the weekly payments claimed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, answer question 2. If not, skip question 2.
2.	Was the question determined more than 3 months after the day on which compensation by way of weekly payments was claimed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, on which date? <input type="text"/>
3.	Was the worker first notified that liability is accepted in respect of the weekly payments claimed more than 3 months after the day on which compensation by way of weekly payments was claimed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, on which date? <input type="text"/>
4.	Has the final day been extended under the <i>Workers' Compensation and Injury Management Act 1981</i> Schedule 1 clause 18B?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, to which date? <input type="text"/>

**Extension sought**

1.	Specify the reasons for seeking the extension.	<input type="text"/>	
2.	Has the worker, in accordance with the regulations and before the final day, requested an approved medical specialist to assess the worker's degree of permanent whole of person impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, on which date? <input type="text"/>
Attach a copy of any such request.			
3.	Specify date until which extension sought.	<input type="text"/>	
<b>Signature of worker</b>		<input type="text"/>	Date <input type="text"/>

**How to lodge this form**

1.	This form should be lodged with: Director WorkCover WA Perth, WA
2.	<b>WHEN LODGING THIS FORM ALSO PROVIDE ANYTHING ELSE THAT REGULATION 17AD REQUIRES YOU TO PROVIDE.</b>

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 31**

**Extension given or refused**

The final day	
is extended to	<input type="text" value="/ /"/>
is not extended.	<input type="checkbox"/>
<b>Signature of Director</b>	Date <input type="text" value="/ /"/>

**Copies of extension sent to**

<b>worker</b>	<input type="text" value=""/>	Date <input type="text" value="/ /"/>
(signature of person sending copy)		
<b>employer</b>	<input type="text" value=""/>	Date <input type="text" value="/ /"/>
(signature of person sending copy)		

**Note**

Section 93E(14) of the *Workers' Compensation and Injury Management Act 1981* provides that if a further additional sum has been allowed to a worker under Schedule 1 clause 18A(1b) of that Act in relation to an injury that is compensable under the Act, damages are not to be awarded in respect of the injury.

*[Form 31 inserted in Gazette 28 Oct 2005 p. 4942-4; amended in Gazette 18 Nov 2011 p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 32**

**Form 32**

[r. 20]

*Workers' Compensation and Injury Management Act 1981*

**RECORD OF AGREEMENT ABOUT DEGREE OF PERMANENT WHOLE OF  
PERSON IMPAIRMENT**

[recorded under section 93L(2) of the Act]

**Record No.**

**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		
<input type="text"/>		
		Postcode
<input type="text"/>		<input type="text"/>
Telephone no.		WorkCover claim number (WCCN)
<input type="text"/>		<input type="text"/>

**Employer's details**

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

**Insurer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	<input type="text"/>
Contact person	Telephone no.
<input type="text"/>	<input type="text"/>

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 32**

**Injury details**

Description of injury

--

Date injury occurred

--

Date the claim, if any, for compensation by way of  
weekly payments was made on employer

--

Claim number given by insurer (if known)

--

**Agreement**

It has been agreed that the worker's degree of permanent whole of person impairment is —

- |     |  |     |                          |
|-----|--|-----|--------------------------|
| (a) | at least 15%                                     |     |                          |
|     | <i>do not complete if "Yes" in paragraph (b)</i> | Yes | <input type="checkbox"/> |
|     |  | No  | <input type="checkbox"/> |
| (b) | at least 25%                                     |     |                          |
|     | <i>do not complete if "No" in paragraph (a)</i>  | Yes | <input type="checkbox"/> |
|     |  | No  | <input type="checkbox"/> |

**Recorded**

**Signature of  
Director**

Date

/ /
-----

**Copies of record sent**

**To worker**

(signature of person sending copy)

Date

/ /
-----

**To employer**

(signature of person sending copy)

Date

/ /
-----

*[Form 32 inserted in Gazette 28 Oct 2005 p. 4944-6.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 33**

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**Form 33**

[r. 21]

*Workers' Compensation and Injury Management Act 1981*

**ASSESSMENT OF DEGREE OF PERMANENT WHOLE OF PERSON  
IMPAIRMENT**

[recorded under section 93L(2) of the Act]

**Record No.**

**Worker's details**

Surname	<input type="text"/>		Other names	<input type="text"/>
Date of birth	<input type="text"/>	Sex	<input type="text"/>	Occupation
<input type="text"/>				
Address				
<input type="text"/>				Postcode
<input type="text"/>				WorkCover claim number (WCCN)
<input type="text"/>				<input type="text"/>

**Employer's details**

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

**Insurer's details**

Name		<input type="text"/>
Address		<input type="text"/>
<input type="text"/>		Postcode
Contact person	<input type="text"/>	Telephone no.
<input type="text"/>		<input type="text"/>

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 33**

**Injury details**

Description of injury

--

Date injury occurred

--

Date the claim, if any, for compensation by way of  
weekly payments was made on employer

--

Claim number given by insurer (if known)

--

**Assessment**

Name of approved medical specialist assessing

--

Registration  
number

--

Degree of permanent whole of person impairment

--

Copy provided of —

- |     |  |                          |
|-----|--|--------------------------|
| (a) | certificate given to the worker under section 146H(1)(b) of the Act  | <input type="checkbox"/> |
| (b) | certificate referred to in section 93N(1) of the Act on the basis of which<br>the special evaluation was requested ( <i>only required if the assessment<br/>involves a special evaluation as defined in section 146C(4) of the Act</i> ) | <input type="checkbox"/> |

**Recorded**

**Signature of  
Director**

\_\_\_\_\_

Date

/ /
-----

**Copies of record sent to**

**worker**

\_\_\_\_\_  
(signature of person sending copy)

Date

/ /
-----

**employer**

\_\_\_\_\_  
(signature of person sending copy)

Date

/ /
-----

*[Form 33 inserted in Gazette 28 Oct 2005 p. 4946-8.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 34**

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**Form 34**

[r. 22]

*Workers' Compensation and Injury Management Act 1981*

**ELECTION TO RETAIN RIGHT TO SEEK DAMAGES**  
**[made under section 93K(4) of the Act]**

**Registration No.**

**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			
<input type="text"/>			
		Postcode	
<input type="text"/>		<input type="text"/>	
Telephone no.		WorkCover claim number (WCCN)	
<input type="text"/>		<input type="text"/>	

(if not known, insurer can provide WCCN)

**Employer's details**

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

**Insurer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	<input type="text"/>
Contact person	Telephone no.
<input type="text"/>	<input type="text"/>



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 34**

**Injury details**

Description of injury

--

Date injury occurred

--

Date the claim, if any, for compensation by way of  
weekly payments was made on employer

--

Claim number given by insurer (if known)

--

Degree of permanent whole of person impairment

--

%

The Director has, under section 93L of the Act, recorded an agreement or assessment as to the  
worker's degree of permanent whole of person impairment, and the Record Number is:

Record Number

--

**Termination day**

1. Did a dispute resolution authority, acting under section 58(1) or (2) of the Act, determine the  
question of liability to make the weekly payments claimed?

Yes

☐

If so, answer question 2.

No

☐

If not, skip question 2.

2. Was the question determined more than 3 months after the day on which compensation by  
way of weekly payments was claimed?

Yes

☐

If so, on which date?

--

No

☐

3. Was the worker first notified that liability is accepted in respect of the weekly payments  
claimed more than 3 months after the day on which compensation by way of weekly  
payments was claimed?

Yes

☐

If so, on which date?

--

No

☐

4. Has the termination day been extended under section 93M(4) of the Act?

Yes

☐

If so, to which date?

--

No

☐

**WARNING**

An election cannot be withdrawn after the Director registers it and a subsequent election cannot be  
made in respect of the same injury or injuries (see section 93L(6) of the Act).

Registration of an election may affect your entitlement to statutory compensation under the *Workers'*  
*Compensation and Injury Management Act 1981*.

**You should seek appropriate independent advice before lodging this form.**

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 34**

---

**Advice of consequences of election**

I have been properly advised of the consequences of making this election.

**Signature of  
worker**

Date

/	/	/
---	---	---

**Registration of this election**

This election form was lodged under regulation 22 and registered on the day shown below.

**Signature of  
Director**

Date

/	/	/
---	---	---

**Copies of election form sent to**

**worker**

\_\_\_\_\_  
(signature of person sending copy)

Date

/	/	/
---	---	---

**employer**

\_\_\_\_\_  
(signature of person sending copy)

Date

/	/	/
---	---	---

*[Form 34 inserted in Gazette 28 Oct 2005 p. 4948-50.]*

**Form 35**

[r. 23]

*Workers' Compensation and Injury Management Act 1981*

**APPLICATION TO EXTEND TERMINATION DAY**

**[for extension under section 93M(4) of the Act]**

**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		
<input type="text"/>		
		Postcode
<input type="text"/>		<input type="text"/>
Telephone no.		WorkCover claim number (WCCN)
<input type="text"/>		<input type="text"/>

*(if not known, insurer can provide WCCN)*

**Employer's details**

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

**Insurer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	<input type="text"/>
Contact person	Telephone no.
<input type="text"/>	<input type="text"/>

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 35**

**Injury details**

Description of injury

--

Date injury occurred

--

Date the claim for compensation by way of weekly  
payments was made on employer

--

Claim number given by insurer (if known)

--

**Termination day**

- |   |                          |  |  |
|---|--------------------------|--|--|
| 1. Did a dispute resolution authority, acting under section 58(1) or (2) of the Act, determine the question of liability to make the weekly payments claimed?                                       |                          |  |  |
| Yes   | <input type="checkbox"/> | If so, answer question 2.  |  |
| No  | <input type="checkbox"/> | If not, skip question 2.   |  |
| 2. Was the question determined more than 3 months after the day on which compensation by way of weekly payments was claimed?  |                          |  |  |
| Yes   | <input type="checkbox"/> | If so, on which date? <table border="1"><tr><td></td></tr></table> |  |
|   |                          |  |  |
| No  | <input type="checkbox"/> |  |  |
| 3. Was the worker first notified that liability is accepted in respect of the weekly payments claimed more than 3 months after the day on which compensation by way of weekly payments was claimed? |                          |  |  |
| Yes   | <input type="checkbox"/> | If so, on which date? <table border="1"><tr><td></td></tr></table> |  |
|   |                          |  |  |
| No  | <input type="checkbox"/> |  |  |
| 4. Has the termination day been extended under section 93M(4) of the Act?   |                          |  |  |
| Yes   | <input type="checkbox"/> | If so, to which date? <table border="1"><tr><td></td></tr></table> |  |
|   |                          |  |  |
| No  | <input type="checkbox"/> |  |  |

**Extension sought**

- |   |   |  |
|---|---|--|
| 1. This application is for the termination day to be extended in the circumstances described in — |   |  |
| <input type="checkbox"/> section 93M(4)(a) of Act   | (worker's condition has not stabilised)   |  |
| <input type="checkbox"/> section 93M(4)(b) of Act   | (employer failed to comply with section 93O of Act)   |  |
| <input type="checkbox"/> section 93M(4)(c) of Act   | (more time required to give documents to worker)  |  |
| <input type="checkbox"/> section 93M(4)(d)(i) of Act  | (assessment requested but documents not available within specified time — not special evaluation) |  |
| <input type="checkbox"/> section 93M(4)(d)(ii) of Act   | (assessment requested but documents not available within specified time — special evaluation)     |  |
| 2. Specify date until which extension sought. <table border="1"><tr><td></td></tr></table>        |   |  |
|   |   |  |

**Signature  
of worker**

\_\_\_\_\_

Date

/ /

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 35**

**How to lodge this form**

1. This form should be lodged with:  
Director  
WorkCover WA  
Perth, WA
2. **WHEN LODGING THIS FORM ALSO PROVIDE ANYTHING ELSE THAT REGULATION 23 REQUIRES YOU TO PROVIDE.**

**Extension given or refused**

The termination day	
is extended to	<input type="text" value="/ /"/>
is not extended.	<input type="checkbox"/>
<b>Signature of Director</b>	Date <input type="text" value="/ /"/>

**Copies of extension sent to**

<b>worker</b>	<input type="text"/>	Date <input type="text" value="/ /"/>
	(signature of person sending copy)	
<b>employer</b>	<input type="text"/>	Date <input type="text" value="/ /"/>
	(signature of person sending copy)	

*[Form 35 inserted in Gazette 28 Oct 2005 p. 4951-3; amended in Gazette 18 Nov 2011 p. 4825.]*

**Form 36**

[r. 25]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE TO WORKER ABOUT TERMINATION DAY FOR ELECTION**  
**[under section 93O of the Act]**

Date on which notice given (*insert date*)

(*Insert name of worker*)

(*Insert address of worker*)

WorkCover claim number (WCCN) (*insert number*)

Date of injury (*insert date*)

Date when claim for compensation made on employer: (*insert date*)

**IMPORTANT INFORMATION**

Section 93O of the *Workers' Compensation and Injury Management Act 1981* entitles you to notice of certain things that may affect the damages you could recover in court.

If your cause of action arises on or after 14 November 2005, a court will not be able to award damages for your injury if you do not elect under section 93K of the Act to retain the right to seek damages and have the election registered by WorkCover's Director.

On the other hand, registering your election may affect your entitlement to statutory compensation. You should seek advice on whether or not to make an election.

One rule about electing is that, if you claim compensation by way of weekly payments because of your injury, you cannot elect after the termination day (there are exceptions to this rule for AIDS and specified industrial diseases).

Your termination day for this injury is..... (specify date), which is about 6 months away.

You may be able to apply for the termination day to be extended but an extension can only be given in limited circumstances (see section 93M(4) and (8) of the Act).

Also, before you can elect, an agreement (between you and your employer) or assessment (by an approved medical specialist you select — see the register kept by the Director) about the level of your degree of permanent whole of person impairment has to be made and recorded by the Director. The level agreed or assessed has to be 15% or more.

If you request an assessment, the approved medical specialist can reasonably be expected to take 6 weeks from when you make the request to give you the documents about the outcome of the assessment. In some cases 7 weeks is relevant (see section 93M(4)(d)(ii) of the Act). You need to allow for this time.

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 36**

This notice is a standard document and is not meant to be relied on instead of obtaining appropriate advice.

**Employer's details**

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

*[Form 36 inserted in Gazette 28 Oct 2005 p. 4953-4; amended in Gazette 18 Nov 2011 p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 37**

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**Form 37**

[r. 47(4)(a)]

*Workers' Compensation and Injury Management Act 1981*

**RECORD OF AGREEMENT ABOUT DEGREE OF PERMANENT WHOLE OF  
PERSON IMPAIRMENT**

[recorded under section 158B(1)(a)(i) of the Act]

**Record No.**

**Worker's details**

Surname	<input type="text"/>		Other names	<input type="text"/>
Date of birth	<input type="text"/>	Sex	<input type="text"/>	Occupation
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Address				
<input type="text"/>				Postcode
<input type="text"/>				<input type="text"/>
Telephone no.		WorkCover claim number (WCCN)		
<input type="text"/>		<input type="text"/>		

**Employer's details**

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

**Insurer's details**

Name		<input type="text"/>
Address		
<input type="text"/>		Postcode
Contact person	Telephone no.	
<input type="text"/>	<input type="text"/>	



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 37**

**Injury details**

Description of injury

--

Date injury occurred

--

Date the claim, if any, for compensation by way of  
weekly payments was made on employer

--

Claim number given by insurer (if known)

--

**Agreement**

It has been agreed that the worker's degree of permanent whole of person impairment is —

- |     |   |     |                          |
|-----|---|-----|--------------------------|
| (a) | at least 10%                                    |     |                          |
|     | <i>do not complete if "No" in paragraph (b)</i> | Yes | <input type="checkbox"/> |
|     |   | No  | <input type="checkbox"/> |
| (b) | less than 15%                                   |     |                          |
|     | <i>do not complete if "No" in paragraph (a)</i> | Yes | <input type="checkbox"/> |
|     |   | No  | <input type="checkbox"/> |

**Recorded**

**Signature of  
Director**

\_\_\_\_\_

Date

/ /
-----

**Copies of record sent**

**To worker**

\_\_\_\_\_  
(signature of person sending copy)

Date

/ /
-----

**To employer**

\_\_\_\_\_  
(signature of person sending copy)

Date

/ /
-----

*[Form 37 inserted in Gazette 28 Oct 2005 p. 4955-6.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 38**

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**Form 38**

[r. 47(4)(b)]

*Workers' Compensation and Injury Management Act 1981*

**RECORD OF AGREEMENT ABOUT RETRAINING CRITERIA**

[recorded under section 158B(1)(b)(i) of the Act]

**Record No.**

**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		
<input type="text"/>		
		Postcode
<input type="text"/>		<input type="text"/>
Telephone no.	WorkCover claim number (WCCN)	
<input type="text"/>	<input type="text"/>	

**Employer's details**

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

**Insurer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
Contact person	Telephone no.
<input type="text"/>	<input type="text"/>

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 38**

**Injury details**

Description of injury

--

Date injury occurred

--

Date the claim, if any, for compensation by way of  
weekly payments was made on employer

--

Claim number given by insurer (if known)

--

**Agreement**

It has been agreed that the worker satisfies all of the retraining criteria defined in section 158(1) of the Act.

**Recorded**

**Signature of  
Director**

\_\_\_\_\_

Date

/ /
-----

**Copies of record sent**

**To worker**

\_\_\_\_\_  
(signature of person sending copy)

Date

/ /
-----

**To employer**

\_\_\_\_\_  
(signature of person sending copy)

Date

/ /
-----

*[Form 38 inserted in Gazette 28 Oct 2005 p. 4957-8.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 39**

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**Form 39**

[r. 48]

*Workers' Compensation and Injury Management Act 1981*

**APPLICATION TO EXTEND FINAL DAY**  
**[for extension under section 158B(4) of the Act]**

**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		
<input type="text"/>		
Postcode		
Telephone no.		WorkCover claim number (WCCN)
<input type="text"/>		<input type="text"/>
(if not known, insurer can provide WCCN)		

**Employer's details**

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

**Insurer's details**

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
Contact person	Telephone no.
<input type="text"/>	<input type="text"/>

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 39**

**Injury details**

Description of injury

Date injury occurred

Date the claim for compensation by way of weekly payments was made on employer

Claim number given by insurer (if known)

**Final day under section 158B of the Act**

1. Did a dispute resolution authority, acting under section 58(1) or (2) of the Act, determine the question of liability to make the weekly payments claimed?  
Yes ☐ If so, answer question 2.  
No ☐ If not, skip question 2.
2. Was the question determined more than 3 months after the day on which compensation by way of weekly payments was claimed?  
Yes ☐ If so, on which date?   
No ☐
3. Was the worker first notified that liability is accepted in respect of the weekly payments claimed more than 3 months after the day on which compensation by way of weekly payments was claimed?  
Yes ☐ If so, on which date?   
No ☐
4. Has the final day been extended under section 158B(4) of the Act?  
Yes ☐ If so, to which date?   
No ☐

**Extension sought**

1. This application is for the final day to be extended under section 158B(4) of the Act.
2. Specify date until which extension sought.

**Signature of  
worker**

\_\_\_\_\_

Date

**How to lodge this form**

1. This form should be lodged with:  
Director  
WorkCover WA  
Perth, WA
2. **WHEN LODGING THIS FORM ALSO PROVIDE ANYTHING ELSE THAT  
REGULATION 48 REQUIRES YOU TO PROVIDE.**

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 39**

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**Extension given or refused**

The final day	
is extended to	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">/ /</div>
is not extended.	<input type="checkbox"/>
<b>Signature of Director</b>	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">/ /</div>
_____	Date

**Copies of extension sent to**

<b>worker</b>	_____	Date	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">/ /</div>
	(signature of person sending copy)		
<b>employer</b>	_____	Date	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">/ /</div>
	(signature of person sending copy)		

*[Form 39 inserted in Gazette 28 Oct 2005 p. 4959-61; amended in Gazette 18 Nov 2011 p. 4825.]*

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 40**

**Form 40**

[r. 52]

<b>Workers' Compensation and Injury Management Act 1981</b>		Infringement notice no.
<b>INFRINGEMENT NOTICE</b>		
<b>Alleged offender</b>	Name	
	Address	
<b>Details of alleged offence</b>	Date or period	
	Place	
	Written law contravened	
	Details of offence	
<b>Date</b>	Date of notice	
<b>Authorised officer</b>	Name	
	Signature	
<b>Modified penalty</b>	\$ _____	
<b>Due date for payment of modified penalty</b>	/ /20 (Within 28 days after the giving of the notice)	

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 40**

<b>TAKE NOTICE</b>	<p>It is alleged that you have committed the above offence.</p> <p><b>If you do not want to be prosecuted in court for the offence</b>, pay the modified penalty to an authorised officer* by the above due date.</p> <p><b>If you need more time</b> to pay the modified penalty, you should contact an authorised officer* at the address below.</p> <p>Paying the modified penalty will not be regarded as an admission for the purposes of any civil or criminal court case.</p> <p><b>If you want this matter to be dealt with by prosecution in court</b>, sign and date here:</p> <p>_____ / /20</p> <p>and post this notice to an authorised officer* at the address below within 28 days after the date of this notice.</p> <p>If you consider that you have good reason to have this notice withdrawn, you can write to an authorised officer* at the address below requesting that this notice be withdrawn and setting out the reasons why you consider that this notice should be withdrawn.</p>	
<b>How to pay</b>	By post	<p>Tick the relevant box below and post this notice to:</p> <p>Workcover WA [Insert address]</p> <p><input type="checkbox"/> I want to pay the modified penalty. A cheque or money order (payable to [insert details of authorised officer*]) for the modified penalty is enclosed.</p> <p><input type="checkbox"/> I want to pay the modified penalty by credit card. Please debit my credit card account.</p>



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 40**

		Card type _____ Cardholder name _____ Card number [] Expiry date of card ____/____ Amount \$ _____ Signature _____ <b>Complete all details</b>
	Direct deposit	[Insert details]
	Electronic transfer	[Insert details]
<b>*The following are authorised officers for the purposes of receiving payment of modified penalties:</b>		
<b>Method of service</b>		<b>Date of service</b>

[Form 40 inserted in Gazette 25 Feb 2014 p. 505-7.]

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 41**

**Form 41**

[r. 53]

<b>Workers' Compensation and Injury Management Act 1981</b>		Withdrawal no.
<b>WITHDRAWAL OF INFRINGEMENT NOTICE</b>		
<b>Alleged offender</b>	Name	
	Address	
<b>Details of infringement notice</b>	Infringement notice no.	
	Date of issue	
<b>Details of alleged offence</b>	Date or period	
	Place	
	Written law contravened	
	Details of offence	
<b>Signature of authorised officer</b>	Name	
	Signature	
<b>Date</b>	Date of withdrawal	
<b>Withdrawal of infringement notice</b>	The above infringement notice issued against you for the above alleged offence has been withdrawn.  If you have already paid the modified penalty for the alleged offence, you are entitled to a refund.	

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix I**

**Form 41**

[*Delete whichever is not applicable]	<p>* Your refund is enclosed.</p> <p>or</p> <p>* If you have paid the modified penalty but a refund is not enclosed, you may claim your refund by signing and dating this notice and posting it to:</p> <p>Workcover WA [Insert address]</p>		
<b>Your signature</b>		<b>Date</b>	

[Form 41 inserted in Gazette 25 Feb 2014 p. 507-8.]

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix II**

**Appendix II**

[r. 9]

*[Heading deleted in Gazette 21 Jan 2005 p. 277.]*

**Table showing present values of \$1.00 per annum payable weekly assuming an effective earning rate of 3% per annum**

Years	Weeks												
	0	1	2	3	4	5	6	7	8	9	10	11	12
0	0.000 00	0.019 22	0.038 43	0.057 63	0.076 81	0.095 99	0.115 16	0.134 31	0.153 45	0.172 59	0.191 71	0.210 82	0.229 92
1	0.985 09	1.003 75	1.022 39	1.041 03	1.059 66	1.078 28	1.096 89	1.115 48	1.134 07	1.152 64	1.171 21	1.189 76	1.208 31
2	1.941 48	1.959 59	1.977 70	1.995 80	2.013 88	2.031 96	2.050 02	2.068 08	2.086 12	2.104 16	2.122 18	2.140 20	2.158 20
3	2.870 02	2.887 60	2.905 18	2.922 75	2.940 31	2.957 86	2.975 40	2.992 93	3.010 45	3.027 96	3.045 46	3.062 94	3.080 42
4	3.771 51	3.788 58	3.805 65	3.822 71	3.839 76	3.856 79	3.873 82	3.890 84	3.907 85	3.924 85	3.941 84	3.958 82	3.975 79
5	4.646 74	4.663 32	4.679 89	4.696 45	4.713 00	4.729 55	4.746 08	4.762 60	4.779 11	4.795 62	4.812 11	4.828 60	4.845 07
6	5.496 49	5.512 58	5.528 67	5.544 75	5.560 82	5.576 88	5.592 93	5.608 97	5.625 00	5.641 02	5.657 04	5.673 04	5.689 04
7	6.321 48	6.337 11	6.352 73	6.368 34	6.383 94	6.399 53	6.415 11	6.430 69	6.446 25	6.461 81	6.477 36	6.492 89	6.508 42
8	7.122 44	7.137 62	7.152 78	7.167 94	7.183 08	7.198 22	7.213 35	7.228 47	7.243 58	7.258 69	7.273 78	7.288 87	7.303 94
9	7.900 08	7.914 81	7.929 53	7.944 25	7.958 95	7.973 65	7.988 34	8.003 02	8.017 69	8.032 35	8.047 01	8.061 65	8.076 29
10	8.655 07	8.669 37	8.683 66	8.697 95	8.712 22	8.726 49	8.740 75	8.755 00	8.769 25	8.783 49	8.797 71	8.811 93	8.826 15
11	9.388 06	9.401 95	9.415 82	9.429 69	9.443 55	9.457 41	9.471 25	9.485 09	9.498 92	9.512 74	9.526 55	9.540 36	9.554 16
12	10.099 71	10.113 19	10.126 66	10.140 13	10.153 58	10.167 03	10.180 48	10.193 91	10.207 34	10.220 76	10.234 17	10.247 57	10.260 97
13	10.790 63	10.803 71	10.816 79	10.829 87	10.842 93	10.855 99	10.869 04	10.882 09	10.895 12	10.908 15	10.921 17	10.934 18	10.947 19
14	11.461 42	11.474 13	11.486 83	11.499 52	11.512 20	11.524 88	11.537 55	11.550 22	11.562 87	11.575 52	11.588 16	11.600 80	11.613 42
15	12.112 68	12.125 02	12.137 35	12.149 67	12.161 98	12.174 29	12.186 59	12.198 89	12.211 17	12.223 46	12.235 73	12.248 00	12.260 26
16	12.744 97	12.756 94	12.768 92	12.780 88	12.792 84	12.804 79	12.816 73	12.828 67	12.840 59	12.852 52	12.864 43	12.876 34	12.888 25
17	13.358 84	13.370 47	13.382 09	13.393 71	13.405 31	13.416 92	13.428 51	13.440 10	13.451 68	13.463 26	13.474 83	13.486 39	13.497 94
18	13.954 83	13.966 12	13.977 41	13.988 68	13.999 95	14.011 22	14.022 47	14.033 73	14.044 97	14.056 21	14.067 44	14.078 67	14.089 89
19	14.533 47	14.544 43	14.555 38	14.566 33	14.577 27	14.588 21	14.599 14	14.610 06	14.620 98	14.631 89	14.642 79	14.653 69	14.664 59
20	15.095 25	15.105 89	15.116 52	15.127 15	15.137 78	15.148 39	15.159 01	15.169 61	15.180 21	15.190 80	15.201 39	15.211 97	15.222 55
21	15.640 66	15.651 00	15.661 32	15.671 64	15.681 96	15.692 26	15.702 57	15.712 86	15.723 15	15.733 44	15.743 72	15.753 99	15.764 26
22	16.170 20	16.180 23	16.190 25	16.200 27	16.210 29	16.220 29	16.230 30	16.240 29	16.250 28	16.260 27	16.270 25	16.280 22	16.290 19
23	16.684 31	16.694 04	16.703 78	16.713 50	16.723 23	16.732 94	16.742 65	16.752 36	16.762 06	16.771 75	16.781 44	16.791 13	16.800 80
24	17.183 44	17.192 89	17.202 34	17.211 79	17.221 23	17.230 66	17.240 09	17.249 51	17.258 93	17.268 34	17.277 75	17.287 15	17.296 54
25	17.668 04	17.677 22	17.686 39	17.695 56	17.704 72	17.713 88	17.723 04	17.732 18	17.741 33	17.750 46	17.759 60	17.768 72	17.777 85
26	18.138 52	18.147 43	18.156 34	18.165 24	18.174 14	18.183 03	18.191 92	18.200 80	18.209 67	18.218 55	18.227 41	18.236 27	18.245 13
27	18.595 30	18.603 95	18.612 60	18.621 24	18.629 88	18.638 51	18.647 14	18.655 76	18.664 38	18.672 99	18.681 60	18.690 21	18.698 80
28	19.038 77	19.047 17	19.055 57	19.063 96	19.072 35	19.080 73	19.089 10	19.097 48	19.105 84	19.114 21	19.122 56	19.130 92	19.139 26
29	19.469 33	19.477 49	19.485 64	19.493 78	19.501 93	19.510 06	19.518 20	19.526 32	19.534 45	19.542 57	19.550 68	19.558 79	19.566 90
30	19.887 35	19.895 27	19.903 18	19.911 09	19.918 99	19.926 89	19.934 79	19.942 68	19.950 57	19.958 45	19.966 33	19.974 20	19.982 07
31	20.293 19	20.300 88	20.308 56	20.316 24	20.323 91	20.331 58	20.339 25	20.346 91	20.354 57	20.362 22	20.369 87	20.377 51	20.385 15
32	20.687 21	20.694 67	20.702 13	20.709 59	20.717 04	20.724 49	20.731 93	20.739 37	20.746 80	20.754 23	20.761 66	20.769 08	20.776 50
33	21.069 76	21.077 00	21.084 24	21.091 48	21.098 72	21.105 95	21.113 17	21.120 39	21.127 61	21.134 83	21.142 03	21.149 24	21.156 44
34	21.441 16	21.448 19	21.455 23	21.462 25	21.469 28	21.476 30	21.483 31	21.490 32	21.497 33	21.504 33	21.511 33	21.518 33	21.525 32
35	21.801 74	21.808 57	21.815 40	21.822 22	21.829 04	21.835 86	21.842 67	21.849 48	21.856 28	21.863 08	21.869 87	21.876 67	21.883 45
36	22.151 83	22.158 46	22.165 09	22.171 71	22.178 33	22.184 95	22.191 56	22.198 17	22.204 77	22.211 38	22.217 97	22.224 57	22.231 16
37	22.491 71	22.498 15	22.504 59	22.511 02	22.517 45	22.523 87	22.530 29	22.536 71	22.543 12	22.549 53	22.555 93	22.562 33	22.568 73
38	22.821 70	22.827 95	22.834 20	22.840 44	22.846 68	22.852 92	22.859 15	22.865 38	22.871 61	22.877 83	22.884 05	22.890 26	22.896 48
39	23.142 08	23.148 14	23.154 21	23.160 27	23.166 33	23.172 39	23.178 44	23.184 48	23.190 53	23.196 57	23.202 61	23.208 64	23.214 67
40	23.453 12	23.459 01	23.464 90	23.470 79	23.476 67	23.482 55	23.488 42	23.494 29	23.500 16	23.506 03	23.511 89	23.517 75	23.523 60
41	23.755 10	23.760 83	23.766 54	23.772 26	23.777 97	23.783 67	23.789 38	23.795 08	23.800 78	23.806 47	23.812 16	23.817 85	23.823 54
42	24.048 29	24.053 85	24.059 40	24.064 95	24.070 49	24.076 03	24.081 57	24.087 10	24.092 64	24.098 16	24.103 69	24.109 21	24.114 73
43	24.332 94	24.338 34	24.343 72	24.349 11	24.354 49	24.359 87	24.365 25	24.370 62	24.375 99	24.381 36	24.386 73	24.392 09	24.397 45
44	24.609 30	24.614 54	24.619 77	24.625 00	24.630 22	24.635 45	24.640 67	24.645 88	24.651 10	24.656 31	24.661 52	24.666 72	24.671 93
45	24.877 61	24.882 69	24.887 77	24.892 85	24.897 92	24.903 00	24.908 06	24.913 13	24.918 19	24.923 25	24.928 31	24.933 36	24.938 41
46	25.138 11	25.143 04	25.147 97	25.152 90	25.157 83	25.162 75	25.167 67	25.172 59	25.177 50	25.182 42	25.187 32	25.192 23	25.197 13
47	25.391 01	25.395 80	25.400 59	25.405 38	25.410 16	25.414 94	25.419 72	25.424 49	25.429 26	25.434 03	25.438 80	25.443 56	25.448 32
48	25.636 55	25.641 21	25.645 85	25.650 50	25.655 14	25.659 78	25.664 42	25.669 06	25.673 69	25.678 32	25.682 95	25.687 57	25.692 19
49	25.874 94	25.879 46	25.883 97	25.888 48	25.892 99	25.897 50	25.902 00	25.906 50	25.911 00	25.915 49	25.919 99	25.924 48	25.928 96
50	26.106 39	26.110 77	26.115 16	26.119 54	26.123 91	26.128 29	26.132 66	26.137 03	26.141 39	26.145 76	26.150 12	26.154 48	26.158 84

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix II**

Appendix II — continued

Years	Weeks														
	13 \$	14 \$	15 \$	16 \$	17 \$	18 \$	19 \$	20 \$	21 \$	22 \$	23 \$	24 \$	25 \$		
0	0.249 01	0.268 09	0.287 15	0.306 21	0.325 26	0.344 29	0.363 32	0.382 33	0.401 33	0.420 32	0.439 30	0.458 27	0.477 23		
1	1.226 84	1.245 36	1.263 88	1.282 38	1.300 87	1.319 35	1.337 82	1.356 28	1.374 73	1.393 17	1.411 59	1.430 01	1.448 42		
2	2.176 19	2.194 18	2.212 15	2.230 11	2.248 06	2.266 01	2.283 94	2.301 86	2.319 77	2.337 67	2.355 56	2.373 45	2.391 32		
3	3.097 89	3.115 35	3.132 80	3.150 24	3.167 67	3.185 09	3.202 50	3.219 90	3.237 29	3.254 67	3.272 04	3.289 40	3.306 75		
4	3.992 75	4.009 70	4.026 64	4.043 57	4.060 49	4.077 41	4.094 31	4.111 20	4.128 09	4.144 96	4.161 82	4.178 68	4.195 52		
5	4.861 54	4.878 00	4.894 44	4.910 88	4.927 31	4.943 73	4.960 14	4.976 54	4.992 94	5.009 32	5.025 69	5.042 05	5.058 41		
6	5.705 03	5.721 00	5.736 97	5.752 93	5.768 88	5.784 82	5.800 76	5.816 68	5.832 60	5.848 50	5.864 40	5.880 28	5.896 16		
7	6.523 95	6.539 46	6.554 96	6.570 46	6.585 94	6.601 42	6.616 89	6.632 35	6.647 80	6.663 24	6.678 67	6.694 10	6.709 51		
8	7.319 01	7.334 07	7.349 13	7.364 17	7.379 20	7.394 23	7.409 25	7.424 26	7.439 26	7.454 25	7.469 23	7.484 21	7.499 18		
9	8.090 92	8.105 55	8.120 16	8.134 76	8.149 36	8.163 95	8.178 53	8.193 10	8.207 67	8.222 22	8.236 77	8.251 31	8.265 84		
10	8.840 35	8.854 55	8.868 73	8.882 91	8.897 09	8.911 25	8.925 41	8.939 55	8.953 69	8.967 83	8.981 95	8.996 06	9.010 17		
11	9.567 95	9.581 73	9.595 51	9.609 27	9.623 03	9.636 78	9.650 53	9.664 26	9.677 99	9.691 71	9.705 42	9.719 13	9.732 82		
12	10.274 36	10.287 74	10.301 11	10.314 48	10.327 84	10.341 19	10.354 53	10.367 87	10.381 19	10.394 51	10.407 83	10.421 13	10.434 43		
13	10.960 19	10.973 18	10.986 16	10.999 14	11.012 11	11.025 07	11.038 03	11.050 97	11.063 91	11.076 85	11.089 77	11.102 69	11.115 60		
14	11.626 05	11.638 66	11.651 26	11.663 86	11.676 45	11.689 04	11.701 62	11.714 19	11.726 75	11.739 30	11.751 85	11.764 39	11.776 93		
15	12.272 51	12.284 75	12.296 99	12.309 22	12.321 45	12.333 67	12.345 88	12.358 08	12.370 28	12.382 47	12.394 65	12.406 83	12.419 00		
16	12.900 14	12.912 03	12.923 91	12.935 79	12.947 66	12.959 52	12.971 37	12.983 22	12.995 06	13.006 90	13.018 73	13.030 55	13.042 36		
17	13.509 49	13.521 04	13.532 57	13.544 10	13.555 63	13.567 14	13.578 65	13.590 16	13.601 65	13.613 14	13.624 63	13.636 10	13.647 57		
18	14.101 10	14.112 31	14.123 51	14.134 70	14.145 89	14.157 07	14.168 24	14.179 41	14.190 57	14.201 73	14.212 88	14.224 02	14.235 16		
19	14.675 47	14.686 35	14.697 23	14.708 09	14.718 96	14.729 81	14.740 66	14.751 50	14.762 34	14.773 17	14.784 00	14.794 81	14.805 63		
20	15.233 12	15.243 68	15.254 24	15.264 79	15.275 33	15.285 87	15.296 41	15.306 93	15.317 45	15.327 97	15.338 48	15.348 98	15.359 48		
21	15.774 52	15.784 77	15.795 02	15.805 27	15.815 51	15.825 74	15.835 96	15.846 19	15.856 40	15.866 61	15.876 81	15.887 01	15.897 20		
22	16.300 15	16.310 11	16.320 06	16.330 01	16.339 95	16.349 88	16.359 81	16.369 73	16.379 65	16.389 56	16.399 47	16.409 37	16.419 26		
23	16.810 48	16.820 14	16.829 80	16.839 46	16.849 11	16.858 75	16.868 39	16.878 03	16.887 66	16.897 28	16.906 90	16.916 51	16.926 12		
24	17.305 94	17.315 32	17.324 70	17.334 08	17.343 44	17.352 81	17.362 17	17.371 52	17.380 87	17.390 21	17.399 55	17.408 88	17.418 21		
25	17.786 96	17.796 08	17.805 18	17.814 28	17.823 38	17.832 47	17.841 56	17.850 64	17.859 71	17.868 79	17.877 85	17.886 91	17.895 97		
26	18.253 98	18.262 83	18.271 67	18.280 51	18.289 34	18.298 16	18.306 99	18.315 80	18.324 61	18.333 42	18.342 22	18.351 02	18.359 81		
27	18.707 40	18.715 99	18.724 57	18.733 15	18.741 72	18.750 29	18.758 86	18.767 42	18.775 97	18.784 52	18.793 07	18.801 61	18.810 14		
28	19.147 61	19.155 95	19.164 28	19.172 61	19.180 93	19.189 25	19.197 57	19.205 88	19.214 18	19.222 49	19.230 78	19.239 07	19.247 36		
29	19.575 00	19.583 09	19.591 18	19.599 27	19.607 35	19.615 43	19.623 50	19.631 57	19.639 63	19.647 69	19.655 75	19.663 80	19.671 84		
30	19.989 94	19.997 80	20.005 65	20.013 50	20.021 35	20.029 19	20.037 03	20.044 86	20.052 69	20.060 51	20.068 33	20.076 15	20.083 96		
31	20.392 79	20.400 42	20.408 05	20.415 67	20.423 29	20.430 90	20.438 51	20.446 12	20.453 72	20.461 31	20.468 91	20.476 49	20.484 08		
32	20.783 91	20.791 32	20.798 72	20.806 12	20.813 52	20.820 91	20.828 30	20.835 68	20.843 06	20.850 44	20.857 81	20.865 18	20.872 54		
33	21.164 64	21.170 83	21.178 02	21.185 21	21.192 39	21.199 56	21.206 74	21.213 90	21.221 07	21.228 23	21.235 39	21.242 54	21.249 69		
34	21.532 31	21.539 29	21.546 27	21.553 25	21.560 22	21.567 19	21.574 15	21.581 11	21.588 06	21.595 02	21.601 96	21.608 91	21.615 85		
35	21.890 24	21.897 02	21.903 79	21.910 57	21.917 34	21.924 10	21.930 86	21.937 62	21.944 37	21.951 12	21.957 87	21.964 61	21.971 35		
36	22.237 74	22.244 33	22.250 90	22.257 48	22.264 05	22.270 62	22.277 18	22.283 74	22.290 30	22.296 85	22.303 40	22.309 95	22.316 49		
37	22.575 13	22.581 52	22.587 91	22.594 29	22.600 67	22.607 05	22.613 42	22.619 79	22.626 15	22.632 51	22.638 87	22.645 23	22.651 58		
38	22.902 68	22.908 89	22.915 09	22.921 29	22.927 48	22.933 67	22.939 86	22.946 04	22.952 22	22.958 40	22.964 57	22.970 74	22.976 91		
39	23.220 70	23.226 73	23.232 75	23.238 76	23.244 78	23.250 79	23.256 79	23.262 80	23.268 80	23.274 79	23.280 79	23.286 78	23.292 76		
40	23.529 46	23.535 30	23.541 15	23.546 99	23.552 83	23.558 67	23.564 50	23.570 33	23.576 15	23.581 97	23.587 79	23.593 61	23.599 42		
41	23.829 22	23.834 89	23.840 57	23.846 24	23.851 91	23.857 58	23.863 24	23.868 90	23.874 55	23.880 20	23.885 85	23.891 50	23.897 14		
42	24.120 25	24.125 76	24.131 27	24.136 78	24.142 28	24.147 78	24.153 28	24.158 77	24.164 26	24.169 75	24.175 23	24.180 72	24.186 19		
43	24.402 80	24.408 15	24.413 50	24.418 85	24.424 19	24.429 53	24.434 87	24.440 20	24.445 53	24.450 86	24.456 19	24.461 51	24.466 83		
44	24.677 12	24.682 32	24.687 51	24.692 71	24.697 89	24.703 08	24.708 26	24.713 44	24.718 61	24.723 79	24.728 96	24.734 12	24.739 29		
45	24.943 46	24.948 50	24.953 55	24.958 59	24.963 62	24.968 66	24.973 69	24.978 71	24.983 74	24.988 76	24.993 78	24.998 80	25.003 81		
46	25.202 04	25.206 93	25.211 83	25.216 72	25.221 61	25.226 50	25.231 38	25.236 26	25.241 14	25.246 02	25.250 89	25.255 76	25.260 63		
47	25.453 08	25.457 84	25.462 59	25.467 34	25.472 09	25.476 83	25.481 57	25.486 31	25.491 05	25.495 78	25.500 51	25.505 24	25.509 97		
48	25.696 81	25.701 43	25.706 05	25.710 66	25.715 27	25.719 87	25.724 48	25.729 08	25.733 68	25.738 27	25.742 87	25.747 46	25.752 04		
49	25.933 45	25.937 93	25.942 41	25.946 89	25.951 36	25.955 84	25.960 31	25.964 77	25.969 24	25.973 70	25.978 16	25.982 62	25.987 07		
50	26.163 19	26.167 54	26.171 89	26.176 24	26.180 58	26.184 93	26.189 27	26.193 60	26.197 94	26.202 27	26.206 60	26.210 93	26.215 25		

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix II**

Appendix II — *continued*

Years	Weeks													
	26 \$	27 \$	28 \$	29 \$	30 \$	31 \$	32 \$	33 \$	34 \$	35 \$	36 \$	37 \$	38 \$	
0	0.496 18	0.515 12	0.534 05	0.552 96	0.571 87	0.590 76	0.609 65	0.628 52	0.647 38	0.666 24	0.685 08	0.703 91	0.722 73	
1	1.466 82	1.485 20	1.503 58	1.521 94	1.540 30	1.558 64	1.576 98	1.595 30	1.613 61	1.631 92	1.650 21	1.668 49	1.686 76	
2	2.409 18	2.427 03	2.444 87	2.462 70	2.480 52	2.498 33	2.516 13	2.533 92	2.551 70	2.569 47	2.587 23	2.604 98	2.622 72	
3	3.324 09	3.341 42	3.358 74	3.376 06	3.393 36	3.410 65	3.427 93	3.445 20	3.462 46	3.479 72	3.496 96	3.514 19	3.531 41	
4	4.212 36	4.229 19	4.246 00	4.262 81	4.279 61	4.296 39	4.313 17	4.329 94	4.346 70	4.363 45	4.380 19	4.396 92	4.413 64	
5	5.074 75	5.091 09	5.107 42	5.123 73	5.140 04	5.156 34	5.172 63	5.188 91	5.205 18	5.221 44	5.237 70	5.253 94	5.270 17	
6	5.912 03	5.927 89	5.943 74	5.959 58	5.975 42	5.991 24	6.007 06	6.022 86	6.038 66	6.054 45	6.070 23	6.086 00	6.101 76	
7	6.724 92	6.740 32	6.755 71	6.771 09	6.786 46	6.801 83	6.817 18	6.832 53	6.847 86	6.863 19	6.878 51	6.893 82	6.909 12	
8	7.514 14	7.529 08	7.544 03	7.558 96	7.573 88	7.588 80	7.603 71	7.618 60	7.633 50	7.648 38	7.663 25	7.678 12	7.692 97	
9	8.280 36	8.294 88	8.309 38	8.323 88	8.338 37	8.352 85	8.367 32	8.381 79	8.396 25	8.410 69	8.425 13	8.439 57	8.453 99	
10	9.024 27	9.038 36	9.052 45	9.066 52	9.080 59	9.094 65	9.108 70	9.122 74	9.136 78	9.150 81	9.164 83	9.178 84	9.192 84	
11	9.746 51	9.760 19	9.773 87	9.787 53	9.801 19	9.814 84	9.828 48	9.842 12	9.855 75	9.869 36	9.882 98	9.896 58	9.910 18	
12	10.447 72	10.461 00	10.474 28	10.487 55	10.500 81	10.514 06	10.527 30	10.540 54	10.553 77	10.566 99	10.580 21	10.593 41	10.606 61	
13	11.128 50	11.141 40	11.154 29	11.167 17	11.180 04	11.192 91	11.205 77	11.218 62	11.231 46	11.244 30	11.257 13	11.269 95	11.282 77	
14	11.789 46	11.801 98	11.814 49	11.827 00	11.839 49	11.851 99	11.864 47	11.876 95	11.889 42	11.901 88	11.914 34	11.926 79	11.939 23	
15	12.431 16	12.443 32	12.455 46	12.467 61	12.479 74	12.491 87	12.503 99	12.516 10	12.528 21	12.540 31	12.552 40	12.564 49	12.576 57	
16	13.054 17	13.065 97	13.077 77	13.089 56	13.101 34	13.113 11	13.124 88	13.136 64	13.148 40	13.160 14	13.171 89	13.183 62	13.195 35	
17	13.659 04	13.670 50	13.681 95	13.693 39	13.704 83	13.716 26	13.727 69	13.739 11	13.750 52	13.761 92	13.773 32	13.784 72	13.796 10	
18	14.246 29	14.257 41	14.268 53	14.279 64	14.290 75	14.301 84	14.312 94	14.324 02	14.335 10	14.346 18	14.357 24	14.368 30	14.379 36	
19	14.816 43	14.827 23	14.838 03	14.848 81	14.859 60	14.870 37	14.881 14	14.891 90	14.902 66	14.913 41	14.924 16	14.934 90	14.945 63	
20	15.369 97	15.380 46	15.390 94	15.401 41	15.411 88	15.422 34	15.432 79	15.443 24	15.453 69	15.464 13	15.474 56	15.484 98	15.495 40	
21	15.907 39	15.917 57	15.927 74	15.937 91	15.948 07	15.958 23	15.968 38	15.978 53	15.988 67	15.998 80	16.008 93	16.019 05	16.029 17	
22	16.429 15	16.439 03	16.448 91	16.458 78	16.468 65	16.478 51	16.488 37	16.498 22	16.508 06	16.517 90	16.527 73	16.537 56	16.547 38	
23	16.935 72	16.945 31	16.954 90	16.964 49	16.974 07	16.983 64	16.993 21	17.002 77	17.012 33	17.021 88	17.031 43	17.040 97	17.050 51	
24	17.427 53	17.436 84	17.446 16	17.455 46	17.464 76	17.474 06	17.483 35	17.492 63	17.501 91	17.511 18	17.520 45	17.529 72	17.538 97	
25	17.905 02	17.914 06	17.923 10	17.932 14	17.941 16	17.950 19	17.959 21	17.968 22	17.977 23	17.986 23	17.995 23	18.004 23	18.013 22	
26	18.368 60	18.377 38	18.386 15	18.394 93	18.403 69	18.412 45	18.421 21	18.429 96	18.438 71	18.447 45	18.456 19	18.464 92	18.473 64	
27	18.818 67	18.827 20	18.835 72	18.844 24	18.852 75	18.861 25	18.869 75	18.878 25	18.886 74	18.895 23	18.903 71	18.912 19	18.920 66	
28	19.255 64	19.263 92	19.272 19	19.280 46	19.288 72	19.296 98	19.305 24	19.313 48	19.321 73	19.329 97	19.338 20	19.346 43	19.354 66	
29	19.679 88	19.687 92	19.695 95	19.703 98	19.712 00	19.720 02	19.728 03	19.736 04	19.744 05	19.752 04	19.760 04	19.768 03	19.776 02	
30	20.091 77	20.099 57	20.107 37	20.115 16	20.122 95	20.130 73	20.138 51	20.146 29	20.154 06	20.161 83	20.169 59	20.177 35	20.185 10	
31	20.491 66	20.499 23	20.506 80	20.514 37	20.521 93	20.529 49	20.537 04	20.544 59	20.552 13	20.559 68	20.567 21	20.574 74	20.582 27	
32	20.879 90	20.887 25	20.894 60	20.901 95	20.909 29	20.916 63	20.923 96	20.931 29	20.938 61	20.945 94	20.953 25	20.960 56	20.967 87	
33	21.256 83	21.263 97	21.271 11	21.278 24	21.285 37	21.292 49	21.299 61	21.306 73	21.313 84	21.320 94	21.328 05	21.335 15	21.342 24	
34	21.622 78	21.629 72	21.636 64	21.643 57	21.650 49	21.657 41	21.664 32	21.671 23	21.678 13	21.685 03	21.691 93	21.698 82	21.705 71	
35	21.978 08	21.984 81	21.991 54	21.998 26	22.004 98	22.011 69	22.018 40	22.025 11	22.031 81	22.038 51	22.045 21	22.051 90	22.058 59	
36	22.323 03	22.329 56	22.336 09	22.342 62	22.349 14	22.355 66	22.362 18	22.368 69	22.375 20	22.381 70	22.388 20	22.394 70	22.401 19	
37	22.657 93	22.664 27	22.670 61	22.676 95	22.683 28	22.689 61	22.695 94	22.702 26	22.708 58	22.714 89	22.721 20	22.727 51	22.733 82	
38	22.983 07	22.989 23	22.995 39	23.001 54	23.007 69	23.013 83	23.019 97	23.026 11	23.032 25	23.038 38	23.044 51	23.050 63	23.056 75	
39	23.298 75	23.304 73	23.310 70	23.316 68	23.322 65	23.328 61	23.334 57	23.340 53	23.346 49	23.352 44	23.358 39	23.364 34	23.370 28	
40	23.605 23	23.611 03	23.616 84	23.622 64	23.628 43	23.634 22	23.640 01	23.645 80	23.651 58	23.657 36	23.663 14	23.668 91	23.674 68	
41	23.902 78	23.908 42	23.914 05	23.919 68	23.925 31	23.930 93	23.936 55	23.942 17	23.947 78	23.953 40	23.959 00	23.964 61	23.970 21	
42	24.191 67	24.197 14	24.202 61	24.208 08	24.213 54	24.219 00	24.224 46	24.229 91	24.235 36	24.240 81	24.246 25	24.251 69	24.257 13	
43	24.472 14	24.477 46	24.482 77	24.488 07	24.493 38	24.498 68	24.503 98	24.509 27	24.514 56	24.519 85	24.525 14	24.530 42	24.535 70	
44	24.744 45	24.749 61	24.754 76	24.759 91	24.765 06	24.770 21	24.775 35	24.780 49	24.785 63	24.790 77	24.795 90	24.801 03	24.806 15	
45	25.008 82	25.013 83	25.018 83	25.023 84	25.028 84	25.033 83	25.038 83	25.043 82	25.048 80	25.053 79	25.058 77	25.063 75	25.068 73	
46	25.265 49	25.270 36	25.275 22	25.280 07	25.284 93	25.289 78	25.294 63	25.299 47	25.304 31	25.309 15	25.313 99	25.318 83	25.323 66	
47	25.514 69	25.519 41	25.524 13	25.528 84	25.533 56	25.538 27	25.542 97	25.547 68	25.552 38	25.557 08	25.561 78	25.566 47	25.571 16	
48	25.756 63	25.761 21	25.765 79	25.770 37	25.774 95	25.779 52	25.784 09	25.788 66	25.793 22	25.797 78	25.802 34	25.806 90	25.811 45	
49	25.991 52	25.995 97	26.000 42	26.004 86	26.009 31	26.013 74	26.018 18	26.022 62	26.027 05	26.031 48	26.035 90	26.040 33	26.044 75	
50	26.219 57	26.223 89	26.228 21	26.232 53	26.236 84	26.241 15	26.245 46	26.249 76	26.254 06	26.258 36	26.262 66	26.266 96	26.271 25	

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix II**

Appendix II — continued

Years	Weeks												
	39 \$	40 \$	41 \$	42 \$	43 \$	44 \$	45 \$	46 \$	47 \$	48 \$	49 \$	50 \$	51 \$
0	0.741 54	0.760 34	0.779 12	0.797 90	0.816 67	0.835 42	0.854 17	0.872 90	0.891 63	0.910 34	0.929 04	0.947 73	0.966 41
1	1.705 02	1.723 27	1.741 52	1.759 75	1.777 97	1.796 17	1.814 37	1.832 56	1.850 74	1.868 91	1.887 07	1.905 21	1.923 35
2	2.640 45	2.658 17	2.675 88	2.693 58	2.711 27	2.728 94	2.746 61	2.764 27	2.781 92	2.799 56	2.817 19	2.834 81	2.852 42
3	3.548 63	3.565 83	3.583 02	3.600 21	3.617 38	3.634 55	3.651 70	3.668 84	3.685 98	3.703 10	3.720 22	3.737 34	3.754 42
4	4.430 35	4.447 06	4.463 75	4.480 43	4.497 11	4.513 77	4.530 42	4.547 07	4.563 71	4.580 33	4.596 95	4.613 56	4.630 11
5	5.286 40	5.302 62	5.318 82	5.335 02	5.351 21	5.367 39	5.383 56	5.399 72	5.415 87	5.432 01	5.448 14	5.464 27	5.480 38
6	6.117 51	6.133 26	6.148 99	6.164 72	6.180 43	6.196 14	6.211 84	6.227 53	6.243 21	6.258 88	6.274 54	6.290 20	6.305 84
7	6.924 42	6.939 70	6.954 98	6.970 25	6.985 50	7.000 75	7.016 00	7.031 23	7.046 45	7.061 67	7.076 88	7.092 07	7.107 26
8	7.707 82	7.722 66	7.737 49	7.752 31	7.767 13	7.781 93	7.796 73	7.811 52	7.826 30	7.841 07	7.855 84	7.870 59	7.885 33
9	8.468 41	8.482 81	8.497 21	8.511 60	8.525 99	8.540 36	8.554 73	8.569 09	8.583 44	8.597 78	8.612 11	8.626 44	8.640 77
10	9.206 84	9.220 83	9.234 81	9.248 78	9.262 74	9.276 70	9.290 65	9.304 59	9.318 52	9.332 44	9.346 36	9.360 27	9.374 17
11	9.923 76	9.937 34	9.950 92	9.964 48	9.978 04	9.991 59	10.005 13	10.018 66	10.032 19	10.045 71	10.059 22	10.072 72	10.086 22
12	10.619 81	10.632 99	10.646 17	10.659 34	10.672 50	10.685 66	10.698 80	10.711 94	10.725 08	10.738 20	10.751 32	10.764 43	10.777 53
13	11.295 58	11.308 38	11.321 17	11.333 96	11.346 74	11.359 51	11.372 27	11.385 03	11.397 78	11.410 52	11.423 26	11.435 99	11.448 71
14	11.951 66	11.964 09	11.976 51	11.988 93	12.001 33	12.013 73	12.026 13	12.038 51	12.050 89	12.063 26	12.075 63	12.087 99	12.100 33
15	12.588 64	12.600 71	12.612 77	12.624 82	12.636 87	12.648 90	12.660 94	12.672 96	12.684 98	12.696 99	12.709 00	12.720 99	12.732 99
16	13.207 07	13.218 78	13.230 49	13.242 19	13.253 89	13.265 58	13.277 26	13.288 93	13.300 60	13.312 26	13.323 92	13.335 56	13.347 21
17	13.807 48	13.818 86	13.830 22	13.841 58	13.852 94	13.864 28	13.875 63	13.886 96	13.898 29	13.909 61	13.920 93	13.932 23	13.943 52
18	14.390 41	14.401 45	14.412 49	14.423 52	14.434 54	14.445 56	14.456 57	14.467 57	14.478 57	14.489 56	14.500 55	14.511 53	14.522 50
19	14.956 35	14.967 08	14.977 79	14.988 50	14.999 20	15.009 90	15.020 59	15.031 27	15.041 95	15.052 62	15.063 29	15.073 95	15.084 60
20	15.505 82	15.516 23	15.526 63	15.537 03	15.547 42	15.557 80	15.568 18	15.578 55	15.588 92	15.599 28	15.609 63	15.619 98	15.630 33
21	16.039 28	16.049 38	16.059 48	16.069 58	16.079 66	16.089 75	16.099 82	16.109 89	16.119 96	16.130 02	16.140 07	16.150 12	16.160 16
22	16.557 20	16.567 01	16.576 82	16.586 61	16.596 41	16.606 20	16.615 98	16.625 76	16.635 53	16.645 30	16.655 06	16.664 81	16.674 55
23	17.060 04	17.069 56	17.079 08	17.088 59	17.098 10	17.107 61	17.117 10	17.126 60	17.136 08	17.145 57	17.155 04	17.164 51	17.173 99
24	17.548 23	17.557 47	17.566 72	17.575 95	17.585 19	17.594 41	17.603 63	17.612 85	17.622 06	17.631 27	17.640 47	17.649 66	17.658 85
25	18.022 20	18.031 18	18.040 15	18.049 12	18.058 08	18.067 04	18.075 99	18.084 94	18.093 88	18.102 82	18.111 75	18.120 68	18.129 60
26	18.482 37	18.491 08	18.499 79	18.508 50	18.517 20	18.525 90	18.534 59	18.543 28	18.551 96	18.560 64	18.569 31	18.577 98	18.586 64
27	18.929 13	18.937 59	18.946 05	18.954 50	18.962 95	18.971 40	18.979 83	18.988 27	18.996 70	19.005 12	19.013 54	19.021 96	19.030 37
28	19.362 88	19.371 10	19.379 31	19.387 52	19.395 72	19.403 92	19.412 11	19.420 30	19.428 48	19.436 66	19.444 83	19.453 00	19.461 17
29	19.784 00	19.791 98	19.799 95	19.807 92	19.815 88	19.823 84	19.831 79	19.839 74	19.847 69	19.855 63	19.863 57	19.871 50	19.879 42
30	20.192 85	20.200 60	20.208 34	20.216 07	20.223 80	20.231 53	20.239 25	20.246 97	20.254 69	20.262 39	20.270 10	20.277 80	20.285 50
31	20.589 79	20.597 31	20.604 83	20.612 34	20.619 85	20.627 35	20.634 85	20.642 34	20.649 83	20.657 31	20.664 79	20.672 27	20.679 74
32	20.975 18	20.982 48	20.989 77	20.997 07	21.004 35	21.011 64	21.018 92	21.026 19	21.033 46	21.040 73	21.047 99	21.055 25	21.062 51
33	21.349 33	21.356 42	21.363 51	21.370 59	21.377 66	21.384 73	21.391 80	21.398 86	21.405 92	21.412 98	21.420 03	21.427 08	21.434 12
34	21.712 59	21.719 48	21.726 35	21.733 23	21.740 10	21.746 96	21.753 82	21.760 68	21.767 53	21.774 38	21.781 23	21.788 07	21.794 91
35	22.065 27	22.071 96	22.078 63	22.085 31	22.091 97	22.098 64	22.105 30	22.111 96	22.118 61	22.125 26	22.131 91	22.138 55	22.145 19
36	22.407 68	22.414 17	22.420 65	22.427 13	22.433 60	22.440 08	22.446 54	22.453 01	22.459 47	22.465 92	22.472 38	22.478 83	22.485 27
37	22.740 12	22.746 41	22.752 71	22.759 00	22.765 28	22.771 57	22.777 85	22.784 12	22.790 39	22.796 66	22.802 93	22.809 19	22.815 45
38	23.062 87	23.068 98	23.075 09	23.081 20	23.087 30	23.093 40	23.099 50	23.105 59	23.111 68	23.117 77	23.123 85	23.129 93	23.136 00
39	23.376 22	23.382 15	23.388 09	23.394 02	23.399 94	23.405 86	23.411 78	23.417 70	23.423 61	23.429 52	23.435 42	23.441 33	23.447 22
40	23.680 44	23.686 21	23.691 97	23.697 72	23.703 48	23.709 22	23.714 97	23.720 71	23.726 45	23.732 19	23.737 92	23.743 65	23.749 38
41	23.975 81	23.981 40	23.986 99	23.992 58	23.998 17	24.003 75	24.009 33	24.014 90	24.020 48	24.026 05	24.031 61	24.037 18	24.042 72
42	24.262 57	24.268 00	24.273 43	24.278 85	24.284 28	24.289 70	24.295 11	24.300 53	24.305 94	24.311 34	24.316 75	24.322 15	24.327 55
43	24.540 98	24.546 25	24.551 52	24.556 79	24.562 05	24.567 32	24.572 57	24.577 83	24.583 08	24.588 33	24.593 58	24.598 82	24.604 06
44	24.811 28	24.816 40	24.821 51	24.826 63	24.831 74	24.836 85	24.841 95	24.847 06	24.852 16	24.857 25	24.862 35	24.867 44	24.872 53
45	25.073 70	25.078 67	25.083 64	25.088 61	25.093 57	25.098 53	25.103 49	25.108 44	25.113 39	25.118 34	25.123 29	25.128 23	25.133 17
46	25.328 49	25.333 31	25.338 14	25.342 96	25.347 77	25.352 59	25.357 40	25.362 21	25.367 02	25.371 82	25.376 63	25.381 42	25.386 22
47	25.575 85	25.580 53	25.585 22	25.589 90	25.594 57	25.599 25	25.603 92	25.608 59	25.613 26	25.617 92	25.622 59	25.627 24	25.631 90
48	25.816 01	25.820 55	25.825 10	25.829 65	25.834 19	25.838 73	25.843 26	25.847 80	25.852 33	25.856 86	25.861 38	25.865 91	25.870 43
49	26.049 17	26.053 59	26.058 00	26.062 41	26.066 82	26.071 23	26.075 63	26.080 03	26.084 43	26.088 83	26.093 22	26.097 61	26.102 00
50	26.275 54	26.279 83	26.284 11	26.288 40	26.292 68	26.296 96	26.301 23	26.305 51	26.309 78	26.314 05	26.318 31	26.322 57	26.326 84

[Appendix II amended in Gazette 17 Nov 2000 p. 6322; 21 Jan 2005 p. 277.]

## **Appendix III**

[r. 19E]

*[Heading inserted in Gazette 26 Feb 1991 p. 947.]*

### **Report No. 118 of the National Acoustic Laboratories**

#### **Appendix 3**

#### **Binaural tables for determining percentage loss of hearing**

January, 1988

It is recommended that the following procedure be used to assess binaural percentage loss of hearing.

1. Measure the hearing threshold levels (HTLs) of the person at the audiometric frequencies 500, 1000, 1500, 2000, 3000 and 4000 Hz.
2. Determine the better and worse ears at each of these frequencies. At a particular frequency, the better ear is the ear with the smaller HTL. The better ear at one frequency may be the worse at another.
3. Using the HTLs of the better and worse ears, read the percentage loss of hearing (PLH) at each frequency from the appropriate table (Table RB-500, RB-1000, RB-1500, RB-2000, RB-3000 or RB-4000) and add these 6 values together to obtain the overall binaural PLH.

#### **Example**

Frequency	HEARING THRESHOLD LEVELS				PLH
	Right Ear	Left Ear	Better Ear	Worse Ear	
500	40	10	10	40	1.7
1000	45	25	25	45	4.2
1500	50	40	40	50	7.1
2000	55	55	55	55	8.4
3000	60	70	60	70	6.5
4000	65	85	65	85	7.1
Overall Binaural PLH = 35.0%					



**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix III**

**Table RB — 500**

**Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 500 Hz**

**HTL — BETTER EAR**

	≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																	H
20	0.4	0.6																T
25	0.6	1.0	1.4															L
30	1.0	1.4	2.0	2.8														
35	1.3	1.8	2.5	3.4	4.5													W
40	1.7	2.2	3.0	3.9	5.1	6.4												O
45	2.0	2.6	3.4	4.3	5.5	6.8	8.1											R
50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7										S
55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2									E
60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6								
65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0							E
70	2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5						A
75	3.0	3.8	4.7	5.7	6.8	8.0	9.2	10.5	11.8	13.1	14.5	15.7	16.9					R
80	3.1	3.9	4.8	5.8	6.9	8.1	9.3	10.6	12.0	13.3	14.7	16.0	17.2	18.2				
85	3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1			
90	3.4	4.1	5.0	6.0	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7		
≤95	3.4	4.2	5.1	6.1	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	19.7	20.0	

**Table RB — 1000**

**Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 1000 Hz**

**HTL — BETTER EAR**

	≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																	H
20	0.5	0.8																T
25	0.8	1.2	1.8															L
30	1.2	1.7	2.5	3.5														
35	1.7	2.3	3.1	4.3	5.7													W
40	2.1	2.8	3.7	4.9	6.3	8.0												O
45	2.5	3.3	4.2	5.4	6.9	8.5	10.2											R
50	2.8	3.6	4.7	5.9	7.3	8.8	10.5	12.1										S
55	3.1	3.9	5.0	6.2	7.6	9.1	10.7	12.4	14.0									E
60	3.3	4.2	5.3	6.5	7.9	9.4	11.0	12.6	14.2	15.7								
65	3.5	4.4	5.5	6.7	8.1	9.6	11.2	12.8	14.4	15.9	17.5							E
70	3.7	4.6	5.7	6.9	8.3	9.8	11.3	12.9	14.6	16.2	17.8	19.4						A
75	3.8	4.7	5.8	7.1	8.5	10.0	11.5	13.1	14.8	16.4	18.1	19.7	21.1					R
80	3.9	4.9	6.0	7.3	8.6	10.1	11.7	13.3	15.0	16.7	18.4	20.0	21.5	22.7				
85	4.1	5.0	6.2	7.4	8.8	10.3	11.8	13.4	15.1	16.9	18.6	20.3	21.7	23.0	23.9			
90	4.2	5.2	6.3	7.5	8.9	10.3	11.9	13.5	15.2	17.0	18.7	20.4	21.9	23.2	24.1	24.6		
≤95	4.3	5.3	6.4	7.6	8.9	10.3	11.9	13.5	15.2	17.0	18.7	20.5	22.0	23.3	24.2	24.7	25.0	

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix III**

**Table RB — 1500**

**Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 1500 Hz**

**HTL — BETTER EAR**

	≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																	
20	0.4	0.6																H
25	0.6	1.0	1.4															T
30	1.0	1.4	2.0	2.8														L
35	1.3	1.8	2.5	3.4	4.5													
40	1.7	2.2	3.0	3.9	5.1	6.4												W
45	2.0	2.6	3.4	4.3	5.5	6.8	8.1											O
50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7										R
55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2									S
60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6								E
65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0							
70	2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5						
75	3.0	3.8	4.7	5.7	6.8	8.0	9.2	10.5	11.8	13.1	14.5	15.7	16.9					E
80	3.1	3.9	4.8	5.8	6.9	8.1	9.3	10.6	12.0	13.3	14.7	16.0	17.2	18.2				A
85	3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1			R
90	3.4	4.1	5.0	6.0	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7		
≤95	3.4	4.2	5.1	6.1	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	19.7	20.0	

**Table RB — 2000**

**Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 2000 Hz**

**HTL — BETTER EAR**

	≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																	
20	0.3	0.5																H
25	0.5	0.7	1.1															T
30	0.7	1.0	1.5	2.1														L
35	1.0	1.4	1.9	2.5	3.4													
40	1.3	1.7	2.2	2.9	3.8	4.8												W
45	1.5	1.9	2.5	3.3	4.1	5.1	6.1											O
50	1.7	2.2	2.8	3.5	4.4	5.3	6.3	7.3										R
55	1.9	2.4	3.0	3.7	4.6	5.5	6.4	7.4	8.4									S
60	2.0	2.5	3.1	3.9	4.7	5.6	6.6	7.5	8.5	9.4								E
65	2.1	2.6	3.3	4.0	4.9	5.7	6.7	7.6	8.6	9.6	10.5							
70	2.2	2.7	3.4	4.1	5.0	5.9	6.8	7.8	8.7	9.7	10.7	11.6						
75	2.3	2.8	3.5	4.3	5.1	6.0	6.9	7.9	8.9	9.9	10.8	11.8	12.7					E
80	2.4	2.9	3.6	4.4	5.2	6.1	7.0	8.0	9.0	10.0	11.0	12.0	12.9	13.6				A
85	2.4	3.0	3.7	4.4	5.3	6.1	7.1	8.1	9.1	10.1	11.1	12.1	13.0	13.8	14.3			R
90	2.5	3.1	3.8	4.5	5.3	6.2	7.1	8.1	9.1	10.2	11.2	12.2	13.2	13.9	14.4	14.8		
≤95	2.6	3.2	3.8	4.6	5.4	6.2	7.1	8.1	9.1	10.2	11.3	12.3	13.2	14.0	14.5	14.8	15.0	

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**Table RB — 3000**

**Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 3000 Hz**

**HTL — BETTER EAR**

	≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																	
20	0.2	0.3																
25	0.3	0.5	0.7															H
30	0.5	0.7	1.0	1.4														T
35	0.7	0.9	1.2	1.7	2.3													L
40	0.8	1.1	1.5	2.0	2.5	3.2												
45	1.0	1.3	1.7	2.2	2.7	3.4	4.1											W
50	1.1	1.4	1.9	2.3	2.9	3.5	4.2	4.8										O
55	1.2	1.6	2.0	2.5	3.0	3.6	4.3	4.9	5.6									R
60	1.3	1.7	2.1	2.6	3.1	3.7	4.4	5.0	5.6	6.3								S
65	1.4	1.8	2.2	2.7	3.2	3.8	4.4	5.1	5.7	6.4	7.0							E
70	1.5	1.8	2.3	2.8	3.3	3.9	4.5	5.2	5.8	6.5	7.1	7.7						
75	1.5	1.9	2.3	2.8	3.4	4.0	4.6	5.2	5.9	6.6	7.2	7.8	8.4					E
80	1.6	2.0	2.4	2.9	3.4	4.0	4.7	5.3	6.0	6.6	7.3	8.0	8.6	9.1				A
85	1.6	2.0	2.5	3.0	3.5	4.1	4.7	5.4	6.0	6.7	7.4	8.1	8.7	9.2	9.5			R
90	1.7	2.1	2.5	3.0	3.5	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.2	9.6	9.8		
≤95	1.7	2.1	2.6	3.0	3.6	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.3	9.6	9.8	10.0	

**Table EB — 4000**

**Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 4000 Hz**

**HTL — BETTER EAR**

	≤20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤20	0																
25	0.1	0.2															H
30	0.2	0.3	0.5														T
35	0.3	0.4	0.6	0.9													L
40	0.4	0.5	0.8	1.0	1.5												
45	0.5	0.7	0.9	1.2	1.6	2.1											W
50	0.6	0.8	1.0	1.4	1.7	2.2	2.6										O
55	0.6	0.8	1.1	1.5	1.8	2.2	2.7	3.1									R
60	0.7	0.9	1.2	1.5	1.9	2.3	2.7	3.2	3.6								S
65	0.7	1.0	1.3	1.6	2.0	2.4	2.8	3.2	3.6	4.0							E
70	0.8	1.0	1.3	1.6	2.0	2.4	2.8	3.2	3.7	4.1	4.5						
75	0.8	1.1	1.4	1.7	2.1	2.5	2.9	3.3	3.7	4.1	4.5	4.9					E
80	0.9	1.1	1.4	1.7	2.1	2.5	2.9	3.3	3.8	4.2	4.6	5.0	5.3				A
85	0.9	1.2	1.4	1.8	2.1	2.5	2.9	3.4	3.8	4.3	4.7	5.1	5.4	5.7			R
90	0.9	1.2	1.5	1.8	2.2	2.6	3.0	3.4	3.8	4.3	4.7	5.1	5.5	5.7	5.9		
≤95	1.0	1.2	1.5	1.8	2.2	2.6	3.0	3.4	3.9	4.3	4.8	5.2	5.5	5.7	5.9	6.0	

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix III**

**Table EB — 6000**

**Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 6000 Hz**

**HTL — BETTER EAR**

	≤25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤25	0															
30	0.1	0.2														<b>H</b>
35	0.2	0.3	0.4													<b>T</b>
40	0.3	0.4	0.5	0.7												<b>L</b>
45	0.3	0.4	0.6	0.8	1.0											<b> </b>
50	0.4	0.5	0.7	0.9	1.1	1.3										<b>W</b>
55	0.4	0.5	0.7	0.9	1.1	1.3	1.5									<b>O</b>
60	0.4	0.6	0.7	0.9	1.1	1.4	1.6	1.8								<b>R</b>
65	0.5	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0							<b>S</b>
70	0.5	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0	2.2						<b>E</b>
75	0.5	0.7	0.8	1.0	1.2	1.4	1.7	1.9	2.1	2.3	2.5					
80	0.6	0.7	0.9	1.1	1.3	1.5	1.7	1.9	2.1	2.3	2.5	2.7				<b>E</b>
85	0.6	0.7	0.9	1.1	1.3	1.5	1.7	1.9	2.1	2.3	2.5	2.7	2.8			<b>A</b>
90	0.6	0.7	0.9	1.1	1.3	1.5	1.7	1.9	2.2	2.4	2.6	2.7	2.8	2.9		<b>R</b>
≤95	0.6	0.8	0.9	1.1	1.3	1.5	1.7	1.9	2.2	2.4	2.6	2.7	2.8	2.9	3.0	

**Appendix 7**

**Binaural extension tables**

January, 1988

These tables replace Table RB-4000 in the binaural tables given in Appendix 3 when it is necessary to determine binaural PLH over the range 500 to 8000 Hz. The weighting of 10% given to 4000 Hz in Appendix 3 has been split between 4000, 6000 and 8000 Hz, with 4000 Hz receiving 6%, 6000 Hz 3% and 8000 Hz 1%. When determining binaural PLH over the range 500 to 8000 Hz, the appropriate tables from Appendix 3 are used for the frequencies 500, 1000, 1500, 2000 and 3000 Hz and the relevant tables given in this Appendix are used for the frequencies 4000, 6000 and 8000 Hz.

**Example**

Frequency	Hearing Threshold Levels				PLH
	Right Ear	Left Ear	Better Ear	Worse Ear	
500	40	10	10	40	1.7
1000	45	25	25	45	4.2
1500	50	40	40	50	7.1
2000	55	55	55	55	8.4
3000	60	70	60	70	6.5
4000	65	85	65	85	4.3
6000	55	75	55	75	1.7
8000	45	65	45	65	0.4
Overall Binaural PLH = 34.3%					

**Workers' Compensation and Injury Management Regulations 1982**  
**Appendix III**

**Table EB — 8000**

**Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 8000 Hz**

**HTL — BETTER EAR**

	≤30	35	40	45	50	55	60	65	70	75	80	85	≤90	
≤30	0													<b>H</b>
35	0.1	0.1												<b>T</b>
40	0.1	0.2	0.2											<b>L</b>
45	0.1	0.2	0.3	0.3										<b>I</b>
50	0.2	0.2	0.3	0.3	0.4									<b>W</b>
55	0.2	0.2	0.3	0.4	0.4	0.5								<b>O</b>
60	0.2	0.2	0.3	0.4	0.4	0.5	0.6							<b>R</b>
65	0.2	0.3	0.3	0.4	0.5	0.5	0.6	0.7						<b>S</b>
70	0.2	0.3	0.3	0.4	0.5	0.5	0.6	0.7	0.7					<b>E</b>
75	0.2	0.3	0.3	0.4	0.5	0.5	0.6	0.7	0.8	0.8				
80	0.2	0.3	0.3	0.4	0.5	0.6	0.6	0.7	0.8	0.8	0.9			<b>E</b>
85	0.2	0.3	0.4	0.4	0.5	0.6	0.6	0.7	0.8	0.8	0.9	0.9		<b>A</b>
≤90	0.2	0.3	0.4	0.4	0.5	0.6	0.6	0.7	0.8	0.8	0.9	0.9	1.0	<b>R</b>

*[Appendix III inserted in Gazette 26 Feb 1991 p. 947-56.]*

## **Appendix IV — Registered agents code of conduct**

[r. 26]

*[Heading inserted in Gazette 28 Oct 2005 p. 4964.]*

### **1. Duties of registered agent**

It is the duty of a registered agent —

- (a) to comply with the provisions of the Act, any subsidiary legislation made under the Act and the conditions of registration; and
- (b) not to engage in conduct which is illegal or dishonest or which may otherwise bring registered agents into disrepute or which is prejudicial to the administration of the workers' compensation and injury management system; and
- (c) to be competent as a registered agent.

*[Clause 1 inserted in Gazette 28 Oct 2005 p. 4964.]*

### **2. Integrity and diligence**

- (1) A registered agent must not attempt to further a client's case by unethical or dishonest means.
- (2) A registered agent must not knowingly assist or seek to induce another person to breach this code of conduct.
- (3) A registered agent must treat clients fairly and in good faith, giving due regard to a client's position of dependence upon the agent, and the high degree of trust which a client is entitled to place on the agent.
- (4) A registered agent must always be completely frank and open with a client and with all others so far as the interests of the client permit and must at all times give a client a candid opinion on any matter in which the agent acts for that client.
- (5) A registered agent must take such action consistent with the agent's retainer as is necessary and reasonably available to protect and advance a client's interests.
- (6) A registered agent must at all times use his or her best endeavours to complete work on behalf of a client as soon as is reasonably possible, and if a registered agent accepts instructions and it is, or becomes,

**cl. 3**

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apparent to the agent that the work cannot be done within a reasonable time, the agent must so inform the client.

- (7) A registered agent must not take unnecessary steps or do work in such a manner as to increase proper costs to the client.
- (8) If it is in the best interests of the client of a registered agent to do so, the agent must endeavour to reach a solution by settlement rather than commence or continue proceedings.

*[Clause 2 inserted in Gazette 28 Oct 2005 p. 4964-5.]*

**3. Confidentiality**

- (1) A registered agent must strive to establish and maintain a relationship of trust and confidence with clients.
- (2) A registered agent must impress upon a client that the agent cannot adequately serve the client without knowing everything that might be relevant to the client's interests and that the client should not withhold information that the client might think is embarrassing or harmful to the client's interests.
- (3) A registered agent must not, without the client's consent, directly or indirectly reveal a client's confidence, or use the confidence in any way detrimental to the interests of that client, or lend or reveal the contents of the confidence in any brief or instructions to any person except to the extent —
  - (a) required by law, rules of court or court order; or
  - (b) necessary for replying to or defending any charge or complaint of criminal conduct or misconduct contrary to this code brought against the agent.
- (4) A registered agent's duties under this clause towards a particular client continue after the agent has ceased to act for the client.

*[Clause 3 inserted in Gazette 28 Oct 2005 p. 4965-6.]*

**4. Conflict of interest**

- (1) A registered agent must at all times make a full and frank disclosure to a client of any conflict of interest that the registered agent has or may have in any matter concerning that client.



- (2) A registered agent must not act or continue to act on behalf of a client if to do so would or may give rise to a conflict of interest adverse to the client unless the client has been fully informed of the nature and implications of the conflict and consents to the registered agent acting or continuing to act on behalf of the client.
- (3) A registered agent must not give advice or guidance to a person where the registered agent knows that the interests of that person are in conflict or likely to be in conflict with the interests of the agent's client, other than advice to secure the services of another representative.

*[Clause 4 inserted in Gazette 28 Oct 2005 p. 4966.]*

**5. Proceedings**

- (1) Subject to this code of conduct, a registered agent must provide advice and conduct each case and matter in the manner the agent considers most advantageous to the agent's client.
- (2) A registered agent must not knowingly deceive or mislead the Director, the Registrar, an officer of the Conciliation Service or the Arbitration Service or any other officer of WorkCover WA, a client or any other person involved in a matter in respect of which the agent has been retained.
- (3) A registered agent must at all times —
  - (a) act with due courtesy to the Director, the Registrar, officers of the Conciliation Service and the Arbitration Service and other officers of WorkCover WA, legal practitioners, other registered agents, their own clients and other parties to the dispute; and
  - (b) use his or her best endeavours to avoid unnecessary expense and waste of a dispute resolution authority's time; and
  - (c) when so requested, inform the Director or Registrar of the probable length of a proceeding; and
  - (d) inform the Director or Registrar of the possibility of a settlement provided the agent can do so without revealing the existence or content of "without prejudice" communications; and

**cl. 6**

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- (e) subject to this code of conduct, inform the Director or Registrar of any development that affects the information already before a dispute resolution authority.
- (4) In cross examination which goes to a matter in issue, a registered agent may put questions suggesting fraud, misconduct or the commission of an offence provided that the agent is satisfied that the matters suggested are part of the case of the agent's client and the agent has no reason to believe that they are only put forward for the purpose of impugning the witness's character.
- (5) Questions which affect the credibility of a witness by attacking the witness's character, but which are otherwise not relevant to the actual inquiry, must not be put in cross examination unless there are reasonable grounds to support the imputation conveyed by such questions.

*[Clause 5 inserted in Gazette 28 Oct 2005 p. 4966-7; amended in Gazette 18 Nov 2011 p. 4826.]*

**6. Advertising**

A registered agent must not engage in promotional conduct or advertising about the agent's skills, experience, fees or results in a manner which is misleading or deceptive, or likely to mislead or deceive.

*[Clause 6 inserted in Gazette 28 Oct 2005 p. 4967.]*

**7. Withdrawal**

- (1) A registered agent must recognise that a client is entitled to change representative at any time without giving a reason and must take all reasonable steps to facilitate such a change should a client so request.
- (2) If a client engages another registered agent in a matter and that agent is of the opinion that the conduct of a preceding representative in the matter warrants the making of a complaint, the agent must so advise the client.
- (3) A registered agent may withdraw from representing a client —
  - (a) at any time and for any reason if withdrawal will cause no significant harm to the client's interests and the client is fully

informed of the consequences of withdrawal and voluntarily assents to it; or

- (b) if the registered agent reasonably believes that continued engagement in the case or matter would be likely to have a seriously adverse effect upon the agent's health; or
  - (c) if the client, without lawful excuse, refuses or fails to comply with a written agreement regarding fees or expenses; or
  - (d) if the client made material misrepresentations about the facts of the case or matter to the agent; or
  - (e) if the agent has an interest in any case or matter which the agent is concerned may be adverse to that of the client; or
  - (f) if such action is necessary to avoid the agent breaching this code of conduct; or
  - (g) if any other good cause exists.
- (4) If a registered agent withdraws from representing a client the agent must take reasonable care to avoid foreseeable harm to the client including —
- (a) giving due notice to the client; and
  - (b) allowing reasonable time for the substitution of a new agent; and
  - (c) cooperating with the new agent; and
  - (d) promptly turning over all papers and property and paying to the client any moneys to which the client is entitled.
- (5) If a registered agent withdraws from representing a client the agent must give written notice of the withdrawal to the Director and other parties to the proceeding.

*[Clause 7 inserted in Gazette 28 Oct 2005 p. 4967-9.]*

## **8. Fees**

- (1) A registered agent must before commencing to act for a client inform the client in writing of the maximum costs the registered agent can charge and the basis for calculation of the costs of the agent.
- (2) Upon receiving the advice the client must sign an acknowledgment of the information.

**cl. 9**

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- (3) During the course of a retainer, a registered agent must promptly advise the client of any circumstances likely to have a substantial effect on the amount, or basis of calculation, of such costs or any disbursements.
- (4) A registered agent must issue appropriate receipts for services provided to a client.
- (5) A registered agent must not charge more than is reasonable for his or her services, having regard to the complexity of the matter, the time and skill involved, and any costs determination published under section 273 of the Act.

*[Clause 8 inserted in Gazette 28 Oct 2005 p. 4969.]*

**9. Records**

- (1) A registered agent must keep adequate records of —
  - (a) moneys received on behalf of clients; and
  - (b) disbursement made on behalf of clients; and
  - (c) time spent on cases.
- (2) Records kept under this clause must be available for inspection by WorkCover WA.

*[Clause 9 inserted in Gazette 28 Oct 2005 p. 4969.]*

**10. Trust moneys**

A registered agent must not hold for or on behalf of a client or other party any moneys in trust without the written authorisation of that person.

*[Clause 10 inserted in Gazette 28 Oct 2005 p. 4970.]*

**11. Costs**

- (1) A registered agent must not, in the course of his or her business give, or agree to give, an allowance in the nature of an introduction fee or spotter's fee to any person for introducing business to him or her and must not receive any similar allowance from any person for introducing or recommending clients to that person.

- (2) A registered agent must, as soon as practicable after being requested by a client, render a bill of costs covering all work performed for the client to which the request relates.

*[Clause 11 inserted in Gazette 28 Oct 2005 p. 4970.]*

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**Appendix V — Prescribed offences and modified penalties**

[r. 50, 51]

*[Heading inserted in Gazette 28 Oct 2005 p. 4970.]*

<b>Item</b>	<b>Section of Act</b>	<b>Description of offence</b>	<b>Modified penalty</b>
1A.	57A(2A)	Failing to claim under policy of insurance.....	\$200.00
1.	57A(3)	Failing to provide notice .....	\$200.00
2.	57A(4)	Failing to cause notification to be accompanied by means for conveying information in machine-readable form ..	\$200.00
3A.	57A(8A)	Failing to make weekly payment .....	\$400.00
3B.	57A(8)	Failing to make weekly payment having received payment from insurer .....	\$400.00
3.	57B(2)	Failing to make first weekly payment or give notice .....	\$200.00
4.	57B(2b)	Failing to notify WorkCover WA of having declined to indemnify employer ...	\$200.00
5.	57B(3)	Failing to cause notification to be accompanied by means for conveying information in machine-readable form ..	\$200.00
6A.	57B(8)	Failing to make weekly payment .....	\$400.00
6.	57C(2)	Failing to notify WorkCover WA after weekly payments commenced .....	\$200.00
7.	57C(4)	Failing to notify WorkCover WA of discontinuance of weekly payments .....	\$200.00
8.	61(2a)(a)	Failing to give notice of intention to discontinue or reduce weekly payments ...	\$400.00
9.	61(2a)(b)	Failing to give notice that complies with section 61(2) of the Act .....	\$400.00
10.	70(2)	Failing to furnish worker with copy of report .....	\$400.00

**Workers' Compensation and Injury Management Regulations 1982**  
Prescribed offences and modified penalties **Appendix V**

<b>Item</b>	<b>Section of Act</b>	<b>Description of offence</b>	<b>Modified penalty</b>
11.	75(2)	Giving notice contrary to section 75(1) of the Act .....	\$200.00
12.	103A(2)	Furnishing WorkCover WA with false information or return .....	\$400.00
13.	109(3)	Failing to pay contribution or instalment ..	\$400.00
14.	109(4b)	Failing to send particulars to WorkCover WA .....	\$400.00
15.	109(6)	Failing to send return or statutory declaration to WorkCover WA .....	\$400.00
16.	152	Charging a premium rate loading of more than 75% without permission .....	\$200.00
17.	155D(3)	Failing to take reasonable action to discharge and comply with employer's obligations .....	\$400.00
18.	160(3)	Failing to insure employer for full amount of liability to pay compensation .....	\$400.00
19.	160(3a)	Failing to notify employer of cancellation of insurance .....	\$200.00
20.	160(5)	Declining to indemnify employer .....	\$400.00
21.	162(1a)	Issuing or renewing policy in respect of certain industrial diseases .....	\$200.00
22.	165(5)	Failing to give securities to State as directed by Minister .....	\$200.00

**Workers' Compensation and Injury Management Regulations 1982**

**Appendix V** Prescribed offences and modified penalties

Item	Section of Act	Description of offence	Modified penalty
23.	170(1)(a)	Failure to keep a current policy of insurance under section 160(1) of the Act .....	\$400.00 in respect of each worker to whom the alleged offence relates
24.	170(1)(a)	Failing to comply with section 160(2)(a) or (b) of the Act .....	\$400.00
25.	171(1)	Failing to transmit to WorkCover WA statements and means for conveying information in machine-readable form ..	\$200.00
26.	175D(1)(a)	Obstructing or interfering with inspector performing functions .....	\$500.00
27.	175D(1)(b)	Contravening requirement made by inspector .....	\$500.00
28.	175D(1)(c)	Providing answer or information to inspector that is false or misleading in a material particular .....	\$500.00
29.	175D(1)(d)	Giving false or misleading information in a certificate under section 175B(1)(f) of the Act .....	\$500.00
30.	175D(1)(e)	Preventing another person from complying with a requirement under the Act .....	\$500.00
31.	180(5)	Failing to comply with request to provide copy of relevant document .....	\$200.00

*[Appendix V inserted in Gazette 28 Oct 2005 p. 4970-2; amended in Gazette 18 Nov 2011 p. 4826; 25 Feb 2014 p. 508.]*



## Workers' Compensation and Injury Management Regulations 1982

### Notes

- <sup>1</sup> This is a compilation of the *Workers' Compensation and Injury Management Regulations 1982* and includes the amendments made by the other written laws referred to in the following table<sup>-1a</sup>. The table also contains information about any reprint.

### Compilation table

Citation	Gazettal	Commencement
<i>Workers' Compensation and Assistance Regulations 1982</i> <sup>5</sup>	8 Apr 1982 p. 1229-50 (corrigendum 23 Apr 1982 p. 1384)	3 May 1982 (see r. 2 and <i>Gazette</i> 8 Apr 1982 p. 1205)
<i>Workers' Compensation and Assistance Amendment Regulations 1982</i>	14 May 1982 p. 1519	14 May 1982
<i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1982</i>	27 Aug 1982 p. 3427-9	27 Aug 1982
<i>Workers' Compensation and Assistance Amendment Regulations 1983</i>	30 Dec 1983 p. 5121	30 Dec 1983
<i>Workers' Compensation and Assistance Amendment Regulations 1986</i>	25 Jul 1986 p. 2484-5	25 Jul 1986 (see r. 2 and <i>Gazette</i> 25 Jul 1986 p. 2453)
<i>Workers' Compensation and Assistance Amendment Regulations 1987</i>	22 May 1987 p. 2193	22 May 1987 (see r. 2 and <i>Gazette</i> 22 May 1987 p. 2167)
<i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1987</i>	19 Jun 1987 p. 2410	1 Jul 1987 (see r. 2)
<i>Workers' Compensation and Assistance Amendment Regulations 1988</i>	2 Sep 1988 p. 3464	2 Sep 1988
<i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1989</i>	22 Sep 1989 p. 3490-1	22 Sep 1989
<i>Workers' Compensation and Assistance Amendment Regulations 1991</i>	26 Feb 1991 p. 931-56	1 Mar 1991 (see r. 2 and <i>Gazette</i> 1 Mar 1991 p. 967)

## **Workers' Compensation and Injury Management Regulations 1982**

<b>Citation</b>	<b>Gazettal</b>	<b>Commencement</b>
<i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1991</i>	8 Mar 1991 p. 1071-6	8 Mar 1991 (see r. 2 and <i>Gazette</i> 8 Mar 1991 p. 1030)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1991</i>	28 Jun 1991 p. 3291-4	1 Jul 1991 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1991</i>	6 Dec 1991 p. 6118-19	6 Dec 1991
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1992</i>	3 Apr 1992 p. 1540-1	3 Apr 1992
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1992</i>	3 Apr 1992 p. 1541-5	3 Apr 1992
<b>Reprint of the Workers' Compensation and Rehabilitation Regulations 1982 as at 30 Apr 1992</b> (includes amendments listed above)		
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1992</i>	16 Oct 1992 p. 5201	16 Oct 1992
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1993</i>	5 Feb 1993 p. 1059-60	5 Feb 1993 (see r. 2 and <i>Gazette</i> 5 Feb 1993 p. 975)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1993</i>	17 Sep 1993 p. 5182	17 Sep 1993
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1993</i>	29 Oct 1993 p. 5929-30	29 Oct 1993
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1993</i>	24 Dec 1993 p. 6844-50	24 Dec 1993 (see r. 2 and <i>Gazette</i> 24 Dec 1993 p. 6795)
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1994</i>	18 Feb 1994 p. 660-4	1 Mar 1994 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1994</i>	31 Mar 1994 p. 1444	31 Mar 1994

## **Workers' Compensation and Injury Management Regulations 1982**

<b>Citation</b>	<b>Gazettal</b>	<b>Commencement</b>
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1994</i>	24 Jun 1994 p. 2888-9	24 Jun 1994
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1994</i>	23 Aug 1994 p. 4394-5	23 Aug 1994
<b>Reprint of the Workers' Compensation and Rehabilitation Regulations 1982 as at 14 Feb 1995</b> (includes amendments listed above)		
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1995</i>	25 Aug 1995 p. 3885-7	25 Aug 1995
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1995</i>	15 Sep 1995 p. 4358	15 Sep 1995
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1996</i>	17 Jan 1997 p. 444	17 Jan 1997
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1997</i>	12 Aug 1997 p. 4568	12 Aug 1997
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1998</i>	12 Jun 1998 p. 3205	1 Jul 1998 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1999</i>	13 Apr 1999 p. 1529-41 (correction 16 Apr 1999 p. 1598)	3 May 1999 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1999</i>	22 Jun 1999 p. 2692-3	1 Jul 1999 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1999</i>	15 Oct 1999 p. 4890-8	15 Oct 1999 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 5) 1999</i>	15 Oct 1999 p. 4899	15 Oct 1999 (see r. 2 and <i>Gazette</i> 15 Oct 1999 p. 4889)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 6) 1999</i>	15 Oct 1999 p. 4900-2	15 Oct 1999 (see r. 2 and <i>Gazette</i> 15 Oct 1999 p. 4889)

## **Workers' Compensation and Injury Management Regulations 1982**

<b>Citation</b>	<b>Gazettal</b>	<b>Commencement</b>
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 7) 1999</i>	15 Oct 1999 p. 4903	15 Oct 1999 (see r. 2 and <i>Gazette</i> 15 Oct 1999 p. 4889)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 8) 1999</i>	15 Oct 1999 p. 4904	15 Oct 1999 (see r. 2 and <i>Gazette</i> 15 Oct 1999 p. 4889)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 9) 1999</i>	15 Oct 1999 p. 4905	15 Oct 1999 (see r. 2 and <i>Gazette</i> 15 Oct 1999 p. 4889)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 10) 1999</i>	15 Oct 1999 p. 4906-12	15 Oct 1999 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 11) 1999</i>	14 Dec 1999 p. 6145-63	14 Dec 1999
<b>Reprint of the Workers' Compensation and Rehabilitation Regulations 1982 as at 25 Feb 2000</b> (includes amendments listed above)		
<i>Workers' Compensation and Rehabilitation Amendment Regulations 2000</i>	17 Nov 2000 p. 6307-22	17 Nov 2000
<i>Corporations (Consequential Amendments) Regulations 2001 Pt. 7</i>	28 Sep 2001 p. 5353-8	15 Jul 2001 (see r. 2 and <i>Cwlth Gazette</i> 13 Jul 2001 No. S285)
<i>Workers' Compensation and Rehabilitation Amendment Regulations 2002</i>	8 Mar 2002 p. 948-9	8 Mar 2002
<b>Reprint 4: The Workers' Compensation and Rehabilitation Regulations 1982 as at 17 Apr 2003</b> (includes amendments listed above)		
<i>Equality of Status Subsidiary Legislation Amendment Regulations 2003 Pt. 42</i>	30 Jun 2003 p. 2581-638	1 Jul 2003 (see r. 2 and <i>Gazette</i> 30 Jun 2003 p. 2579)
<i>Workers' Compensation and Rehabilitation Amendment Regulations 2003</i>	16 Sep 2003 p. 4103-4	16 Sep 2003
<i>Workers' Compensation and Rehabilitation Amendment Regulations 2004</i>	8 Apr 2004 p. 1177	8 Apr 2004
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 2004</i>	26 Oct 2004 p. 4895-913	26 Oct 2004 (see r. 2)

**Workers' Compensation and Injury Management Regulations 1982**

<b>Citation</b>	<b>Gazettal</b>	<b>Commencement</b>
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 2004</i>	29 Oct 2004 p. 4939-40	29 Oct 2004
<i>Workers' Compensation and Rehabilitation Amendment Regulations 2005</i>	21 Jan 2005 p. 275-7	21 Jan 2005
<i>Workers' Compensation and Injury Management Amendment Regulations (No. 2) 2005</i>	28 Oct 2005 p. 4853-972	14 Nov 2005 (see r. 2)
<i>Workers' Compensation and Injury Management Amendment Regulations (No. 3) 2005</i>	9 Dec 2005 p. 5891-7	9 Dec 2005
<b>Reprint 5: The Workers' Compensation and Injury Management Regulations 1982 as at 3 Feb 2006</b> (includes amendments listed above)		
<i>Workers' Compensation and Injury Management Amendment Regulations 2006</i>	4 Aug 2006 p. 2855-6	4 Aug 2006
<i>Workers' Compensation and Injury Management Amendment Regulations (No. 2) 2006</i>	15 Dec 2006 p. 5636-7	15 Dec 2006
<i>Workers' Compensation and Injury Management Amendment Regulations 2007</i>	2 Nov 2007 p. 5933-4	r. 1 and 2: 2 Nov 2007 (see r. 2(a)); Regulations other than r. 1 and 2: 3 Nov 2007 (see r. 2(b))
<i>Workers' Compensation and Injury Management Amendment Regulations 2008</i>	17 Dec 2008 p. 5331-4	r. 1 and 2: 17 Dec 2008 (see r. 2(a)); Regulations other than r. 1 and 2: 18 Dec 2008 (see r. 2(b))
<b>Reprint 6: The Workers' Compensation and Injury Management Regulations 1982 as at 14 Aug 2009</b> (includes amendments listed above)		
<i>Workers' Compensation and Injury Management Amendment Regulations 2010</i>	19 Mar 2010 p. 1038-9	r. 1 and 2: 19 Mar 2010 (see r. 2(a)); Regulations other than r. 1 and 2: 20 Mar 2010 (see r. 2(b))
<i>Workers' Compensation and Injury Management Amendment Regulations (No. 2) 2010</i>	10 Sep 2010 p. 4351-7	r. 1 and 2: 10 Sep 2010 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Oct 2010 (see r. 2(b))

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Citation	Gazettal	Commencement
<i>Workers' Compensation and Injury Management Amendment Regulations 2011</i>	18 Nov 2011 p. 4819-26	r. 1 and 2: 18 Nov 2011 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Dec 2011 (see r. 2(b) and <i>Gazette</i> 8 Nov 2011 p. 4673)
<i>Workers' Compensation and Injury Management Amendment Regulations 2012</i>	27 Jul 2012 p. 3664-6	r. 1 and 2: 27 Jul 2012 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Aug 2012 (see r. 2(b) and <i>Gazette</i> 27 Jul 2012 p. 3663)
<i>Workers' Compensation and Injury Management Amendment Regulations (No. 2) 2012</i>	14 Dec 2012 p. 6209-12	r. 1 and 2: 14 Dec 2012 (see r. 2(a)); Regulations other than r. 1 and 2: 15 Dec 2012 (see r. 2(b))
<b>Reprint 7: The Workers' Compensation and Injury Management Regulations 1982 as at 24 May 2013</b> (includes amendments listed above)		
<i>Workers' Compensation and Injury Management Amendment Regulations (No. 2) 2014</i>	25 Feb 2014 p. 505-8	r. 1 and 2: 25 Feb 2014 (see r. 2(a)); Regulations other than r. 1 and 2: 26 Feb 2014 (see r. 2(b))

<sup>1a</sup> On the date as at which this compilation was prepared, provisions referred to in the following table had not come into operation and were therefore not included in this compilation. For the text of the provisions see the endnotes referred to in the table.

### Provisions that have not come into operation

Citation	Gazettal	Commencement
<i>Workers' Compensation and Injury Management Amendment Regulations 2014</i> <del>r. 3-8</del> <sup>6</sup>	25 Mar 2014 p. 820-8	<a href="#">r. 1 and 2: 25 Mar 2014</a> (see r. 2(a)); <a href="#">Regulations other than r. 1 and 2:</a> 1 Jul 2014 (see r. 2(b))

<sup>2</sup> Formerly referred to the *Workers' Compensation and Assistance Act 1981* the short title of which was changed to the *Workers' Compensation and Rehabilitation Act 1981* by the *Workers' Compensation and Assistance Amendment Act 1990* s. 5 and then to the *Workers' Compensation and Injury Management Act 1981* by the *Workers' Compensation Reform Act 2004* s. 5. The reference was changed under the *Reprints Act 1984* s. 7(3)(gb).

<sup>3</sup> Repealed by the *Workers' Compensation and Injury Management Amendment Act 2011* s. 77 as at 1 Dec 2011 (see *Gazette* 8 Nov 2011 p. 4673).

## **Workers' Compensation and Injury Management Regulations 1982**

<sup>4</sup> The Standards Association of Australia has changed its corporate status and its name. It is now Standards Australia International Limited (ACN 087 326 690). It also trades as Standards Australia.

<sup>5</sup> Now known as the *Workers' Compensation and Injury Management Regulations 1982*; citation changed (see note under r. 1).

<sup>6</sup> ~~On the date as at which this compilation was prepared, the *Workers' Compensation and Injury Management Amendment Regulations 2014* r. 3-8 had not come into operation. They read as follows:~~

~~**3. Regulations amended**~~

~~These regulations amend the *Workers' Compensation and Injury Management Regulations 1982*:~~

~~**4. Regulation 6A amended**~~

~~In regulation 6A(2) delete "is to" and insert:~~

~~must~~

~~Note: The heading to amended regulation 6A is to read:  
Form of first certificate of capacity~~

~~**5. Regulation 7 amended**~~

~~In regulation 7(1) delete "medical certificate" (each occurrence) and insert:~~

~~certificate of capacity~~

~~**6. Regulation 7A inserted**~~

~~After regulation 7 insert:~~

~~**7A. Form of progress certificate of capacity**~~

~~Form 4A in Appendix 1 is prescribed as a certificate for the purposes of section 61(1) of the Act.~~

~~**7. Regulation 8 amended**~~

~~In regulation 8(1), (2) and (3) delete "First Medical Certificate" and insert:~~

~~first certificate of capacity~~

**8. ~~Appendix I amended~~**

~~(1) In Appendix I Form 2B delete "first medical certificate" and insert:~~

~~first certificate of capacity~~

~~(2) In Appendix I Form 2B delete "medical certificate/s" and insert:~~

~~certificate/s of capacity~~

~~(3) Delete Appendix I Form 3 and insert:~~

**Form 3**

~~{r. 6A and 7(1)}~~

~~Workers' Compensation and Injury Management Act 1981~~

~~(Sections 57A(1)(b), 57B(1)(b) and 61(1))~~

**FIRST CERTIFICATE OF CAPACITY**

<b>1. WORKER'S DETAILS</b>			
First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Address	<input type="text"/>		
<b>2. EMPLOYMENT DETAILS</b>			
Worker's job title	<input type="text"/>	Employer's name	<input type="text"/>
Employer's address	<input type="text"/>		
<b>3. CONSENT AUTHORITY</b>			
I consent to any medical practitioner who treats me (whether named on this certificate or not) to discuss my medical condition with my employer, insurer and other medical or allied health professionals for the purpose of			



**Workers' Compensation and Injury Management Regulations 1982**

my claim for workers' compensation and return to work options.	
Worker's signature	<div><div></div><div>Print name</div><div></div><div>Date</div><div>11/1</div></div>
<b>4. WORKER'S DESCRIPTION OF INJURY</b>	
Date of injury	11/1
What happened?	
Worker's symptoms	
<b>5. MEDICAL ASSESSMENT</b>	
Date of this assessment	11/1
Clinical findings	
Diagnosis	
The injury is consistent with worker's description of how injury occurred <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> uncertain	
The injury is: <input type="checkbox"/> a new condition <input type="checkbox"/> a recurrence of a pre-existing condition	
<b>6. WORK CAPACITY</b>	
Worker's usual duties	
Having considered the health benefits of work, I find this worker to have:	
<input type="checkbox"/> full capacity for work from 11/1 <input type="checkbox"/> but requires further treatment	
<input type="checkbox"/> some capacity for work from 11/1 to 11/1 performing	
<input type="checkbox"/> pre-injury duties <input type="checkbox"/> modified or alternative duties <input type="checkbox"/> workplace modifications	
<input type="checkbox"/> pre-injury hours <input type="checkbox"/> modified hours of hrs/day days/wk	
<input type="checkbox"/> no capacity for any work from 11/1 to 11/1 (outline clinical reasons below)	
Worker has capacity to:	
(Please outline the worker's physical and/or psychosocial capacity—refer to explanatory notes for examples. Where there is no capacity for work, please provide clinical reasoning.)	
<input type="checkbox"/> lift up to	<input type="checkbox"/> kg
<input type="checkbox"/> sit up to	<input type="checkbox"/> mins
<input type="checkbox"/> stand up to	<input type="checkbox"/> mins

**Workers' Compensation and Injury Management Regulations 1982**

☐ walk-up to  m

☐ work below shoulder height

**7. INJURY MANAGEMENT PLAN**

Activities/interventions	Purpose/goal (likely change in symptoms, function, activity and work participation)

- I would like:
- ☐ more information about available duties
- ☐ a RTW program to be established
- ☐ to be involved in developing the RTW program

*Examples of injury management activities/interventions include:*

- *further assessment — diagnostic imaging, medical specialist consults, worksite assessment;*
- *intervention — physiotherapy, clinical psychology, exercise physiology, prescribed medications, workplace mediation;*
- *return to work planning — identify suitable duties, establish return to work program.*

**8. NEXT REVIEW DATE**

- ☐ Worker does not need to be reviewed again (FIRST and FINAL certificate of capacity)
- ☐ I will review worker again on  (If greater than 14 days, please provide clinical reasoning)

Comments

**9. MEDICAL PRACTITIONER'S DETAILS**

Name  AHPRA no. MED

Address  Email

Signature

Phone

Fax  Date

*(Practice stamp — optional)*

**Workers' Compensation and Injury Management Regulations 1982**

~~(4) Delete Appendix I Form 4 and insert:~~

**Form 4**

~~{r. 7(1)}~~

~~Workers' Compensation and Injury Management Act 1981~~

~~(Section 61(1))~~

**FINAL CERTIFICATE OF CAPACITY**

<b>1. WORKER'S DETAILS</b>			
First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text" value="--"/>	Claim no.	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Address		<input type="text"/>	
<b>2. EMPLOYER'S DETAILS</b>			
Employer's name	<input type="text"/>	Employer's phone	<input type="text"/>
Employer's address		<input type="text"/>	
<b>3. MEDICAL ASSESSMENT</b>			
Date of this assessment	<input type="text" value="--"/>	Date of injury	<input type="text" value="--"/>
<input type="checkbox"/> The worker's condition is unlikely to change substantially in the next 12 months.			
<b>4. WORK CAPACITY</b>			
Having considered the health benefits of work, I find this worker to have:			
<input type="checkbox"/>	full capacity for work from	<input type="text" value="--"/>	<input type="checkbox"/> but requires further treatment ( <i>specifies below</i> )
<input type="checkbox"/>	capacity for work performing	<input type="text"/>	hours per day and <input type="text"/> days per week from <input type="text" value="--"/>
as outlined below: (Please outline the worker's physical and/or psychosocial capacity for work, functional limits, ongoing need for workplace modifications, and/or further treatment needs)			

**Workers' Compensation and Injury Management Regulations 1982**

<input type="checkbox"/>	lift up to	<input type="checkbox"/>	kg	<input type="text"/>
<input type="checkbox"/>	sit up to	<input type="checkbox"/>	mins	<input type="text"/>
<input type="checkbox"/>	stand up to	<input type="checkbox"/>	mins	<input type="text"/>
<input type="checkbox"/>	walk up to	<input type="checkbox"/>	m	<input type="text"/>
<input type="checkbox"/>	work below shoulder height	<input type="text"/>		
<input type="checkbox"/>	The worker's incapacity is no longer a result of the injury.			
<b>5. REASON FOR CAPACITY/INCAPACITY</b> Please outline your clinical reason for the worker's capacity/incapacity: <input type="text"/> <input type="text"/> <input type="text"/>				
<b>6. MEDICAL PRACTITIONER'S DETAILS</b>				
Name	<input type="text"/>	AHPRA no.-MED	<input type="text"/>	
Address	<input type="text"/>	Email	<input type="text"/>	
	<input type="text"/>	Signature	<input type="text"/>	
Phone	<input type="text"/>	<input type="text"/>		
Fax	<input type="text"/>	Date	<input type="text"/>	
<i>(Practice stamp—optional)</i>				

**Form 4A**

{r. 7A}

*Workers' Compensation and Injury Management Act 1981*

(Section 61(1))

**PROGRESS CERTIFICATE OF CAPACITY**

<b>1. WORKER'S DETAILS</b>			
First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	Claim no.	<input type="text"/>

**Workers' Compensation and Injury Management Regulations 1982**

Phone <input style="width: 150px;" type="text"/> Email <input style="width: 200px;" type="text"/>																														
Address <input style="width: 350px;" type="text"/>																														
<b>2. EMPLOYER'S DETAILS</b>																														
Employer's name <input style="width: 150px;" type="text"/>	Employer's phone <input style="width: 100px;" type="text"/>																													
Employer's address <input style="width: 350px;" type="text"/>																														
<b>3. MEDICAL ASSESSMENT</b>																														
Date of this assessment <input style="width: 60px;" type="text"/>	Date of injury <input style="width: 60px;" type="text"/>																													
Diagnosis <input style="width: 400px;" type="text"/>																														
<b>4. PROGRESS REPORT</b>																														
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">Activities/interventions</th><th style="width: 45%;">Actual outcome (<i>change in symptoms, function, activity and work participation</i>)</th><th colspan="2" style="width: 30%;">Still required?*</th></tr></thead><tbody><tr><td> </td><td> </td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td> </td><td> </td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td> </td><td> </td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td> </td><td> </td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td> </td><td> </td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td> </td><td> </td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr></tbody></table>	Activities/interventions	Actual outcome ( <i>change in symptoms, function, activity and work participation</i> )	Still required?*				<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Activities/interventions	Actual outcome ( <i>change in symptoms, function, activity and work participation</i> )	Still required?*																												
		<input type="checkbox"/> Yes	<input type="checkbox"/> No																											
		<input type="checkbox"/> Yes	<input type="checkbox"/> No																											
		<input type="checkbox"/> Yes	<input type="checkbox"/> No																											
		<input type="checkbox"/> Yes	<input type="checkbox"/> No																											
		<input type="checkbox"/> Yes	<input type="checkbox"/> No																											
		<input type="checkbox"/> Yes	<input type="checkbox"/> No																											
* (If management activities/interventions are still required, please also list them in Section 6 "Injury management plan".)																														
<input type="checkbox"/> Other factors appear to be impacting recovery and return to work.																														
Comment <input style="width: 400px;" type="text"/>																														
<b>5. WORK CAPACITY</b>																														
Worker's usual duties <input style="width: 350px;" type="text"/>																														
Having considered the health benefits of work, I find this worker to have:																														
<input type="checkbox"/> full capacity for work from <input style="width: 60px;" type="text"/> <input type="checkbox"/> but requires further treatment																														
<input type="checkbox"/> some capacity for work from <input style="width: 60px;" type="text"/> to <input style="width: 60px;" type="text"/> performing																														
<input type="checkbox"/> pre-injury duties <input type="checkbox"/> modified or alternative duties <input type="checkbox"/> workplace modifications																														

## Workers' Compensation and Injury Management Regulations 1982

☐ pre-injury hours    ☐ modified hours of     hrs/day     days/wk

☐ no capacity for any work from     to     (outline clinical reasons below)

Worker has capacity to:

(Please outline the worker's physical and/or psychosocial capacity—refer to explanatory notes for examples. Where there is no capacity for work, please provide clinical reasoning.)

☐ lift up to     kg   

☐ sit up to     mins   

☐ stand up to     mins   

☐ walk up to     m   

☐ work below shoulder height   

### 6. INJURY MANAGEMENT PLAN

Activities/interventions	Purpose/goal (likely change in symptoms, function, activity and work participation)

☐ I support the RTW program established by the employer/insurer/WRP dated   

☐ I would like more information about available duties

☐ I would like to be involved in developing the RTW program

☐ Please engage a workplace rehabilitation provider (If you have made a referral, provide name and contact details below)

Examples of injury management activities/interventions include:

— further assessment — diagnostic imaging, medical specialist consults, worksite assessment;

**Workers' Compensation and Injury Management Regulations 1982**

<del>• intervention — physiotherapy, clinical psychology, exercise physiology, prescribed medications, workplace mediation;</del>	
<del>• return to work planning — identify suitable duties, establish return to work program.</del>	
<b>7. NEXT REVIEW DATE</b>	
<input type="checkbox"/> I will review worker again on	<input type="text" value="--/--"/> (If greater than 28 days, please provide clinical reasoning)
Comments	<input type="text"/>
<b>8. MEDICAL PRACTITIONER'S DETAILS</b>	
Name	<input type="text"/> AHPRA no. MED <input type="text"/>
Address	<input type="text"/>
Email	<input type="text"/>
Signature	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Date	<input type="text" value="--/--"/>
<del>(Practice stamp — optional)</del>	
<del>(5) In Appendix I Form 5 delete "medical certificates" and insert:</del>	
<del>certificates of capacity</del>	