Western Australia

Workers’ Compensation and Injury Management Regulations 1982

Compare between:

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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* 1.

[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* 1, 2.

## 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 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.]

##### 3. Limiting the definition of company

(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.]

##### 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.]

##### 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.** Repealed 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 the prescribed form under section 178(1)(b) of the Act.

(2) In addition to the details prescribed in Form 2B as being necessary to make a valid claim for compensation under section 178(1)(b) —

(a) the “Injured worker’s declaration” and the “Consent authority”; and

(b) the tear‑off attachments headed “DETAILS TO BE PROVIDED TO MEDICAL PRACTITIONER” and “INFORMATION TO BE PROVIDED TO THE INJURED WORKER”,

are prescribed under section 292(1)(a) as expedient for the purposes of the Act, and are to be completed and given to the appropriate parties accordingly.

(3) For a claim for compensation by dependants under section 178(1)(b) of the Act (in the case of a death), the information required by Form 2D in Appendix I is prescribed under section 178(2) 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.]

##### 6AB. Relevant document (section 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 certificate

(1) Form 3 in Appendix I is the prescribed form under sections 57A(1)(b)(i), 57B(1)(b)(i) and 231(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 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.]

##### 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.]

##### 7. Certificate and notice before discontinuance of weekly payments

(1) The medical certificate 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.

(2) Notice to the worker referred to in section 61 of the Act shall be in the form of Form 5 in Appendix I.

[Regulation 7 amended in Gazette 29 Oct 1993 p. 5930; 13 Apr 1999 p. 1532.]

##### 8. Frequency and time of medical examinations (section 66)

(1) A worker who receives a First Medical Certificate (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 (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 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.]

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

##### 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 x 52 x A |
| Where — |
| S = prescribed amount less the sum of weekly payments made |
| P = the weekly payment |
|  |
| Y = the whole number equal to or next below |
| 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 the 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 his insurer for the purposes of the Act, disputes identity or entitlement, or both, he may apply under section 181 of the Act for determination of the dispute by an arbitrator.

[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.]

##### 10A. Medical certificate for statutory expenses

Form 7 in Appendix I is the form prescribed under sections 231(2)(b) and 241(2)(b) of the Act.

[Regulation 10A inserted in Gazette 28 Oct 2005 p. 4864.]

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

##### 11. Payments after death outside the 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 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 the DRD 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(l) 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 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.]

##### 12AA. Notice of intention to dismiss worker (section 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.** Repealed in Gazette 28 Oct 2005 p. 4865.]

##### 12A. Contributions to General Fund

(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 (section 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.]

##### 13A. Prescribed rate of interest (sections 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.** Repealed in Gazette 28 Oct 2005 p. 4866.]

##### 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.** Repealed in Gazette 28 Oct 2005 p. 4866.]

##### 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;

(b) specify —

(i) the name and address of the dependant;

(ii) the relationship (child or step‑child) of the dependant to the deceased worker;

(iii) the name of the deceased worker, and the address of the deceased worker at the time of death;

(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;

(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;

(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;

(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;

(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 — clause 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.]

##### 17AA. Prescribed rate for vehicle running expenses — clause 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

(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 — clause 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 information to the arbitrator in writing —

(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.]

##### 17AC. Management plan — clause 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.

(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.]

##### 17A. Supplementary amount varied

The supplementary amount referred to in the Act Schedule 5 clause 1 is varied and shall be —

(a) in relation to a worker with a dependent spouse or dependant de facto partner, or both, the sum of $88;

(b) in relation to a worker without a dependent spouse or dependant de facto partner, the sum of $50.

[Regulation 17A inserted in Gazette 19 Jun 1987 p. 2410; amended in Gazette 28 Jun 1991 p. 3291; 16 Oct 1992 p. 5201; 17 Sep 1993 p. 5182; 23 Aug 1994 p. 4395; 15 Sep 1995 p. 4358; 17 Jan 1997 p. 444; 12 Aug 1997 p. 4568; 17 Nov 2000 p. 6311; 30 Jun 2003 p. 2637; 28 Oct 2005 p. 4871.]

##### 17B. Witness allowances

A person who appears before a dispute resolution authority 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.]

##### 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. Meaning of terms used in this Part

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;

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

**“**taxing officer**”** means the Director or an arbitrator.

[Regulation 18B inserted in Gazette 28 Oct 2005 p. 4872.]

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

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 may apply under the *Workers’ Compensation (DRD) Rules 2005* 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.]

##### 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 (DRD) Rules 2005* Part 3.

(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.]

##### 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 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.]

## Part 2B — Medical assessment

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

##### 18L. Meaning of terms used in this Part

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;

(b) details sufficient to enable the worker to be contacted;

(c) the worker’s date of birth;

(d) the date on which the worker’s injury occurred;

(e) a description of the worker’s injury;

(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;

(g) the employer’s name and address and any other details necessary to identify the employer;

(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);

(b) Part IV Division 2 Subdivision 3 of the Act (which provides for restrictions on awarding, and the amount of, damages);

(c) Part IXA of the Act (which provides for specialised retraining programs); or

(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;

(b) the approved medical specialist’s name;

(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;

(ii) the approved medical specialist’s name;

(iii) details sufficient to enable the approved medical specialist to be contacted;

(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;

(b) details of any relevant document or information to which the requirement applies;

(c) the approved medical specialist’s name;

(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;

(b) details of any relevant document or information to which the requirement applies;

(c) the name of the person who has the relevant document or information;

(d) the approved medical specialist’s name;

(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;

(b) the approved medical specialist’s name;

(c) details sufficient to enable the approved medical specialist to be contacted;

(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;

(b) the approved medical specialist’s name;

(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;

(b) the approved medical specialist’s name;

(c) details sufficient to enable the approved medical specialist to be contacted;

(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;

(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;

(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;

(b) details of any relevant document or information to which the requirement applies;

(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 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;

(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.** Repealed in Gazette 8 Mar 2002 p. 949.]

## Part 3 — Noise induced hearing loss

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

##### 19A. Meaning of terms used in this Part

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 3, 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;

(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 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 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;

(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;

(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.

(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.** Repealed 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;

(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

(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;

(ii) whether the worker’s hearing loss is due, or partly due, to ear disease;

(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* (4th 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 section 93EA(3) of the Act 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).

(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 section 93EB(3) of the Act 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 dealt with as required by section 93D(10) 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

(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.]

##### 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;

(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 1.

[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 section 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;

(aa) upon an application described in subregulation (3a), the Director is satisfied that an extension should be given 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;

(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;

(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;

(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;

(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;

(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

(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;

(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 (DRD) Rules 2005* 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.]

##### 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.]

### Division 2 — 2004 scheme

[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 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;

(b) details sufficient to enable the worker to be contacted;

(c) the worker’s date of birth;

(d) the date on which the injury occurred and a description of the injury;

(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);

(f) the employer’s name and any other details necessary to identify the employer;

(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%;

(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;

(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 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. Meaning of terms used in this Part

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 (section 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 (section 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 Dispute Resolution Directorate.

[Regulation 27A inserted in Gazette 9 Dec 2005 p. 5892-3.]

### 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

(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;

(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.

(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;

(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;

(b) the name and address of the employer, if any, of the registered agent;

(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;

(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;

(b) attach a condition to the registration;

(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

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 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. Transitional provision

(1) If a person, other than a legal practitioner, was, immediately before the commencement day, the representative of a party to a pending proceeding, that person may continue to act as the representative of the party in that proceeding during the transition period, and for that purpose the person is to be taken to be a registered agent.

(2) In the case of a person other than a person referred to in subregulation (2a), the transition period is from the commencement day until —

(a) in the case of a person who does not make an application within 30 days after the commencement day for registration, the 30th day after the commencement day; and

(b) in the case of a person who makes an application within 30 days after the commencement day for registration —

(i) that person is registered under this Part; or

(ii) the application is refused and the review period is completed,

whichever happens first.

(2a) In the case of a person who is an employee or officer of an organisation referred to in regulation 27(b) or (c), or a person in a class of persons prescribed under regulation 27A, the transition period is from commencement day until —

(a) in the case of a person who does not make an application within 60 days after the commencement day for registration, the 60th day after the commencement day; and

(b) in the case of a person who makes an application within 60 days after the commencement day for registration —

(i) that person is registered under this Part; or

(ii) the application is refused and the review period is completed,

whichever happens first.

(3) For the purposes of subregulation (2)(b) a review period is completed when —

(a) the time for applying for a review of the decision expires without an application for review being made; or

(b) an application for review of the decision is made but —

(i) results in the refusal being confirmed; or

(ii) is withdrawn, discontinued or dismissed for want of prosecution.

(4) In this regulation —

**“**commencement day**”** means the day on which section 130 of the *Workers’ Compensation Reform Act 2004* comes into operation;

**“**dispute resolution body**”** has the same meaning as in the *Workers’ Compensation and Injury Management Act 1981* as in force immediately before the commencement day;

**“**pending proceeding**”** means —

(a) any matter the conciliation, review or other determination of which has been sought but not commenced before a dispute resolution body; or

(b) any matter that has been partly or fully heard or otherwise dealt with before, but not determined by, a dispute resolution body.

[Regulation 43 inserted in Gazette 28 Oct 2005 p. 4901‑3; amended in Gazette 9 Dec 2005 p. 5896.]

## 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**

| **column 1**  **item** | **column 2**  **service** | **column 3**  **description** |
| --- | --- | --- |
| 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 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 |
| 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 |
| 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.]

##### 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;

(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. Particulars for notice under section 157A(1) of Act

The prescribed particulars for a notice under section 157A(1) of the Act are —

(a) the full name of the worker concerned;

(b) the number given by the insurer or self‑insurer to the claim by the worker for compensation; and

(c) whether the notice is required because of knowledge described in section 157A(1)(a) of the Act or knowledge described in section 157A(1)(b) of the Act.

[Regulation 46 inserted in Gazette 28 Oct 2005 p. 4906.]

## 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;

(b) details sufficient to enable the worker to be contacted;

(c) the worker’s date of birth;

(d) the date on which the injury occurred and a description of the injury;

(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);

(f) the employer’s name and any other details necessary to identify the employer;

(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;

(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;

(b) the worker’s name and any other details necessary to identify the worker;

(c) details sufficient to enable the worker to be contacted;

(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.]

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)

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.]

**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 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.]

**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,

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

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.]

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

**Form 2B**

[r. 6AA]

*Workers’ Compensation and Injury Management Act 1981*

(Section 178(1)(b))

**WORKERS’ COMPENSATION CLAIM FORM**

**Employer Details**

**(*To be completed by employer after receipt from the worker*)**

|  |  |  |
| --- | --- | --- |
| Name of policy holder: ..................................................................................................................  ..................................................................................................................................................  Address: ..................................................................................................................................................  ..................................................................................................................................................  Suburb/town: ...............................................................................................................................  ............................................................................. Postcode: ......................................................  Trading name of employer: ............................................................................................................  (e.g. Browns Pharmacy; ................................................................................................................  E.J. Imports) ...............................................................................................................................  Address of worker’s usual .............................................................................................................  workplace or base: .............................................................................................................  ............................................................................. Postcode: ......................................................  Major activity of workplace: ...........................................................................................................  (e.g. sheep or grain farming; ...........................................................................................................  aluminium window screen ............................................................................................................  manufacturing) ............................................................................................................ | | |
| *Office Use only* | ANZSIC CODE ‑ |  |
| Insurance Co. ......................................................... Policy No. .....................................................  WorkCover No. W C ............................................. Claim No. .....................................................  *Insurer/Self Insurer to complete* | | |

***EMPLOYER: Forward to your insurer within 3 full working days of receipt from the Worker***

**Injured worker details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: *Mr/Mrs/Miss/Ms*. ...........................................................................................................  Other names: ..............................................................................................................................  Address: ....................................................................................................................................  .........................................................................Postcode: ..........................................................  Phone No.: ...........................  Date of birth: ......./......./....... Age: ......... Sex Male/Female | | | |
|  | If you have difficulty understanding English, what is your preferred language?  ............................................................................. | |  |
| Occupation (e.g. first class welder; accounts clerk) .........................................................................  Main tasks or duties performed? (e.g. welding of .........................................................................  high pressure steam pipes; recording and paying .........................................................................  accounts) ......................................................................... | | | |
| At the time of the occurrence  were you working as a:   — direct employee?   — working director?   — contractor?   — employee of contractor?   — sub‑contractor?   — other? | | ❒ 1  ❒ 2  ❒ 3  ❒ 4  ❒ 5  ❒ 6 | Full‑Time ❒ F  Part‑Time ❒ P |
| ASCO |

**Occurrence details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day of occurrence: ........................... Date ......./......./....... Time: ....... am/pm  At what address did the occurrence occur? .......................................................................................  ................................................................................................................................................. | | | | | |
| **When did you have to stop working? Date** .......**/**.......**/**....... **Time:** ....... **am/pm** | | | | | |
|  | | | | | |
| Were you | ‑ on duty?  ‑ on duty & in a road traffic  accident?  ‑ on a work break? | ❒ 1  ❒ 2  ❒ 3 | ‑ travelling between home and work?  ‑ doing something else, if so what?  ...................................................  ................................................... | | ❒ 4  ❒ 5 |
|  | | | | | |
| What actually happened and what caused the occurrence?  Include:  (i) what action was involved, e.g. fall, caught between, struck by moving object  ..........................................................................................................................  ..........................................................................................................................  (ii) what object/machine was involved, e.g. petrol fumes, wooden door frame  ..........................................................................................................................  ..........................................................................................................................  Describe:  (i) the most serious injury caused by the occurrence, e.g. fracture, burn,  cut, abrasion  ..........................................................................................................................  (ii) bodily location of the injury, e.g. upper arm, ankle, eye  .......................................................................................................................... | | | | Mechanism  Agency  Nature  Bodily Location | |

**Occurrence report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Where did the occurrence occur? (e.g. 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 | | .... ...am/pm | Finishing  time | .... ...am/pm |
| When did you first report the occurrence? | Date: ......../....../...... | | | Time: ................... | |
| To whom did you report the occurrence? | | Name / Title ..................................................... | | | |
| If the occurrence was not reported immediately, state the reason: | | .......................................................................  ....................................................................... | | | |
| Name and address of witness(es) to the occurrence: | | .......................................................................  ....................................................................... | | | |

**Medical attention/history – this event**

|  |  |
| --- | --- |
| 1. When did you first seek medical attention? | Date: ......../....../...... Time: ...................am/pm |
| 2. If not immediately, state reason: | .......................................................................  ....................................................................... |
| 3. Was the part of the body affected or injured by this occurrence healthy before the occurrence? If not, give details: | .......................................................................  ....................................................................... |

**Medical attention/history – similar or related previous events**

|  |  |
| --- | --- |
| 4. Is the present injury totally attributable to this occurrence? If not, give details: | .......................................................................  ....................................................................... |
| 5. Give details of any similar injury prior to this occurrence: | .......................................................................  ....................................................................... |
| 6. Name & address of usual medical practitioner, and any person who has treated you for a similar injury: | .......................................................................  ....................................................................... |

**Other or previous claims**

|  |  |  |
| --- | --- | --- |
| 1. Is compensation being claimed from any other source? | Yes/No If so, from whom? | ..................................................  .................................................. |

2. Give details of similar or related previous workers’ compensation claims

|  |  |  |
| --- | --- | --- |
| Name & address of employer | Name of insurer  (if known) | Nature of injury, disease or other claim |
|  |  |  |
|  |  |  |

**Injured worker’s declaration**

**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 (*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.**

Dated this ........................... day of ............................... Year ................

Signature of worker .............................................. Signature of witness ...........................................

|  |
| --- |
| **IMPORTANT:**  **FAILURE TO PROVIDE YOUR SIGNATURE ON EITHER THE DECLARATION OR THE AUTHORITY ABOVE MAY DELAY A DECISION BY YOUR EMPLOYER ON YOUR CLAIM.** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Insurer/Self‑insurer to complete | | | | Insurer/Self‑insurer’s Date Stamp | | |
|  | 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.................................❒ |  | |  |  |
|  | | | | | | |

*Front*

|  |
| --- |
| **Employer please complete**  If the First Medical Certificate indicates the injured worker will be absent from the workplace for more than 3 working days and/or is unable to return to normal duties please complete the section overleaf and fax to the medical practitioner who provided the worker’s First Medical Certificate **within 2 working days**. |

= = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =

|  |
| --- |
| Employer, please provide the information overleaf to the injured worker. |

*Reverse*

***ATTENTION* Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **DETAILS TO BE PROVIDED TO MEDICAL PRACTITIONER** |

Please complete all sections of this form

|  |
| --- |
| WORKER’S DETAILS |

Name in full: .................................................................................................................................

Address: .......................................................................................................................................

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

Occupation: ..................................................................................................................................

|  |
| --- |
| INSURER’S DETAILS |

Name of insurer: ............................................................................................................................

Contact person: ...................................................................... Telephone: ......................................

|  |
| --- |
| EMPLOYER’S DETAILS |

Trading name: ...............................................................................................................................

Address of worker’s usual workplace: ................................................................................................

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

|  |
| --- |
| ALTERNATIVE DUTIES FOR WORKER |

Name of contact for liaison with medical practitioner: ...........................................................................

Role within organisation: ................................................................................................................

Telephone: ................................................................................ Fax: ............................................

**❒ The above nominated contact is willing to discuss alternative duties and / or appropriate return‑to‑work options with the medical practitioner.**

|  |  |  |
| --- | --- | --- |
| This organisation can provide alternative duties which are attached. | ❒ Yes | ❒ No |

Signature ...................................................................................................... Date ....../......./........

= = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =

|  |
| --- |
| **INFORMATION TO BE PROVIDED TO THE INJURED WORKER** |

EMPLOYER please ensure this section is given to the injured worker.

**Workers’ Compensation Information for Injured Worker**

• WorkCover WA is the government authority that administers the workers’ compensation system in Western Australia. WorkCover WA is available as an independent third party to help answer your questions about how the workers’ compensation system works. Contact WorkCover WA’s Infoline if you need any information about the system.

• You should be notified by your employer’s insurance company if your claim is accepted or not within 3 weeks of submitting your claim to your employer.

• You have the right to choose your doctor and vocational rehabilitation provider.

• Provide your employer with all medical certificates from your doctor as quickly as possible.

• Under section 59(2) of the *Workers’ Compensation and Injury Management Act 1981* you must notify your employer in writing within 7 days if you commence work with another employer after making a claim, or while receiving weekly payments of workers’ compensation.

• Regular contact between you, your doctor and employer is important and will assist the overall management of your claim. Make sure your doctor gives you a WorkCover WA brochure. This outlines what you should know about the system.

• An injury management system is in place and it is important you understand your rights and responsibilities in relation to your return to work. Contact WorkCover WA’s Infoline to find out more.

• WorkCover WA runs free information seminars aimed at helping you understand the workers’ compensation system. Contact WorkCover WA to arrange your attendance.

**For workers’ compensation information or assistance contact**

**WorkCover WA’s Infoline: 08 9388 5555 Country callers: 1 800 670 055**

[Form 2B inserted in Gazette 13 Apr 1999 p. 1533‑38 (printer’s correction in Gazette 16 Apr 1999 p. 1598); amended in Gazette 15 Oct 1999 p. 4893; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4915.]

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

**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 ................................................................... |

**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, Dispute Resolution Directorate, 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)** |  | **WorkCover No. ..........** |  |
|  |  | |
| Trading name of employer  (e.g. Browns Welding;  E.J. Drilling Service) |  | Local Gov. | |
|  |  | |
|  | Insurance Co. | |
|  |  |  | |
| Address of worker’s usual  workplace or base |  | Policy No. | |

|  |  |  |
| --- | --- | --- |
| Name of Policy Holder  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address  Suburb/Town Post Code |  | Claim No: Insurer/self insurer to complete |
|  |
|  |
|  | Insurer/self insurer’s date stamp  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 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 please circle if applicable

 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 🞏 🞏 . 🞏 🞏

Otorhinolarynigological

 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.]

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

**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 *Workers’ Compensation and Injury Management Act 1981* 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 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)** |  | **WorkCover No. ......** |  |
|  |  | |
| Trading name of employer  (e.g. Browns Welding;  E.J. Drilling Service) |  | Local Gov. | |
|  |  | |
|  | Insurance Co. | |
|  |  |  | |
| Address of worker’s usual workplace or base |  | Policy No. | |

|  |  |  |
| --- | --- | --- |
| Name of Policy Holder  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address  Suburb/Town Post Code |  | Claim No:  Insurer/self insurer to complete |
|  |
|  |
|  | Insurer/self‑insurer’s date stamp  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Major activity or workplace  (e.g. metal fabrication, gold mining, engineering) |  |  |
|  | office use only  **ANZSIC** |

**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.]

**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 |
|  |  |  |  |
|  |  |  | i.e. Executor, spouse, de facto partner, son, daughter |
| Residential Address |  | | |
|  | Postcode | | Telephone No. |

**Deceased Worker’s Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name of deceased worker | Surname | | | |  | Other Names | |
|  |  | | | |  |  | |
|  |  | | | |  |  | |
| Sex |  | Male |  | Female |  | Date of Birth | / / |

|  |  |
| --- | --- |
| 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) |  |

**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 Part  ✓ Tick Box |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Details of Fatality**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Was the death the result of a |  | Yes |  | No | | | | | |
| work‑related injury and/or disease? |  | | | | | | | | |
| 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). |  |  |  |  | Have you attached a copy of any official notice of the deceased’s death? | | |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
| YES |  | NO |  | YES |  | NO | |  |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
| If yes, please attach as much information as you can | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Declaration** | | | | |
| I, the undersigned, do hereby warrant the truth of the foregoing statements. I hereby 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. | | | | |
|  | | | | |
| Signature |  | Date | / / |  |
|  |  |  |  |  |
| Signature |  | Date | / / |  |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| INSURER/SELF‑INSURER DETAILS | | |
| Insurer/self‑insurer to complete then detach and forward the duplicate of this notice to WorkCover WA, 2 Bedbrook Place, Shenton Park, WA 6008: | | |
| Name of insurer/self‑insurer: |  | Date stamp of insurer/self‑insurer |
|  |  |  |
| Policy number: |  |  |
| Claim number: |  |  |
|  |  |  |
| WCN: |  |  |
|  |  |  |
| Occurrence Details |  |  |
| Mechanism: |  |  |
| Agency: |  |  |
| Nature: |  |  |
| Body Locn: |  |  |
|  |  |  |

[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.]

**Form 3**

[r. 6A, 7(1)]

*Workers’ Compensation and Injury Management Act 1981*

(Sections 57A(1)(b), 57B(1)(b), 61(1) and 231(1)(b))

**FIRST MEDICAL CERTIFICATE**

**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 .............................

|  |
| --- |
| **IMPORTANT: FAILURE TO PROVIDE YOUR SIGNATURE ON THE AUTHORITY ABOVE MAY DELAY A DECISION BY YOUR EMPLOYER ON YOUR CLAIM.** |

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:

**FIT**

|  |  |
| --- | --- |
| ❒ Fit to return to pre‑injury duties, no further treatment  required | ❒ First and Final certificate  [See reg. 7 and s. 61(1) of the Act] |

❒ 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 body part.  ❒ Avoid prolonged standing / walking / sitting.  ❒ Keep injured area clean and dry. | Other restrictions: .............................................  ......................................................................  ......................................................................  ...................................................................  ................................................................... |

**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 p. 1539‑40; amended in Gazette 17 Nov 2000 p. 6320; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4919‑20.]

**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: ...................................................................................................................................................

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

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

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;
* under section 181 of the Act apply to the Director Dispute Resolution for resolution of a dispute by an arbitrator;
* seek advice in relation to the dispute from WorkCover WA;
* 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.]

**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 Dispute Resolution

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: .............................................................................................................................................

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

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

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;
* under section 181 of the Act apply to the Director Dispute Resolution for resolution of a dispute by an arbitrator;
* seek advice in relation to the dispute from WorkCover WA;
* 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.]

**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]

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

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 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: ............................................................................................................................................

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

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

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;
* under section 181 of the Act apply to the Director Dispute Resolution for resolution of a dispute by an arbitrator;
* seek advice in relation to the dispute from WorkCover WA;
* 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.]

**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 Dispute Resolution

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: .............................................................................................................................................

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

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

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

Date: .................................................

NOTE THAT if you wish you may —

* under section 181 of the Act apply to the Director Dispute Resolution for resolution of a dispute by an arbitrator;
* seek advice in relation to the dispute from WorkCover WA;
* 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.]

**Form 4**

[r. 7(1)]

*Workers’ Compensation and Injury Management Act 1981*

(Section 61(1))

**FINAL MEDICAL CERTIFICATE**

|  |  |  |
| --- | --- | --- |
|  | | **Claim No.**  (if known) |
|  | |  |
| To (name and address of worker’s employer) |  | |

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

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

|  |  |
| --- | --- |
| WORKER’S DETAILS |  |

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 ....../........./............

❒ 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 4 inserted in Gazette 14 Dec 1999 p. 6152; amended in Gazette 17 Nov 2000 p. 6320; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4926.]

**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 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.]

**Form 6**

[r. 10(1)]

*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 ................................................................

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

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

**A. WORKER’S SECTION**

I, ..........................................................................................................................................

(full name of worker)

of .........................................................................................................................................

(residential address)

........................................................................................ Postcode: ....................................

Occupation: ............................................................. Date of birth: ......./......../19...............

\*being duly sworn, say that/do solemnly and sincerely affirm that —

1. The above details about me are correct.

2. I reside at the above address.

3. On ......../......../20...... I suffered an injury when employed by ................................

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

(name and address of employer)

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

\*Sworn/affirmed at )

in (State or country) )

this day of 20 ) ....................................................................

Before me: ....................................................................

(a person having authority

to administer an oath)

**B. DOCTOR’S SECTION**

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. On ........./........../20.......... I examined the above person and am of the opinion that he/she is —

(a) ❒ Fit.

(b) ❒ Fit for alternative duties with the following

limitations: ..................................................................................

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

(c) ❒ Totally unfit for work.

\*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 24 Dec 1993 p. 6849; amended in Gazette 18 Feb 1994 p. 663; 24 Jun 1994 p. 2889; 17 Nov 2000 p. 6320; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4926.]

**Form 7**

[r. 10A]

*Workers’ Compensation and Injury Management Act 1981*

(Sections 231(2)(b) and 241(2)(b))

**MEDICAL CERTIFICATE — INTERIM PAYMENT OF STATUTORY ENTITLEMENTS OR MINOR CLAIM**

1. **Worker’s details**

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

Surname: .......................................................

Address: .......................................................................................................................................

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

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

Occupation: ...................................................................................................................

Date of injury: ...............................................................................................................

Description of injury: ....................................................................................................

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

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

2. **Employer’s details**

Name and address of worker’s employer:

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

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

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

3. **Statutory expenses claimed by worker**

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

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

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

4. **Medical practitioner’s details**

Name: .......................................................................................................................

Registration No: ............................................................................................................

Address: ........................................................................................................................

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

It is my opinion that the statutory expenses set out in item 3 are expenses that have been incurred by the worker for treatment or services required in relation to the injury suffered by the worker.

Signature of medical practitioner: ...................................................................................

Date: ........./......./...........

[Form 7 inserted in Gazette 28 Oct 2005 p. 4927‑8.]

[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.]

**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.]

**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.]

**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 Dispute Resolution

[Form 15A inserted in Gazette 18 Feb 1994 p. 663; amended in Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4929.]

**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 Dispute Resolution

[Form 15B inserted in Gazette 18 Feb 1994 p. 664; amended in Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4929.]

**Form 15C**

[r. 12(1a)]

*Workers’ Compensation and Injury Management Act 1981*

**MEMORANDUM OF AGREEMENT**

(Section 76 & 67(2))

TO: the Director Dispute Resolution

Perth, Western Australia

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

Between *(Employer)*

of *(address)*

*(WCN Number)*

and

*(Worker)*

of *(address)*

Claim No:

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

**1.** Date of injury

Which occurred by:

\* a personal injury by accident arising out of or in the course of the employment, or whilst the worker was acting under the employer’s instructions;

\* a disabling disease to which Part III Division 3 applies;

\* a disease contracted by a worker in the course of his/her employment at or away from his/her place of employment and to which the employment was a contributing factor and contributed to a significant degree;

\* the recurrence, aggravation, or acceleration of any pre‑existing disease where the employment was a contributing factor to that recurrence, aggravation, or acceleration and contributed to a significant degree; or

\* a disabling loss of function to which Part III Division 4 applies.

**2.** When the disability occurred —

(a) the worker was years of age. Date of Birth .......................

(b) the worker was employed by the employer as a ..........................................

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

(c) his or her weekly earnings were ..................................................................

**3.** The nature of the disability was:

and now is:

and it occurred in the following circumstances —

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

(a) weekly payments in respect of that disability totalling $

(b) expenses payable under 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 $

=========

**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.]

**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.]

**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 Commissioner.

Dated this day of , *(year)*

Director Dispute Resolution

[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.]

**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)* |
|  |
| **TAKE NOTICE**  The employer described below intends to dismiss the worker described below with effect from the following date. |
| Date dismissal effective: |
| *[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)].* |

**Worker’s details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | | |  | Other names |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  | WorkCover claim number (WCCN) |
|  | | |  |  |
|  | | |  | *(if not known, insurer can provide WCCN)* |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover number (WCN) |
|  |  |  |
| Contact person |  |  |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**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** |  | Date | / / |  |
|  | (signed on behalf of employer) |  |  |  |
| **WorkCover WA** |  | Date | / / |  |
|  | (signed on behalf of employer) |  |  |  |

[Form 15G inserted in Gazette 28 Oct 2005 p. 4932‑4.]

**Form 16**

[r. 15]

*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 occupations 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Policy/Cover Note No.** | **New (N) Renewal (R)** | **Name** | **Address** | **Occupation** | **Effective Date (If Less Than 12 Months Cover)** | **Expiry Date** |
|  |  |  |  |  |  |  |

Position held by officer ....................................................... Date ......................................

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

Signature of responsible officer

[Form 16 inserted in Gazette 25 Jul 1986 p. 2484; amended in Gazette 8 Mar 1991 p. 1076; 28 Jun 1991 p. 3294; 17 Nov 2000 p. 6321; 16 Sep 2003 p. 4104; 21 Jan 2005 p. 276 and 277.]

**Form 17**

[r. 15]

*Workers’ Compensation and Injury Management Act 1981*

**MONTHLY STATEMENT BY APPROVED INSURANCE OFFICES**

CONFIDENTIAL

(Section 171(1)(b))

LAPSED POLICIES

Name of approved insurance office ...................................................................................

Address ........................................................... Date approved ..........................................

Chief executive officer, WorkCover WA.

The following are the names, addresses and occupations 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: —

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policy No.** | **Name** | **Address** | **Occupation** | **Reason** |
|  |  |  |  |  |

Position held by officer ...................................................... Date .......................................

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

Signature of responsible officer

[Form 17 inserted in Gazette 25 Jul 1986 p. 2485; amended in Gazette 8 Mar 1991 p. 1076; 28 Jun 1991 p. 3294; 17 Nov 2000 p. 6321; 16 Sep 2003 p. 4104; 21 Jan 2005 p. 276 and 277; 28 Oct 2005 p. 4934.]

**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.]

**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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **GIVEN NAMES (in full) SEX** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SURNAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **M** | |  | | **F** |
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| **ADDRESS NUMBER AND STREET** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SUBURB OR TOWN POSTCODE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE OF BIRTH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DAY MONTH YEAR** | | | | | | | | | | | |  | **HOME PHONE NUMBER** | | | | | | | | | |  | **WORK PHONE NUMBER** | | | | | | | | | |
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| **OCCUPATION OF WORKER** | | | | | | | | | | | | |  | | | | | | | | | | | **A.S.I.C. OFFICE USE** | | | | | | | | | |
| **EMPLOYED BY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FULL NAME OF EMPLOYER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  | |  |  | |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |
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| **ADDRESS NUMBER AND STREET OF EMPLOYER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SUBURB OR TOWN POSTCODE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PREDOMINANT INDUSTRY OF EMPLOYER** | | | | | | | | | | | | | | | | | |  | | | | | | **A.S.I.C. OFFICE USE** | | | | | | | | | |
| **LEVEL OF TEST:** | | | | | | | | | | | | | | | |  | | | | **PURPOSE OF TEST:** | | | | | | | | | | | | | |
| **Air‑conduction** | | | | | |  | | | | |  | | | | |  | | | | **Baseline** | | | | |  | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full audiological** | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical Panel** | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |

**WAUGH AND MACRAE’S CRITERIA:**

(Please tick only if worker fails)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item 1 |  |  |  | Item 2 |  |  |  | Item 3 |  |  |

**HEARING TEST RESULTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| HERTZ (Hz) | | 500 | 1000 | 1500 | 2000 | 3000 | 4000 | 6000 | | | | | | | | 8000 | | | | | | | | |
|  | RT EAR |  |  |  |  |  |  |  | | | | | | | |  | | | | | | | | |
| RT EAR  \*\*MASKED |  |  |  |  |  |  |  | | | | | | | |  | | | | | | | | |
| AIR |
| CONDUCTION | LT EAR |  |  |  |  |  |  |  | | | | | | | |  | | | | | | | | |
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|  | LT EAR  \*\*MASKED |  |  |  |  |  |  |  | | | | | | | |  | | | | | | | | |
|  | RT EAR |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
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| RT EAR  MASKED |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
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| \*\*BONE |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
| CONDUCTION | LT EAR |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
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| LT EAR  MASKED |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
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| CALCULATED PLH |  |  |  |  |  | % |
|  | OFFICE USE | | | | | |

**PERSON CONDUCTING TEST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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SURNAME INITIAL REG. NO.

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| 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 |  | DAY | | MONTH | | YEAR | |

\* 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.]

**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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **GIVEN NAMES (in full) SEX** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  | |  |  | |  | |  |  |  |  | |  | | | | | | | | | | | | | |  | |  | |  |
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| **SURNAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **M** | |  | | **F** |
|  |  |  |  |  | |  |  | |  | |  |  |  |  | |  | | | | | | | | | | | | | | | | | | |
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| **FORMER SURNAME IF APPLICABLE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ADDRESS NUMBER AND STREET** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SUBURB OR TOWN POSTCODE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE OF BIRTH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  | |  |  | |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  | |  | |  |  | |  |  |  |
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| **SUBURB OR TOWN POSTCODE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  |  | |  |  |  |
| **PREDOMINANT INDUSTRY OF EMPLOYER** | | | | | | | | | | | | | | | | |  | | | | | | **A.S.I.C. OFFICE USE** | | | | | | | | | | | |
| **LEVEL OF TEST:** | | | | | | | | | | | | | | |  | | | | **PURPOSE OF TEST:** | | | | | | | | | | | | | | | |
| **Air‑conduction** | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full audiological** | | | | |  | | | | |  | | | | |  | | | | **Subsequent** | | | | | | |  | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical Panel** | | | | |  | | | | |  | | | | |  | | | | **Retired/Turning 65** | | | | | | | | |  | | |  | | | |

**HEARING TEST RESULTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HERTZ (Hz) | | 500 | 1000 | 1500 | 2000 | 3000 | 4000 | 6000 | | | | | | | | 8000 | | | | | | | | |
|  | RT EAR |  |  |  |  |  |  |  | | | | | | | |  | | | | | | | | |
| RT EAR  \*\*MASKED |  |  |  |  |  |  |  | | | | | | | |  | | | | | | | | |
| AIR |
| CONDUCTION | LT EAR |  |  |  |  |  |  |  | | | | | | | |  | | | | | | | | |
|  |
|  | LT EAR  \*\*MASKED |  |  |  |  |  |  |  | | | | | | | |  | | | | | | | | |
|  | RT EAR |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
| RT EAR  MASKED |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
| \*\*BONE |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
| CONDUCTION | LT EAR |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
| LT EAR  MASKED |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | | |  |  | **OTORHINOLARYNGOLOGICAL EXAMINATION**  Practitioner ..............................................................................  Address ....................................................................................  ..................................................................................................  Signature ......................................... Date ................... |
| CALCULATED PLH |  |  |  |  |  | % |  |
|  | OFFICE USE | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
| \*\*\*CALCULATED |  |  | | | |  |  |
| NOISE INDUCED |  |  |  |  |  | % |  |
| PLH SINCE BASELINE TEST/PREVIOUS ELECTION\* | | | | | | |  |

**PERSON CONDUCTING TEST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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SURNAME INITIALS REG. NO.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |  | DAY | | MONTH | | YEAR | |

\* Delete which doesn’t apply

\*\* Approved Medical Practitioners or Audiologists Only

\*\*\* Registered Otorhinolaryngologist Only

[Form 19B inserted in Gazette 3 Apr 1992 p. 1544‑5; amended in Gazette 21 Jan 2005 p. 276 and 277.]

[Form 20 deleted in Gazette 28 Oct 2005 p. 4934.]

**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.]

**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 |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  | |
|  | | |  | |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover no. (if known) |
|  |  |  |
| Contact person | | |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**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 | | |
|  | | |
| 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 | ❒ |

|  |
| --- |
| 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 Dispute Resolution  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.]

**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 |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  | |
|  | | |  | |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover no. (if known) |
|  |  |  |
| Contact person | | |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**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 93EA(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 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. | ❒  ❒  ❒ |

|  |  |
| --- | --- |
| **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 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.** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Signature of worker** |  | Date | / / |  |
|  |  |  |  |  |

|  |
| --- |
| **Lodging this form**  This form should be lodged with —  Director Dispute Resolution  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.]

**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 |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  | |
|  | | |  | |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover no. (if known) |
|  |  |  |
| Contact person | | |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**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 |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **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.** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Signature of worker** |  | Date | / / |  |
|  |  |  |  |  |

|  |
| --- |
| **Lodging this form**  This form should be lodged with —  Director Dispute Resolution  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.]

**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 |
|  |  |  |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | Occupation |
|  |  |  |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover no. (if known) |
|  |  |  |

**Injury details**

|  |  |  |  |
| --- | --- | --- | --- |
| Description of injury | | | |
|  | | | |
| Date injury occurred |  |  | |
|  |  |  | |
| Degree of disability as assessed by medical practitioner |  | Degree of disability | |
|  | ❒  ❒ | not less than 30%  not less than 16% |
|  |  |

|  |
| --- |
| **Question referred**  The question of whether the worker’s degree of disability is or is not less than the relevant level has been referred to the Director Dispute Resolution, 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.]

**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 |
|  |  |  |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | Occupation |
|  |  |  |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover no. (if known) |
|  |  |  |

**Injury details**

|  |  |  |  |
| --- | --- | --- | --- |
| Description of injury | | | |
|  | | | |
| Date injury occurred |  |  | |
|  |  |  | |
| Degree of disability as assessed by medical practitioner |  | Degree of disability | |
|  | ❒  ❒ | not less than 30%  not less than 16% |
|  |  |

|  |
| --- |
| **Question referred**  The question of whether the worker’s degree of disability is or is not less than the relevant level has been referred to the Director Dispute Resolution, 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 | / / |  |
|  |  |  |  |  |

**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.]

**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 |
|  |  |  |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | Occupation |
|  |  |  |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover no. (if known) |
|  |  |  |

**Injury details**

|  |  |  |  |
| --- | --- | --- | --- |
| Description of injury | | | |
|  | | | |
| Date injury occurred |  |  | |
|  |  |  | |
| Degree of disability as assessed by medical practitioner |  | Degree of disability | |
|  | ❒  ❒ | not less than 30%  not less than 16% |
|  |  |

|  |
| --- |
| **Question referred**  The question of whether the worker’s degree of disability is or is not less than the relevant level has been referred to the Director Dispute Resolution, 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.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Signature of Director** |  | Date | / / |  |
|  |  |  |  |  |

**Employer’s objection**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer’s assessment of degree of disability | |  | |  | |
|  | | | | | |
| **Signature of employer** |  | | Date | / / |  |
|  |  | |  |  |  |

[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.]

**Form 24**

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

*Workers’ Compensation and Injury Management Act 1981*

**DEGREE OF DISABILITY AGREEMENT**

**Worker’s details**

|  |  |  |
| --- | --- | --- |
| Surname |  | Other names |
|  |  |  |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | Occupation |
|  |  |  |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover no. (if known) |
|  |  |  |

**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 | | |
|  | | |
| 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.]

**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 |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  |  |
|  | | |  |  |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover no. (if known) |
|  |  |  |
| Contact person | | |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**Insurer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Date weekly payments commenced |  | Claim no. (if known) |
|  |  |  |
| 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.** |

**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.]

**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 |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  |  |
|  | | |  |  |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover no. (if known) |
|  |  |  |
| Contact person | | |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**Insurer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Date weekly payments commenced |  | Claim no. (if known) |
|  |  |  |
| Contact person | | |
|  | | |
| Telephone no. |  |  |
|  |  |  |

**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 Dispute Resolution  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.]

**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 |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  |  |
|  | | |  |  |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover no. (if known) |
|  |  |  |
| Contact person | | |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**Insurer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Date weekly payments commenced |  | Claim no. (if known) |
|  |  |  |
| Contact person | | |
|  | | |
| Telephone no. |  |  |
|  |  |  |

**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 Dispute Resolution  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. |

**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.]

**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 |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  |  |
|  | | |  |  |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover no. (if known) |
|  |  |  |
| Contact person | | |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**Insurer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Date weekly payments commenced |  | Claim no. (if known) |
|  |  |  |
| Contact person | | |
|  | | |
| Telephone no. |  |  |
|  |  |  |

**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 Dispute Resolution  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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Signature of Director** |  | Date | / / |  |
|  |  |  |  |  |

[Form 28 inserted in Gazette 17 Nov 2000 p. 6317‑19; amended in Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4939.]

**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 Dispute Resolution Directorate

[Form 29 inserted in Gazette 28 Oct 2005 p. 4939‑40.]

**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.]

**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 |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  | WorkCover claim number (WCCN) |
|  | | |  |  |
|  | | |  | *(if not known, insurer can provide WCCN)* |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover number (WCN) |
|  |  |  |
| Contact person |  |  |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**Insurer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Date the claim for compensation by way of weekly payments was made on employer |  | Claim number given by insurer (if known) |
|  |  |  |
| Contact person |  | Telephone no. |
|  |  |  |

**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 | 🞏 | | 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 the *Workers’ Compensation and Injury Management Act 1981* Schedule 1 clause 18B? | | | | | | |
|  | Yes | 🞏 | | If so, to which date? |  |  |
|  | No | 🞏 |  | |  | |

**Extension sought**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Specify the reasons for seeking the extension. | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | |
|  |  | | | | | | | | | |  | |
|  |  | | | | | | | | | |  | |
|  |  | | | | | | | | | |  | |
| 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 | | 🞏 | If so, on which date? | | | |  | | |  |
|  | | No | | 🞏 |  | | | | | | | |
| Attach a copy of any such request. | | | | | | | | | | | | |
| 3. Specify date until which extension sought. | | | | |  |  | | | |  | | |
|  | | | | | | | | | | | | |
| **Signature of worker** | | |  | | | | Date | / / | | |  | |
|  | | |  | | | |  |  | | |  | |

**How to lodge this form**

|  |  |
| --- | --- |
| 1. This form should be lodged with: | |
|  | Director, Dispute Resolution Directorate  WorkCover WA  Perth, WA |
| 2. **WHEN LODGING THIS FORM ALSO PROVIDE ANYTHING ELSE THAT REGULATION 17AD REQUIRES YOU TO PROVIDE**. | |

**Extension given or refused**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The final day | | | | | | | | | |
|  | is extended to | |  | / / | |  | | | |
|  | is not extended. | | 🞏 | |  | | | | |
| **Signature of Director** | |  | | | | | Date | / / |  |
|  | |  | | | | |  |  |  |

**Copies of extension sent to**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **worker** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |
| **employer** |  | Date | / / |  |
|  | (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.]

**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 |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  | WorkCover claim number (WCCN) |
|  | | |  |  |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover number (WCN) |
|  |  |  |
| Contact person |  |  |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**Insurer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Contact person |  | Telephone no. |
|  |  |  |

**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% | | |
|  | *do not complete if “Yes” in paragraph (b)* | Yes | 🞏 |
|  |  | No | 🞏 |
| (b) | at least 25% | | |
|  | *do not complete if “No” in paragraph (a)* | Yes | 🞏 |
|  |  | No | 🞏 |

**Recorded**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Signature of Director** |  | Date | / / |  |
|  |  |  |  |  |

**Copies of record sent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **To worker** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |
| **To employer** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |

[Form 32 inserted in Gazette 28 Oct 2005 p. 4944‑6.]

**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 | | |  | Other names |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  | WorkCover claim number (WCCN) |
|  | | |  |  |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover number (WCN) |
|  |  |  |
| Contact person |  |  |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**Insurer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Contact person |  | Telephone no. |
|  |  |  |

**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 | | | | | 🞏 |
| (b) | certificate referred to in section 93N(1) of the Act on the basis of which the special evaluation was requested *(only required if the assessment involves a special evaluation as defined in section 146C(4) of the Act)* | | | | | 🞏 |

**Recorded**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Signature of Director** |  | Date | / / |  |
|  |  |  |  |  |

**Copies of record sent to**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **worker** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |
| **employer** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |

[Form 33 inserted in Gazette 28 Oct 2005 p. 4946‑8.]

**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 |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  | WorkCover claim number (WCCN) |
|  | | |  |  |
|  | | |  | *(if not known, insurer can provide WCCN)* |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover number (WCN) |
|  |  |  |
| Contact person |  |  |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**Insurer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Contact person |  | Telephone no. |
|  |  |  |

**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.** | | | | | |

**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** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |
| **employer** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |

[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 |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  | WorkCover claim number (WCCN) |
|  | | |  |  |
|  | | |  | *(if not known, insurer can provide WCCN)* |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover number (WCN) |
|  |  |  |
| Contact person |  |  |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**Insurer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Contact person |  | Telephone no. |
|  |  |  |

**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 | 🞏 | 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 | 🞏 | |  | |

**Extension sought**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. This application is for the termination day to be extended in the circumstances described in — | | | | | | | | | | |
|  | 🞏 | section 93M(4)(a) of Act | | (worker’s condition has not stabilised) | | | | | | |
|  | 🞏 | section 93M(4)(b) of Act | | (employer failed to comply with section 93O of Act) | | | | | | |
|  | 🞏 | section 93M(4)(c) of Act | | (more time required to give documents to worker) | | | | | | |
|  | 🞏 | section 93M(4)(d)(i) of Act | | (assessment requested but documents not available within specified time — not special evaluation) | | | | | | |
|  | 🞏 | 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. | | | | |  |  | | |  | |
|  | | | | | | | | | | |
| **Signature of worker** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date | / / | |  |

**How to lodge this form**

|  |  |
| --- | --- |
| 1. This form should be lodged with: | |
|  | Director Dispute Resolution  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 | |  | / / | |  | | | |
|  | is not extended. | | 🞏 | |  | | | | |
| **Signature of Director** | |  | | | | | Date | / / |  |
|  | |  | | | | |  |  |  |

**Copies of extension sent to**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **worker** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |
| **employer** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |

[Form 35 inserted in Gazette 28 Oct 2005 p. 4951‑3.]

**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 Dispute Resolution.

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.

This notice is a standard document and is not meant to be relied on instead of obtaining appropriate advice.

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover number (WCN) |
|  |  |  |
| Contact person |  |  |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

[Form 36 inserted in Gazette 28 Oct 2005 p. 4953‑4.]

**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 | | |  | Other names |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  | WorkCover claim number (WCCN) |
|  | | |  |  |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover number (WCN) |
|  |  |  |
| Contact person |  |  |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**Insurer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Contact person |  | Telephone no. |
|  |  |  |

**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% | | |
|  | *do not complete if “No” in paragraph (b)* | Yes | 🞏 |
|  |  | No | 🞏 |
| (b) | less than 15% | | |
|  | *do not complete if “No” in paragraph (a)* | Yes | 🞏 |
|  |  | No | 🞏 |

**Recorded**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Signature of Director** |  | Date | / / |  |
|  |  |  |  |  |

**Copies of record sent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **To worker** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |
| **To employer** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |

[Form 37 inserted in Gazette 28 Oct 2005 p. 4955‑6.]

**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 |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  | WorkCover claim number (WCCN) |
|  | | |  |  |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover number (WCN) |
|  |  |  |
| Contact person |  |  |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**Insurer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Contact person |  | Telephone no. |
|  |  |  |

**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** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |
| **To employer** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |

[Form 38 inserted in Gazette 28 Oct 2005 p. 4957‑8.]

**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 |
|  | | |  |  |
| Date of birth |  | Sex |  | Occupation |
|  |  |  |  |  |
| Address | | |  |  |
| Postcode | | | | |
| Telephone no. | | |  | WorkCover claim number (WCCN) |
|  | | |  |  |
|  | | |  | *(if not known, insurer can provide WCCN)* |

**Employer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Telephone no. |  | WorkCover number (WCN) |
|  |  |  |
| Contact person |  |  |
|  | | |
| Title |  | Telephone no. |
|  |  |  |

**Insurer’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | | |
| Address |  |  |
| Postcode | | |
| Contact person |  | Telephone no. |
|  |  |  |

**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 Dispute Resolution  WorkCover WA  Perth, WA |
| 2. **WHEN LODGING THIS FORM ALSO PROVIDE ANYTHING ELSE THAT REGULATION 48 REQUIRES YOU TO PROVIDE**. | |

**Extension given or refused**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The final day | | | | | | | | | |
|  | is extended to | |  | / / | |  | | | |
|  | is not extended. | | 🞏 | |  | | | | |
| **Signature of Director** | |  | | | | | Date | / / |  |
|  | |  | | | | |  |  |  |

**Copies of extension sent to**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **worker** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |
| **employer** |  | Date | / / |  |
|  | (signature of person sending copy) |  |  |  |

[Form 39 inserted in Gazette 28 Oct 2005 p. 4959‑61.]

**Form 40**

[r. 52]

*Workers’ Compensation and Injury Management Act 1981*

**Infringement notice**

Serial No. ...............

Date ......../......./.......

|  |
| --- |
| To: (1) ...................................................................................................................  of: (2) ....................................................................................................................  It is alleged that on ......../......../........ at or about (3) .............................................  at (4) .....................................................................................................................  the alleged offender named above committed the following offence —  .............................................................................................................................  .............................................................................................................................  .............................................................................................................................  contrary to section (5) ................................ of the *Workers’ Compensation and Injury Management Act 1981*.  The modified penalty for this offence is $ ............................................. |

|  |
| --- |
| If the alleged offender wishes to be prosecuted for the alleged offence in a court, the modified penalty should not be paid and no reply to this notice is required. The alleged offender may become liable to pay a fine and costs if court proceedings are taken against the alleged offender. |

|  |
| --- |
| If the alleged offender does **not** wish to be prosecuted for the alleged offence in a court, the amount of the modified penalty may be paid within the period of 28 days after the giving of this notice. Payment may be made by either —   * posting this form and a cheque or money order, made payable to **WorkCover Western Australia**, for the amount of the modified penalty to the Chief Executive Officer, WorkCover WA, 2 Bedbrook Place, Shenton Park WA 6008; or * delivering this form, and paying the amount of the modified penalty to an authorised officer\*, at WorkCover WA, 2 Bedbrook Place, Shenton Park WA 6008.   Name and title of authorised officer giving the notice:  ......................................................................................................................... |

|  |
| --- |
| Signature: ....................................................  \*The following are authorised officers for the purposes of receiving payment of modified penalties: ..............................................................................................................................  .............................................................................................................................. |

(1) Name of alleged offender

(2) Address of alleged offender

(3) Time when offence allegedly committed

(4) Place where offence allegedly committed

(5) Section designation

[Form 40 inserted in Gazette 28 Oct 2005 p. 4962‑3.]

**Form 41**

[r. 53]

*Workers’ Compensation and Injury Management Act 1981*

**Withdrawal of infringement notice**

Serial No. ...............

Date ......../......./.......

|  |
| --- |
| To: (1) ...................................................................................................................  of: (2) ....................................................................................................................  Infringement notice No. ................................dated ......../......../........ for the alleged offence of ................................................................................................  .............................................................................................................................  contrary to section .................... of the *Workers’ Compensation and Injury Management Act 1981* has been withdrawn.  The modified penalty of $ ........................  \* has been paid and a refund is enclosed.  \* has not been paid and should not be paid.  \* Delete as appropriate  Name and title of authorised officer giving this notice:  .............................................................................................................................  Signature ............................................................................................................. |

(1) Name of alleged offender given the infringement notice

(2) Address of alleged offender

[Form 41 inserted in Gazette 28 Oct 2005 p. 4963.]

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**

**Weeks**

| **Years** | **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**  **2**  **3**  **4**  **5** | 0.985 09  1.941 48  2.870 02  3.771 51  4.646 74 | 1.003 75  1.959 59  2.887 60  3.788 58  4.663 32 | 1.022 39  1.977 70  2.905 18  3.805 65  4.679 89 | 1.041 03  1.995 80  2.922 75  3.822 71  4.696 45 | 1.059 66  2.013 88  2.940 31  3.839 76  4.713 00 | 1.078 28  2.031 96  2.957 86  3.856 79  4.729 55 | 1.096 89  2.050 02  2.975 40  3.873 82  4.746 08 | 1.115 48  2.068 08  2.992 93  3.890 84  4.762 60 | 1.134 07  2.086 12  3.010 45  3.907 85  4.779 11 | 1.152 64  2.104 16  3.027 96  3.924 85  4.795 62 | 1.171 21  2.122 18  3.045 46  3.941 84  4.812 11 | 1.189 76  2.140 20  3.062 94  3.958 82  4.828 60 | 1.208 31  2.158 20  3.080 42  3.975 79  4.845 07 |
| **6**  **7**  **8**  **9**  **10** | 5.496 49  6.321 48  7.122 44  7.900 08  8.655 07 | 5.512 58  6.337 11  7.137 62  7.914 81  8.669 37 | 5.528 67  6.352 73  7.152 78  7.929 53  8.683 66 | 5.544 75  6.368 34  7.167 94  7.944 25  8.697 95 | 5.560 82  6.383 94  7.183 08  7.958 95  8.712 22 | 5.576 88  6.399 53  7.198 22  7.973 65  8.726 49 | 5.592 93  6.415 11  7.213 35  7.988 34  8.740 75 | 5.608 97  6.430 69  7.228 47  8.003 02  8.755 00 | 5.625 00  6.446 25  7.243 58  8.017 69  8.769 25 | 5.641 02  6.461 81  7.258 69  8.032 35  8.783 49 | 5.657 04  6.477 36  7.273 78  8.047 01  8.797 71 | 5.673 04  6.492 89  7.288 87  8.061 65  8.811 93 | 5.689 04  6.508 42  7.303 94  8.076 29  8.826 15 |
| **11**  **12**  **13**  **14**  **15** | 9.388 06  10.099 71  10.790 63  11.461 42  12.112.68 | 9.401 95  10.113 19  10.803 71  11.474 13  12.125 02 | 9.415 82  10.126 66  10.816 79  11.486 83  12.137 35 | 9.429 69  10.140 13  10.829 87  11.499 52  12.149 67 | 9.443 55  10.153 58  10.842 93  11.512 20  12.161 98 | 9.457 41  10.167 03  10.855 99  11.524 88  12.174 29 | 9.471 25  10.180 48  10.869 04  11.537 55  12.186 59 | 9.485 09  10.193 91  10.882 09  11.550 22  12.198 89 | 9.498 92  10.207 34  10.895 12  11.562 87  12.211 17 | 9.512 74  10.220 76  10.908 15  11.575 52  12.223 46 | 9.526 55  10.234 17  10.921 17  11.588 16  12.235 73 | 9.540 36  10.247 57  10.934 18  11.600 80  12.248 00 | 9.554 16  10.260 97  10.947 19  11.613 42  12.260 26 |
| **16**  **17**  **18**  **19**  **20** | 12.744 97  13.358 84  13.954 83  14.533 47  15.095 25 | 12.756.94  13.370 47  13.966 12  14.544 43  15.105 89 | 12.768 92  13.382 09  13.977 41  14.555 38  15.116 52 | 12.780 88  13.393 71  13.988 68  14.566 33  15.127 15 | 12.792 84  13.405 31  13.999 95  14.577 27  15.137 78 | 12.804 79  13.416 92  14.011 22  14.588 21  15.148 39 | 12.816 73  13.428 51  14.022 47  14.599 14  15.159 01 | 12.828 67  13.440 10  14.033 73  14.610 06  15.169 61 | 12.840 59  13.451 68  14.044 97  14.620 98  15.180 21 | 12.852 52  13.463 26  14.056 21  14.631 89  15.190 80 | 12.864 43  13.474 83  14.067 44  14.642 79  15.201 39 | 12.876 34  13.486 39  14.078 67  14.653 69  15.211 97 | 12.888 25  13.497 94  14.089 89  14.664 59  15.222 55 |
| **21**  **22**  **23**  **24**  **25** | 15.640 66  16.170 20  16.684 31  17.183 44  17.668 04 | 15.651 00  16.180 23  16.694 04  17.192 89  17.677 22 | 15.661 32  16.190 25  16.703 78  17.202 34  17.686 39 | 15.671 64  16.200 27  16.713 50  17.211 79  17.695 56 | 15.681 96  16.210 29  16.723 23  17.221 23  17.704 72 | 15.692 26  16.220 29  16.732 94  17.230 66  17.713 88 | 15.702 57  16.230 30  16.742 65  17.240 09  17.723 04 | 15.712 86  16.240 29  16.752 36  17.249 51  17.732 18 | 15.723 15  16.250 28  16.762 06  17.258 93  17.741 33 | 15.733 44  16.260 27  16.771 75  17.268 34  17.750 46 | 15.743 72  16.270 25  16.781 44  17.277 75  17.759 60 | 15.753 99  16.280 22  16.791 13  17.287 15  17.768 72 | 15.764 26  16.290 19  16.800 80  17.296 54  17.777 85 |
| **26**  **27**  **28**  **29**  **30** | 18.138 52  18.595 30  19.038 77  19.469 33  19.887 35 | 18.147 43  18.603 95  19.047 17  19.477 49  19.895 27 | 18.156 34  18.612 60  19.055 57  19.485 64  19.903 18 | 18.165 24  18.621 24  19.063 96  19.493 78  19.911 09 | 18.174 14  18.629 88  19.072 35  19.501 93  19.918 99 | 18.183 03  18.638 51  19.080 73  19.510 06  19.926 89 | 18.191 92  18.647 14  19.089 10  19.518 20  19.934 79 | 18.200 80  18.655 76  19.097 48  19.526 32  19.942 68 | 18.209 67  18.664 38  19.105 84  19.534 45  19.950 57 | 18.218 55  18.672 99  19.114 21  19.542 57  19.958 45 | 18.227 41  18.681 60  19.122 56  19.550 68  19.966 33 | 18.236 27  18.690 21  19.130 92  19.558 79  19.974 20 | 18.245 13  18.698 80  19.139 26  19.566 90  19.982 07 |
| **31**  **32**  **33**  **34**  **35** | 20.293 19  20.687 21  21.069 76  21.441 16  21.801 74 | 20.300 88  20.694 67  21.077 00  21.448 19  21.808 57 | 20.308 56  20.702 13  21.084 24  21.455 23  21.815 40 | 20.316 24  20.709 59  21.091 48  21.462 25  21.822 22 | 20.323 91  20.717 04  21.098 72  21.469 28  21.829 04 | 20.331 58  20.724 49  21.105 95  21.476 30  21.835 86 | 20.339 25  20.731 93  21.113 17  21.483 31  21.842 67 | 20.346 91  20.739 37  21.120 39  21.490 32  21.849 48 | 20.354 57  20.746 80  21.127 61  21.497 33  21.856 28 | 20.362 22  20.754 23  21.134 83  21.504 33  21.863 08 | 20.369 87  20.761 66  21.142 03  21.511 33  21.869 87 | 20.377 51  20.769 08  21.149 24  21.518 33  21.876 67 | 20.385 15  20.776 50  21.156 44  21.525 32  21.883 45 |
| **36**  **37**  **38**  **39**  **40** | 22.151 83  22.491 71  22.821 70  23.142 08  23.453 12 | 22.158 46  22.498 15  22.827 95  23.148 14  23.459 01 | 22.165 09  22.504 59  22.834 20  23.154 21  23.464 90 | 22.171 71  22.511 02  22.840 44  23.160 27  23.470 79 | 22.178 33  22.517 45  22.846 68  23.166 33  23.476 67 | 22.184 95  22.523 87  22.852 92  23.172 39  23.482 55 | 22.191 56  22.530 29  22.859 15  23.178 44  23.488 42 | 22.198 17  22.536 71  22.865 38  23.184 48  23.494 29 | 22.204 77  22.543 12  22.871 61  23.190 53  23.500 16 | 22.211 38  22.549 53  22.877 83  23.196 57  23.506 03 | 22.217 97  22.555 93  22.884 05  23.202 61  23.511 89 | 22.224 57  22.562 33  22.890 26  23.208 64  23.517 75 | 22.231 16  22.568 73  22.896 48  23.214 67  23.523 60 |
| **41**  **42**  **43**  **44**  **45** | 23.755 10  24.048 29  24.332 94  24.609 30  24.877 61 | 23.760 83  24.053 85  24.338 34  24.614 54  24.882 69 | 23.766 54  24.059 40  24.343 72  24.619 77  24.887 77 | 23.772 26  24.064 95  24.349 11  24.625 00  24.892 85 | 23.777 97  24.070 49  24.354 49  24.630 22  24.897 92 | 23.783 67  24.076 03  24.359 87  24.635 45  24.903 00 | 23.789 38  24.081 57  24.365 25  24.640 67  24.908 06 | 23.795 08  24.087 10  24.370 62  24.645 88  24.913 13 | 23.800 78  24.092 64  24.375 99  24.651 10  24.918 19 | 23.806 47  24.098 16  24.381 36  24.656 31  24.923 25 | 23.812 16  24.103 69  24.386 73  24.661 52  24.928 31 | 23.817 85  24.109 21  24.392 09  24.666 72  24.933 36 | 23.823 54  24.114 73  24.397 45  24.671 93  24.938 41 |
| **46**  **47**  **48**  **49**  **50** | 25.138 11  25.391 01  25.636 55  25.874 94  26.106 39 | 25.143 04  25.395 80  25.641 21  25.879 46  26.110 77 | 25.147 97  25.400 59  25.645 85  25.883 97  26.115 16 | 25.152 90  25.405 38  25.650 50  25.888 48  26.119 54 | 25.157 83  25.410 16  25.655 14  25.892 99  26.123 91 | 25.162 75  25.414 94  25.659 78  25.897 50  26.128 29 | 25.167 67  25.419 72  25.664 42  25.902 00  26.132 66 | 25.172 59  25.424 49  25.669 06  25.906 50  26.137 03 | 25.177 50  25.429 26  25.673 69  25.911 00  26.141 39 | 25.182 42  25.434 03  25.678 32  25.915 49  26.145 76 | 25.187 32  25.438 80  25.682 95  25.919 99  26.150 12 | 25.192 23  25.443 56  25.687 57  25.924 48  26.154 48 | 25.197 13  25.448 32  25.692 19  25.928 96  26.158 84 |

Appendix II — *continued*

**Weeks**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Years** | **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**  **2**  **3**  **4**  **5** | 1.226 84  2.176 19  3.097 89  3.992 75  4.861 54 | 1.245 36  2.194 18  3.115 35  4.009 70  4.878 00 | 1.263 88  2.212 15  3.132 80  4.026 64  4.894 44 | 1.282 38  2.230 11  3.150 24  4.043 57  4.910 88 | 1.300 87  2.248 06  3.167 67  4.060 49  4.927 31 | 1.319 35  2.266 01  3.185 09  4.077 41  4.943 73 | 1.337 82  2.283 94  3.202 50  4.094 31  4.960 14 | 1.356 28  2.301 86  3.219 90  4.111 20  4.976 54 | 1.374 73  2.319 77  3.237 29  4.128 09  4.992 94 | 1.393 17  2.337 67  3.254 67  4.144 96  5.009 32 | 1.411 59  2.355 56  3.272 04  4.161 82  5.025 69 | 1.430 01  2.373 45  3.289 40  4.178 68  5.042 05 | 1.448 42  2.391 32  3.306 75  4.195 52  5.058 41 |
| **6**  **7**  **8**  **9**  **10** | 5.705 03  6.523 95  7.319 01  8.090 92  8.840 35 | 5.721 00  6.539 46  7.334 07  8.105 55  8.854 55 | 5.736 97  6.554 96  7.349 13  8.120 16  8.868 73 | 5.752 93  6.570 46  7.364 17  8.134 76  8.882 91 | 5.768 88  6.585 94  7.379 20  8.149 36  8.897 09 | 5.784 82  6.601 42  7.394 23  8.163 95  8.911 25 | 5.800 76  6.616 89  7.409 25  8.178 53  8.925 41 | 5.816 68  6.632 35  7.424 26  8.193 10  8.939 55 | 5.832 60  6.647 80  7.439 26  8.207 67  8.953 69 | 5.848 50  6.663 24  7.454 25  8.222 22  8.967 83 | 5.864 40  6.678 67  7.469 23  8.236 77  8.981 95 | 5.880 28  6.694 10  7.484 21  8.251 31  8.996 06 | 5.896 16  6.709 51  7.499 18  8.265 84  9.010 17 |
| **11**  **12**  **13**  **14**  **15** | 9.567 95  10.274 36  10.960 19  11.626 05  12.272 51 | 9.581 73  10.287 74  10.973 18  11.638 66  12.284 75 | 9.595 51  10.301 11  10.986 16  11.651 26  12.296 99 | 9.609 27  10.314 48  10.999 14  11.663 86  12.309 22 | 9.623 03  10.327 84  11.012 11  11.676 45  12.321 45 | 9.636 78  10.341 19  11.025 07  11.689 04  12.333 67 | 9.650 53  10.354 53  11.038 03  11.701 62  12.345 88 | 9.664 26  10.367 87  11.050 97  11.714 19  12.358 08 | 9.677 99  10.381 19  11.063 91  11.726 75  12.370 28 | 9.691 71  10.394 51  11.076 85  11.739 30  12.382 47 | 9.705 42  10.407 83  11.089 77  11.751 85  12.394 65 | 9.719 13  10.421 13  11.102 69  11.764 39  12.406 83 | 9.732 82  10.434 43  11.115 60  11.776 93  12.419 00 |
| **16**  **17**  **18**  **19**  **20** | 12.900 14  13.509 49  14.101 10  14.675 47  15.233 12 | 12.912 03  13.521 04  14.112 31  14.686 35  15.243 68 | 12.923 91  13.532 57  14.123 51  14.697 23  15.254 24 | 12.935 79  13.544 10  14.134 70  14.708 09  15.264 79 | 12.947 66  13.555 63  14.145 89  14.718 96  15.275 33 | 12.959 52  13.567 14  14.157 07  14.729 81  15.285 87 | 12.971 37  13.578 65  14.168 24  14.740 66  15.296 41 | 12.983 22  13.590 16  14.179 41  14.751 50  15.306 93 | 12.995 06  13.601 65  14.190 57  14.762 34  15.317 45 | 13.006 90  13.613 14  14.201 73  14.773 17  15.327 97 | 13.018 73  13.624 63  14.212 88  14.784 00  15.338 48 | 13.030 55  13.636 10  14.224 02  14.794 81  15.348 98 | 13.042 36  13.647 57  14.235 16  14.805 63  15.359 48 |
| **21**  **22**  **23**  **24**  **25** | 15.774 52  16.300 15  16.810 48  17.305 94  17.786 96 | 15.784 77  16.310 11  16.820 14  17.315 32  17.796 08 | 15.795 02  16.320 06  16.829 80  17.324 70  17.805 18 | 15.805 27  16.330 01  16.839 46  17.334 08  17.814 28 | 15.815 51  16.339 95  16.849 11  17.343 44  17.823 38 | 15.825 74  16.349 88  16.858 75  17.352 81  17.832 47 | 15.835 96  16.359 81  16.868 39  17.362 17  17.841 56 | 15.846 19  16.369 73  16.878 03  17.371 52  17.850 64 | 15.856 40  16.379 65  16.887 66  17.380 87  17.859 71 | 15.866 61  16.389 56  16.897 28  17.390 21  17.868 79 | 15.876 81  16.399 47  16.906 90  17.399 55  17.877 85 | 15.887 01  16.409 37  16.916 51  17.408 88  17.886 91 | 15.897 20  16.419 26  16.926 12  17.418 21  17.895 97 |
| **26**  **27**  **28**  **29**  **30** | 18.253 98  18.707 40  19.147 61  19.575 00  19.989 94 | 18.262 83  18.715 99  19.155 95  19.583 09  19.997 80 | 18.271 67  18.724 57  19.164 28  19.591 18  20.005 65 | 18.280 51  18.733 15  19.172 61  19.599 27  20.013 50 | 18.289 34  18.741 72  19.180 93  19.607 35  20.021 35 | 18.298 16  18.750 29  19.189 25  19.615 43  20.029 19 | 18.306 99  18.758 86  19.197 57  19.623 50  20.037 03 | 18.315 80  18.767 42  19.205 88  19.631 57  20.044 86 | 18.324 61  18.775 97  19.214 18  19.639 63  20.052 69 | 18.333 42  18.784 52  19.222 49  19.647 69  20.060 51 | 18.342 22  18.793 07  19.230 78  19.655 75  20.068 33 | 18.351 02  18.801 61  19.239 07  19.663 80  20.076 15 | 18.359 81  18.810 14  19.247 36  19.671 84  20.083 96 |
| **31**  **32**  **33**  **34**  **35** | 20.392 79  20.783 91  21.164 64  21.532 31  21.890 24 | 20.400 42  20.791 32  21.170 83  21.539 29  21.897 02 | 20.408 05  20.798 72  21.178 02  21.546 27  21.903 79 | 20.415 67  20.806 12  21.185 21  21.553 25  21.910 57 | 20.423 29  20.813 52  21.192 39  21.560 22  21.917 34 | 20.430 90  20.820 91  21.199 56  21.567 19  21.924 10 | 20.438 51  20.828 30  21.206 74  21.574 15  21.930 86 | 20.446 12  20.835 68  21.213 90  21.581 11  21.937 62 | 20.453 72  20.843 06  21.221 07  21.588 06  21.944 37 | 20.461 31  20.850 44  21.228 23  21.595 02  21.951 12 | 20.468 91  20.857 81  21.235 39  21.601 96  21.957 87 | 20.476 49  20.865 18  21.242 54  21.608 91  21.964 61 | 20.484 08  20.872 54  21.249 69  21.615 85  21.971 35 |
| **36**  **37**  **38**  **39**  **40** | 22.237 74  22.575 13  22.902 68  23.220 70  23.529 46 | 22.244 33  22.581 52  22.908 89  23.226 73  23.535 30 | 22.250 90  22.587 91  22.915 09  23.232 75  23.541 15 | 22.257 48  22.594 29  22.921 29  23.238 76  23.546 99 | 22.264 05  22.600 67  22.927 48  23.244 78  23.552 83 | 22.270 62  22.607 05  22.933 67  23.250 79  23.558 67 | 22.277 18  22.613 42  22.939 86  23.256 79  23.564 50 | 22.283 74  22.619 79  22.946 04  23.262 80  23.570 33 | 22.290 30  22.626 15  22.952 22  23.268 80  23.576 15 | 22.296 85  22.632 51  22.958 40  23.274 79  23.581 97 | 22.303 40  22.638 87  22.964 57  23.280 79  23.587 79 | 22.309 95  22.645 23  22.970 74  23.286 78  23.593 61 | 22.316 49  22.651 58  22.976 91  23 292 76  23.599 42 |
| **41**  **42**  **43**  **44**  **45** | 23.829 22  24.120 25  24.402 80  24.677 12  24.943 46 | 23.834 89  24.125 76  24.408 15  24.682 32  24.948 50 | 23.840 57  24.131 27  24.413 50  24.687 51  24.953 55 | 23.846 24  24.136 78  24.418 85  24.692 71  24.958 59 | 23.851 91  24.142 28  24.424 19  24.697 89  24.963 62 | 23.857 58  24.147 78  24.429 53  24.703 08  24.968 66 | 23.863 24  24.153 28  24.434 87  24.708 26  24.973 69 | 23.868 90  24.158 77  24.440 20  24.713 44  24.978 71 | 23.874 55  24.164 26  24.445 53  24.718 61  24.983 74 | 23.880 20  24.169 75  24.450 86  24.723 79  24.988 76 | 23.885 85  24.175 23  24.456 19  24.728 96  24.993 78 | 23.891 50  24.180 72  24.461 51  24.734 12  24.998 80 | 23.897 14  24.186 19  24.466 83  24.739 29  25.003 81 |
| **46**  **47**  **48**  **49**  **50** | 25.202 04  25.453 08  25.696 81  25.933 45  26.163 19 | 25.206 93  25.457 84  25.701 43  25.937 93  26.167 54 | 25.211 83  25.462 59  25.706 05  25.942 41  26.171 89 | 25.216 72  25.467 34  25.710 66  25.946 89  26.176 24 | 25.221 61  25.472 09  25.715 27  25.951 36  26.180 58 | 25.226 50  25.476 83  25.719 87  25.955 84  26.184 93 | 25 231 38  25.481 57  25.724 48  25.960 31  26.189 27 | 25.236 26  25.486 31  25.729 08  25.964 77  26.193 60 | 25.241 14  25.491 05  25.733 68  25.969 24  26.197 94 | 25.246 02  25.495 78  25.738 27  25.973 70  26.202 27 | 25.250 89  25.500 51  25.742 87  25.978 16  26.206 60 | 25.255 76  25.505 24  25.747 46  25.982 62  26.210 93 | 25.260 63  25.509 97  25.752 04  25.987 07  26.215 25 |

Appendix II — *continued*

**Weeks**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Years** | **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**  **2**  **3**  **4**  **5** | 1.466 82  2.409 18  3.324 09  4.212 36  5.074 75 | 1.485 20  2.427 03  3.341 42  4.229 19  5.091 09 | 1.503 58  2.444 87  3.358 74  4.246 00  5.107 42 | 1.521 94  2.462 70  3.376 06  4.262 81  5.123 73 | 1.540 30  2.480 52  3.393 36  4.279 61  5.140 04 | 1.558 64  2.498 33  3.410 65  4.296 39  5.156 34 | 1.576 98  2.516 13  3.427 93  4.313 17  5.172 63 | 1.595 30  2.533 92  3.445 20  4.329 94  5.188 91 | 1.613 61  2.551 70  3.462 46  4.346 70  5.205 18 | 1.631 92  2.569 47  3.479 72  4.363 45  5.221 44 | 1.650 21  2.587 23  3.496 96  4.380 19  5.237 70 | 1.668 49  2.604 98  3.514 19  4.396 92  5.253 94 | 1.686 76  2.622 72  3.531 41  4.413 64  5.270 17 |
| **6**  **7**  **8**  **9**  **10** | 5.912 03  6.724 92  7.514 14  8.280 36  9.024 27 | 5.927 89  6.740 32  7.529 08  8.294 88  9.038 36 | 5.943 74  6.755 71  7.544 03  8.309 38  9.052 45 | 5.959 58  6.771 09  7.558 96  8.323 88  9.066 52 | 5.975 42  6.786 46  7.573 88  8.338 37  9.080 59 | 5.991 24  6.801 83  7.588 80  8.352 85  9.094 65 | 6.007 06  6.817 18  7.603 71  8.367 32  9.108 70 | 6.022 86  6.832 53  7.618 60  8.381 79  9.122 74 | 6.038 66  6.847 86  7.633 50  8.396 25  9.136 78 | 6.054 45  6.863 19  7.648 38  8.410 69  9.150 81 | 6.070 23  6.878 51  7.663 25  8.425 13  9.164 83 | 6.086.00  6.893 82  7.678 12  8.439 57  9.178 84 | 6.101 76  6.909 12  7.692 97  8.453 99  9.192 84 |
| **11**  **12**  **13**  **14**  **15** | 9.746 51  10.447 72  11.128 50  11.789 46  12.431 16 | 9.760 19  10.461 00  11.141 40  11.801 98  12.443 32 | 9.773 87  10.474 28  11.154 29  11.814 49  12.455 46 | 9.787 53  10.487 55  11.167 17  11.827 00  12.467 61 | 9.801 19  10.500 81  11.180 04  11.839 49  12.479 74 | 9.814 84  10.514 06  11.192 91  11.851 99  12.491 87 | 9.828 48  10.527 30  11.205 77  11.864 47  12.503 99 | 9.842 12  10.540 54  11.218 62  11.876 95  12.516 10 | 9.855 75  10.553 77  11.231 46  11.889 42  12.528 21 | 9.869 36  10.566 99  11.244 30  11.901 88  12.540 31 | 9.882 98  10.580 21  11.257 13  11.914 34  12.552 40 | 9.896 58  10.593 41  11.269 95  11.926 79  12.564 49 | 9.910 18  10.606 61  11.282 77  11.939 23  12.576 57 |
| **16**  **17**  **18**  **19**  **20** | 13.054 17  13.659 04  14.246 29  14.816 43  15.369 97 | 13.065 97  13.670 50  14.257 41  14.827 23  15.380 46 | 13.077 77  13.681 95  14.268 53  14.838 03  15.390 94 | 13.089 56  13.693 39  14.279 64  14.848 81  15.401 41 | 13.101 34  13.704 83  14.290 75  14.859 60  15.411 88 | 13.113 11  13.716 26  14.301 84  14.870 37  15.422 34 | 13.124 88  13.727 69  14.312 94  14.881 14  15.432 79 | 13.136 64  13.739 11  14.324 02  14.891 90  15.443 24 | 13.148 40  13.750 52  14.335 10  14.902 66  15.453 69 | 13.160 14  13.761 92  14.346 18  14.913 41  15.464 13 | 13.171 89  13.773 32  14.357 24  14.924 16  15.474 56 | 13.183 62  13.784 72  14.368 30  14.934 90  15.484 98 | 13.195 35  13.796 10  14.379 36  14.945 63  15.495 40 |
| **21**  **22**  **23**  **24**  **25** | 15.907 39  16.429 15  16.935 72  17.427 53  17.905 02 | 15.917 57  16.439 03  16.945 31  17.436 84  17.914 06 | 15.927 74  16.448 91  16.954 90  17.446 16  17.923 10 | 15.937 91  16.458 78  16.964 49  17.455 46  17.932 14 | 15.948 07  16.468 65  16.974 07  17.464 76  17.941 16 | 15.958 23  16.478 51  16.983 64  17.474 06  17.950 19 | 15.968 38  16.488 37  16.993 21  17.483 35  17.959 21 | 15.978 53  16.498 22  17.002 77  17.492 63  17.968 22 | 15.988 67  16.508 06  17.012 33  17.501 91  17.977 23 | 15.998 80  16.517 90  17.021 88  17.511 18  17.986 23 | 16.008 93  16.527 73  17.031 43  17.520 45  17.995 23 | 16.019 05  16.537 56  17.040 97  17.529 72  18.004 23 | 16.029 17  16.547 38  17.050 51  17.538 97  18.013 22 |
| **26**  **27**  **28**  **29**  **30** | 18.368 60  18.818 67  19.255 64  19.679 88  20.091 77 | 18.377 38  18.827 20  19.263 92  19.687 92  20.099 57 | 18.386 15  18.835 72  19.272 19  19.695 95  20.107 37 | 18.394 93  18.844 24  19.280 46  19.703 98  20.115 16 | 18.403 69  18.852 75  19.288 72  19.712 00  20.122 95 | 18.412 45  18.861 25  19.296 98  19.720 02  20.130 73 | 18.421 21  18.869 75  19.305 24  19.728 03  20.138 51 | 18.429 96  18.878 25  19.313 48  19.736 04  20.146 29 | 18.438 71  18.886 74  19.321 73  19.744 05  20.154 06 | 18.447 45  18.895 23  19.329 97  19.752 04  20.161 83 | 18.456 19  18.903 71  19.338 20  19.760 04  20.169 59 | 18.464 92  18.912 19  19.346 43  19.768 03  20.177 35 | 18.473 64  18.920 66  19.354 66  19.776 02  20.185 10 |
| **31**  **32**  **33**  **34**  **35** | 20.491 66  20.879 90  21.256 83  21.622 78  21.978 08 | 20.499 23  20.887 25  21.263 97  21.629 72  21.984 81 | 20.506 80  20.894 60  21.271 11  21.636 64  21.991 54 | 20.514 37  20.901 95  21.278 24  21.643 57  21.998 26 | 20.521 93  20.909 29  21.285 37  21.650 49  22.004 98 | 20.529 49  20.916 63  21.292 49  21.657 41  22.011 69 | 20.537 04  20.923 96  21.299 61  21.664 32  22.018 40 | 20.544 59  20.931 29  21.306 73  21.671 23  22.025 11 | 20.552 13  20.938 61  21.313 84  21.678 13  22.031 81 | 20.559 68  20.945 94  21.320 94  21.685 03  22.038 51 | 20.567 21  20.953 25  21.328 05  21.691 93  22.045 21 | 20.574 74  20.960 56  21.335 15  21.698 82  22.051 90 | 20.582 27  20.967 87  21.342 24  21.705 71  22.058 59 |
| **36**  **37**  **38**  **39**  **40** | 22.323 03  22.657 93  22.983 07  23.298 75  23.605 23 | 22.329 56  22.664 27  22.989 23  23.304 73  23.611 03 | 22.336 09  22.670 61  22.995 39  23.310 70  23.616 84 | 22.342 62  22.676 95  23.001 54  23.316 68  23.622 64 | 22.349 14  22.683 28  23.007 69  23.322 65  23.628 43 | 22.355 66  22.689 61  23.013 83  23.328 61  23.634 22 | 22.362 18  22.695 94  23.019 97  23.334 57  23.640 01 | 22.368 69  22.702 26  23.026 11  23.340 53  23.645 80 | 22.375 20  22.708 58  23.032 25  23.346 49  23.651 58 | 22.381 70  22.714 89  23.038 38  23.352 44  23.657 36 | 22.388 20  22.721 20  23.044 51  23.358 39  23.663 14 | 22.394 70  22.727 51  23.050 63  23.364 34  23.668 91 | 22.401 19  22.733 82  23.056 75  23.370 28  23.674 68 |
| **41**  **42**  **43**  **44**  **45** | 23.902 78  24.191 67  24.472 14  24.744 45  25.008 82 | 23.908 42  24.197 14  24.477 46  24.749 61  25.013 83 | 23.914 05  24.202 61  24.482 77  24.754 76  25.018 83 | 23.919 68  24.208 08  24.488 07  24.759 91  25.023 84 | 23.925 31  24.213 54  24.493 38  24.765 06  25.028 84 | 23.930 93  24.219 00  24.498 68  24.770 21  25.033 83 | 23.936 55  24.224 46  24.503 98  24.775 35  25.038 83 | 23.942 17  24.229 91  24.509 27  24.780 49  25.043 82 | 23.947 78  24.235 36  24.514 56  24.785 63  25.048 80 | 23.953 40  24.240 81  24.519 85  24.790 77  25.053 79 | 23.959 00  24.246 25  24.525 14  24.795 90  25.058 77 | 23.964 61  24.251 69  24.530 42  24.801 03  25.063 75 | 23.970 21  24.257 13  24.535 70  24.806 15  25.068 73 |
| **46**  **47**  **48**  **49**  **50** | 25.265 49  25.514 69  25.756 63  25.991 52  26.219 57 | 25.270 36  25.519 41  25.761 21  25.995 97  26.223 89 | 25.275 22  25.524 13  25.765 79  26.000 42  26.228 21 | 25.280 07  25.528 84  25.770 37  26.004 86  26.232 53 | 25.284 93  25.533 56  25.774 95  26.009 31  26.236 84 | 25.289 78  25.538 27  25.779 52  26.013 74  26.241 15 | 25.294 63  25.542 97  25.784 09  26.018 18  26.245 46 | 25.299 47  25.547 68  25.788 66  26.022 62  26.249 76 | 25.304 31  25.552 38  25.793 22  26.027 05  26.254 06 | 25.309 15  25.557 08  25.797 78  26.031 48  26.258 36 | 25.313 99  25.561 78  25.802 34  26.035 90  26.262 66 | 25.318 83  25.566 47  25.806 90  26.040 33  26.266 96 | 25.323 66  25.571 16  25.811 45  26.044 75  26.271 25 |

Appendix II — *continued*

**Weeks**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Years** | **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**  **2**  **3**  **4**  **5** | 1.705 02  2.640 45  3.548 63  4.430 35  5.286 40 | 1.723 27  2.658 17  3.565 83  4.447 06  5.302 62 | 1.741 52  2.675 88  3.583 02  4.463 75  5.318 82 | 1.759 75  2.693 58  3.600 21  4.480 43  5.335 02 | 1.777 97  2.711 27  3.617 38  4.497 11  5.351 21 | 1.796 17  2.728 94  3.634 55  4.513 77  5.367 39 | 1.814 37  2.746 61  3.651 70  4.530 42  5.383 56 | 1.832 56  2.764 27  3.668 84  4.547 07  5.399 72 | 1.850 74  2.781 92  3.685 98  4.563 71  5.415 87 | 1.868 91  2.799 56  3.703 10  4.580 33  5.432 01 | 1.887 07  2.817 19  3.720 22  4.596 95  5.448 14 | 1.905 21  2.834 81  3.737 33  4.613 56  5.464 27 | 1.923 35  2.852 42  3.754 42  4.630 15  5.480 38 |
| **6**  **7**  **8**  **9**  **10** | 6.117 51  6.924 42  7.707 82  8.468 41  9.206 84 | 6.133 26  6.939 70  7.722 66  8.482 81  9.220 83 | 6.148 99  6.954 98  7.737 49  8.497 21  9.234 81 | 6.164 72  6.970 25  7.752 31  8.511 60  9.248 78 | 6.180 43  6.985 50  7.767 13  8.525 99  9.262 74 | 6.196 14  7.000 75  7.781 93  8.540 36  9.276 70 | 6.211 84  7.016 00  7.796 73  8.554 73  9.290 65 | 6.227 53  7.031 23  7.811 52  8.569 09  9.304 59 | 6.243 21  7.046 45  7.826 30  8.583 44  9.318 52 | 6.258 88  7.061 67  7.841 07  8.597 78  9.332 44 | 6.274 54  7.076 88  7.855 84  8.612 11  9.346 36 | 6.290 20  7.092 07  7.870 59  8.626 44  9.360 27 | 6.305 84  7.107 26  7.885 34  8.640 76  9.374 17 |
| **11**  **12**  **13**  **14**  **15** | 9.923 76  10.619 81  11.295 58  11.951 66  12.588 64 | 9.937 34  10.632 99  11.308 38  11.964 09  12.600 71 | 9.950 92  10.646 17  11.321 17  11.976 51  12.612 77 | 9.964 48  10.659 34  11.333 96  11.988 93  12.624 82 | 9.978 04  10.672 50  11.346 74  12.001 33  12.636 87 | 9.991 59  10.685 66  11.359 51  12.013 73  12.648 90 | 10.005 13  10.698 80  11.372 27  12.026 13  12.660 94 | 10.018 66  10.711 94  11.385 03  12.038 51  12.672 96 | 10.032 19  10.725 08  11.397 78  12.050 89  12.684 98 | 10.045 71  10.738 20  11.410 52  12.063 26  12.696 99 | 10.059 22  10.751 32  11.423 26  12.075 63  12.709 00 | 10.072 72  10.764 43  11.435 99  12.087 99  12.720 99 | 10.086 22  10.777 53  11.448 71  12.100 34  12.732 98 |
| **16**  **17**  **18**  **19**  **20** | 13.207 07  13.807 48  14.390 41  14.956 35  15.505 82 | 13.218 78  13.818 86  14.401 45  14.967 08  15.516 23 | 13.230 49  13.830 22  14.412 49  14.977 79  15.526 63 | 13.242 19  13.841 58  14.423 52  14.988 50  15.537 03 | 13.253 89  13.852 94  14.434 54  14.999 20  15.547 42 | 13.265 58  13.864 28  14.445 56  15.009 90  15.557 80 | 13.277 26  13.875 63  14.456 57  15.020 59  15.568 18 | 13.288 93  13.886 96  14.467 57  15.031 27  15.578 55 | 13.300 60  13.898 29  14.478 57  15.041 95  15.588 92 | 13.312 26  13.909 61  14.489 56  15.052 62  15.599 28 | 13.323 92  13.920 93  14.500 55  15.063 29  15.609 63 | 13.335 56  13.932 23  14.511 53  15.073 95  15.619 98 | 13.347 21  13.943 54  14.522 50  15.084 60  15.630 33 |
| **21**  **22**  **23**  **24**  **25** | 16.039 28  16.557 20  17.060 04  17.548 23  18.022 20 | 16.049 38  16.567 01  17.069 56  17.557 47  18.031 18 | 16.059 48  16.576 82  17.079 08  17.566 72  18.040 15 | 16.069 58  16.586 61  17.088 59  17.575 95  18.049 12 | 16.079 66  16.596 41  17.098 10  17.585 19  18.058 08 | 16.089 75  16.606 20  17.107 61  17.594 41  18.067 04 | 16.099 82  16.615 98  17.117 10  17.603 63  18.075 99 | 16.109 89  16.625 76  17.126 60  17.612 85  18.084 94 | 16.119 96  16.635 53  17.136 08  17.622 06  18.093 88 | 16.130 02  16.645 30  17.145 57  17.631 27  18.102 82 | 16.140 07  16.655 06  17.155 04  17.640 47  18.111 75 | 16.150 12  16.664 81  17.164 51  17.649 66  18.120 68 | 16.160 16  16.674 56  17.173 98  17.658 85  18.129 60 |
| **26**  **27**  **28**  **29**  **30** | 18.482 37  18.929 13  19.362 88  19.784 00  20.192 85 | 18.491 08  18.937 59  19.371 10  19.791 98  20.200 60 | 18.499 79  18.946 05  19.379 31  19.799 95  20.208 34 | 18.508 50  18.954 50  19.387 52  19.807 92  20.216 07 | 18.517 20  18.962 95  19.395 72  19.815 88  20.223 80 | 18.525 90  18.971 40  19.403 92  19.823 84  20.231 53 | 18.534 59  18.979 83  19.412 11  19.831 79  20.239 25 | 18.543 28  18.988 27  19.420 30  19.839 74  20.246 97 | 18.551 96  18.996 70  19.428 48  19.847 69  20.254 69 | 18.560 64  19.005 12  19.436 66  19.855 63  20.262 39 | 18.569 31  19.013 54  19.444 83  19.863 57  20.270 10 | 18.577 98  19.021 96  19.453 00  19.871 50  20.277 80 | 18.586 64  19.030 37  19.461 17  19.879 42  20.285 50 |
| **31**  **32**  **33**  **34**  **35** | 20.589 79  20.975 18  21.349 33  21.712 59  22.065 27 | 20.597 31  20.982 48  21.356 42  21.719 48  22.071 96 | 20.604 83  20.989 77  21.363 51  21.726 35  22.078 63 | 20.612 34  20.997 07  21.370 59  21.733 23  22.085 31 | 20.619 85  21.004 35  21.377 66  21.740 10  22.091 97 | 20.627 35  21.011 64  21.384 73  21.746 96  22.098 64 | 20.634 85  21.018 92  21.391 80  21.753 82  22.105 30 | 20.642 34  21.026 19  21.398 86  21.760 68  22.111 96 | 20.649 83  21.033 46  21.405 92  21.767 53  22.118 61 | 20.657 31  21.040 73  21.412 98  21.774 38  22.125 26 | 20.664 79  21.047 99  21.420 03  21.781 23  22.131 91 | 20.672 27  21.055 25  21.427 08  21.788 07  22.138 55 | 20.679 74  21.062 51  21.434 12  21.794 91  22.145 19 |
| **36**  **37**  **38**  **39**  **40** | 22.407 68  22.740 12  23.062 87  23.376 22  23.680 44 | 22.414 17  22.746 41  23.068 98  23.382 15  23.686 21 | 22.420 65  22.752 71  23.075 09  23.388 09  23.691 97 | 22.427 13  22.759 00  23.081 20  23.394 02  23.697 72 | 22.433 60  22.765 28  23.087 30  23.399 94  23.703 48 | 22.440 08  22.771 57  23.093 40  23.405 86  23.709 22 | 22.446 54  22.777 85  23.099 50  23.411 78  23.714 97 | 22.453 01  22.784 12  23.105 59  23.417 70  23.720 71 | 22.459 47  22.790 39  23.111 68  23.423 61  23.726 45 | 22.465 92  22.796 66  23.117 77  23.429 52  23.732 19 | 22.472 38  22.802 93  23.123 85  23.435 42  23.737 92 | 22.478 83  22.809 19  23.129 93  23.441 33  23.743 65 | 22.485 27  22.815 45  23.136 00  23.447 22  23.749 38 |
| **41**  **42**  **43**  **44**  **45** | 23.975 81  24.262 57  24.540 98  24.811 28  25.073 70 | 23.981 40  24.268 00  24.546 25  24.816 40  25.078 67 | 23.986 99  24.273 43  24.551 52  24.821 51  25.083 64 | 23.992 58  24.278 85  24.556 79  24.826 63  25.088 61 | 23.998 17  24.284 28  24.562 05  24.831 74  25.093 57 | 24.003 75  24.289 70  24.567 32  24.836 85  25.098 53 | 24.009 33  24.295 11  24.572 57  24.841 95  25.103 49 | 24.014 90  24.300 53  24.577 83  24.847 06  25.108 44 | 24.020 48  24.305 94  24.583 08  24.852 16  25.113 39 | 24.026 05  24.311 34  24.588 33  24.857 25  25.118 34 | 24.031 61  24.316 75  24.593 58  24.862 35  25.123 29 | 24.037 18  24.322 15  24.598 82  24.867 44  25.128 23 | 24.042 74  24.327 55  24.604 06  24.872 53  25.133 17 |
| **46**  **47**  **48**  **49**  **50** | 25.328 49  25.575 85  25.816 01  26.049 17  26.275 54 | 25.333 31  25.580 53  25.820 55  26.053 59  26.279 83 | 25.338 14  25.585 22  25.825 10  26.058 00  26.284 11 | 25.342 96  25.589 90  25.829 65  26.062 41  26.288 40 | 25.347 77  25.594 57  25.834 19  26.066 82  26.292 68 | 25.352 59  25.599 25  25.838 73  26.071 23  26.296 96 | 25.357 40  25.603 92  25.843 26  26.075 63  26.301 23 | 25.362 21  25.608 59  25.847 80  26.080 03  26.305 51 | 25.367 02  25.613 26  25.852 33  26.084 43  26.309 78 | 25.371 82  25.617 92  25.856 86  26.088 83  26.314 05 | 25.376 63  25.622 59  25.861 38  26.093 22  26.318 31 | 25.381 42  25.627 24  25.865 91  26.097 61  26.322 57 | 25.386 22  25.631 90  25.870 43  26.102 00  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**

| **HEARING THRESHOLD LEVELS** |
| --- |
| **Frequency Right Left Better Worse PLH**  **Ear Ear Ear 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% |

**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 | **H**  **T**  **L**  **⏐**  **W**  **O**  **R**  **S**  **E**  **E**  **A**  **R** |
| ≤15 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | 0.4 | 0.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | 0.6 | 1.0 | 1.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | 1.0 | 1.4 | 2.0 | 2.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 | 1.3 | 1.8 | 2.5 | 3.4 | 4.5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 40 | 1.7 | 2.2 | 3.0 | 3.9 | 5.1 | 6.4 |  |  |  |  |  |  |  |  |  |  |  |
| 45 | 2.0 | 2.6 | 3.4 | 4.3 | 5.5 | 6.8 | 8.1 |  |  |  |  |  |  |  |  |  |  |
| 50 | 2.3 | 2.9 | 3.7 | 4.7 | 5.8 | 7.1 | 8.4 | 9.7 |  |  |  |  |  |  |  |  |  |
| 55 | 2.5 | 3.2 | 4.0 | 5.0 | 6.1 | 7.3 | 8.6 | 9.9 | 11.2 |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |
| 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 |  |  |  |  |
| 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 | **H**  **T**  **L**  **⏐**  **W**  **O**  **R**  **S**  **E**  **E**  **A**  **R** |
| ≤15 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | 0.5 | 0.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | 0.8 | 1.2 | 1.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | 1.2 | 1.7 | 2.5 | 3.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 | 1.7 | 2.3 | 3.1 | 4.3 | 5.7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 40 | 2.1 | 2.8 | 3.7 | 4.9 | 6.3 | 8.0 |  |  |  |  |  |  |  |  |  |  |  |
| 45 | 2.5 | 3.3 | 4.2 | 5.4 | 6.9 | 8.5 | 10.2 |  |  |  |  |  |  |  |  |  |  |
| 50 | 2.8 | 3.6 | 4.7 | 5.9 | 7.3 | 8.8 | 10.5 | 12.1 |  |  |  |  |  |  |  |  |  |
| 55 | 3.1 | 3.9 | 5.0 | 6.2 | 7.6 | 9.1 | 10.7 | 12.4 | 14.0 |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |
| 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 |  |  |  |  |  |
| 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 |  |  |  |  |
| 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 |

**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 | **H**  **T**  **L**  **⏐**  **W**  **O**  **R**  **S**  **E**  **E**  **A**  **R** |
| ≤15 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | 0.4 | 0.6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | 0.6 | 1.0 | 1.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | 1.0 | 1.4 | 2.0 | 2.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 | 1.3 | 1.8 | 2.5 | 3.4 | 4.5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 40 | 1.7 | 2.2 | 3.0 | 3.9 | 5.1 | 6.4 |  |  |  |  |  |  |  |  |  |  |  |
| 45 | 2.0 | 2.6 | 3.4 | 4.3 | 5.5 | 6.8 | 8.1 |  |  |  |  |  |  |  |  |  |  |
| 50 | 2.3 | 2.9 | 3.7 | 4.7 | 5.8 | 7.1 | 8.4 | 9.7 |  |  |  |  |  |  |  |  |  |
| 55 | 2.5 | 3.2 | 4.0 | 5.0 | 6.1 | 7.3 | 8.6 | 9.9 | 11.2 |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |
| 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 |  |  |  |  |
| 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 — 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 | **H**  **T**  **L**  **⏐**  **W**  **O**  **R**  **S**  **E**  **E**  **A**  **R** |
| ≤15 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | 0.3 | 0.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | 0.5 | 0.7 | 1.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | 0.7 | 1.0 | 1.5 | 2.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 | 1.0 | 1.4 | 1.9 | 2.5 | 3.4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 40 | 1.3 | 1.7 | 2.2 | 2.9 | 3.8 | 4.8 |  |  |  |  |  |  |  |  |  |  |  |
| 45 | 1.5 | 1.9 | 2.5 | 3.3 | 4.1 | 5.1 | 6.1 |  |  |  |  |  |  |  |  |  |  |
| 50 | 1.7 | 2.2 | 2.8 | 3.5 | 4.4 | 5.3 | 6.3 | 7.3 |  |  |  |  |  |  |  |  |  |
| 55 | 1.9 | 2.4 | 3.0 | 3.7 | 4.6 | 5.5 | 6.4 | 7.4 | 8.4 |  |  |  |  |  |  |  |  |
| 60 | 2.0 | 2.5 | 3.1 | 3.9 | 4.7 | 5.6 | 6.6 | 7.5 | 8.5 | 9.4 |  |  |  |  |  |  |  |
| 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 |  |  |  |  |
| 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 |  |  |  |
| 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 |  |  |
| 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 |

**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 | **H**  **T**  **L**  **⏐**  **W**  **O**  **R**  **S**  **E**  **E**  **A**  **R** |
| ≤15 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | 0.2 | 0.3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | 0.3 | 0.5 | 0.7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | 0.5 | 0.7 | 1.0 | 1.4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 | 0.7 | 0.9 | 1.2 | 1.7 | 2.3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |  |  |
| 50 | 1.1 | 1.4 | 1.9 | 2.3 | 2.9 | 3.5 | 4.2 | 4.8 |  |  |  |  |  |  |  |  |  |
| 55 | 1.2 | 1.6 | 2.0 | 2.5 | 3.0 | 3.6 | 4.3 | 4.9 | 5.6 |  |  |  |  |  |  |  |  |
| 60 | 1.3 | 1.7 | 2.1 | 2.6 | 3.1 | 3.7 | 4.4 | 5.0 | 5.6 | 6.3 |  |  |  |  |  |  |  |
| 65 | 1.4 | 1.8 | 2.2 | 2.7 | 3.2 | 3.8 | 4.4 | 5.1 | 5.7 | 6.4 | 7.0 |  |  |  |  |  |  |
| 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 |  |  |  |  |
| 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 |  |  |  |
| 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 |  |  |
| 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 | **H**  **T**  **L**  **⏐**  **W**  **O**  **R**  **S**  **E**  **E**  **A**  **R** |
| ≤20 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | 0.1 | 0.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | 0.2 | 0.3 | 0.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 | 0.3 | 0.4 | 0.6 | 0.9 |  |  |  |  |  |  |  |  |  |  |  |  |
| 40 | 0.4 | 0.5 | 0.8 | 1.0 | 1.5 |  |  |  |  |  |  |  |  |  |  |  |
| 45 | 0.5 | 0.7 | 0.9 | 1.2 | 1.6 | 2.1 |  |  |  |  |  |  |  |  |  |  |
| 50 | 0.6 | 0.8 | 1.0 | 1.4 | 1.7 | 2.2 | 2.6 |  |  |  |  |  |  |  |  |  |
| 55 | 0.6 | 0.8 | 1.1 | 1.5 | 1.8 | 2.2 | 2.7 | 3.1 |  |  |  |  |  |  |  |  |
| 60 | 0.7 | 0.9 | 1.2 | 1.5 | 1.9 | 2.3 | 2.7 | 3.2 | 3.6 |  |  |  |  |  |  |  |
| 65 | 0.7 | 1.0 | 1.3 | 1.6 | 2.0 | 2.4 | 2.8 | 3.2 | 3.6 | 4.0 |  |  |  |  |  |  |
| 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 |  |  |  |  |
| 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 |  |  |  |
| 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 |  |  |
| 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 |

**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 | **H**  **T**  **L**  **⏐**  **W**  **O**  **R**  **S**  **E**  **E**  **A**  **R** |
| ≤25 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | 0.1 | 0.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 | 0.2 | 0.3 | 0.4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 40 | 0.3 | 0.4 | 0.5 | 0.7 |  |  |  |  |  |  |  |  |  |  |  |
| 45 | 0.3 | 0.4 | 0.6 | 0.8 | 1.0 |  |  |  |  |  |  |  |  |  |  |
| 50 | 0.4 | 0.5 | 0.7 | 0.9 | 1.1 | 1.3 |  |  |  |  |  |  |  |  |  |
| 55 | 0.4 | 0.5 | 0.7 | 0.9 | 1.1 | 1.3 | 1.5 |  |  |  |  |  |  |  |  |
| 60 | 0.4 | 0.6 | 0.7 | 0.9 | 1.1 | 1.4 | 1.6 | 1.8 |  |  |  |  |  |  |  |
| 65 | 0.5 | 0.6 | 0.8 | 1.0 | 1.2 | 1.4 | 1.6 | 1.8 | 2.0 |  |  |  |  |  |  |
| 70 | 0.5 | 0.6 | 0.8 | 1.0 | 1.2 | 1.4 | 1.6 | 1.8 | 2.0 | 2.2 |  |  |  |  |  |
| 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 |  |  |  |
| 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 |  |  |
| 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 |  |
| ≤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**

| **Hearing Threshold Levels** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Frequency** | **Right**  **Ear** | **Left**  **Ear** | **Better**  **Ear** | **Worse**  **Ear** | **PLH** |
| 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% | | | | | |

**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 | **H**  **T**  **L**  **⏐**  **W**  **O**  **R**  **S**  **E**  **E**  **A**  **R** |
| ≤30 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 | 0.1 | 0.1 |  |  |  |  |  |  |  |  |  |  |  |
| 40 | 0.1 | 0.2 | 0.2 |  |  |  |  |  |  |  |  |  |  |
| 45 | 0.1 | 0.2 | 0.3 | 0.3 |  |  |  |  |  |  |  |  |  |
| 50 | 0.2 | 0.2 | 0.3 | 0.3 | 0.4 |  |  |  |  |  |  |  |  |
| 55 | 0.2 | 0.2 | 0.3 | 0.4 | 0.4 | 0.5 |  |  |  |  |  |  |  |
| 60 | 0.2 | 0.2 | 0.3 | 0.4 | 0.4 | 0.5 | 0.6 |  |  |  |  |  |  |
| 65 | 0.2 | 0.3 | 0.3 | 0.4 | 0.5 | 0.5 | 0.6 | 0.7 |  |  |  |  |  |
| 70 | 0.2 | 0.3 | 0.3 | 0.4 | 0.5 | 0.5 | 0.6 | 0.7 | 0.7 |  |  |  |  |
| 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 |  |  |
| 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 |  |
| ≤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 |

[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;

(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, 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 Commissioner, an officer of the DRD 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 Commissioner, officers of the DRD and other officers of WorkCover WA, legal practitioners, other registered agents, their own clients and other parties to the dispute;

(b) use his or her best endeavours to avoid unnecessary expense and waste of a dispute resolution authority’s time;

(c) when so requested, inform the Director of the probable length of a proceeding;

(d) inform the Director of the possibility of a settlement provided the agent can do so without revealing the existence or content of “without prejudice” communications; and

(e) subject to this code of conduct, inform the Director 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.]

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;

(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;

(c) if the client, without lawful excuse, refuses or fails to comply with a written agreement regarding fees or expenses;

(d) if the client made material misrepresentations about the facts of the case or matter to the agent;

(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;

(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;

(b) allowing reasonable time for the substitution of a new agent;

(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.

(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;

(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.]

Appendix V — Prescribed offences and modified penalties

[r. 50, 51]

[Heading inserted in Gazette 28 Oct 2005 p. 4970.]

| **Item** | **Section of Act** | **Description of offence** | **Modified penalty** |
| --- | --- | --- | --- |
| 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 |
| 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 |
| 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 |
| 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 |
| 23. | 171(1) | Failing to transmit to WorkCover WA statements and means for conveying information in machine‑readable form .... | $200.00 |
| 24. | 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.]

Notes

1 This reprint is a compilation as at 3 February 2006 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. The table also contains information about any reprint.

Compilation table

| **Citation** | **Gazettal** | **Commencement** |
| --- | --- | --- |
| *Workers’ Compensation and Assistance Regulations 1982* 4 | 8 Apr 1982 p. 1229‑50 (corrigendum 23 Apr 1982 p. 1384) | 3 May 1982 (see r. 2 and *Gazette* 8 Apr 1982 p. 1205) |
| *Workers’ Compensation and Assistance Amendment Regulations 1982* | 14 May 1982 p. 1519 | 14 May 1982 |
| *Workers’ Compensation and Assistance Amendment Regulations (No. 2) 1982* | 27 Aug 1982 p. 3427‑9 | 27 Aug 1982 |
| *Workers’ Compensation and Assistance Amendment Regulations 1983* | 30 Dec 1983 p. 5121 | 30 Dec 1983 |
| *Workers’ Compensation and Assistance Amendment Regulations 1986* | 25 Jul 1986 p. 2484‑5 | 25 Jul 1986 (see r. 2 and *Gazette* 25 Jul 1986 p. 2453) |
| *Workers’ Compensation and Assistance Amendment Regulations 1987* | 22 May 1987 p. 2193 | 22 May 1987 (see r. 2 and *Gazette* 22 May 1987 p. 2167) |
| *Workers’ Compensation and Assistance Amendment Regulations (No. 2) 1987* | 19 Jun 1987 p. 2410 | 1 Jul 1987 (see r. 2) |
| *Workers’ Compensation and Assistance Amendment Regulations 1988* | 2 Sep 1988 p. 3464 | 2 Sep 1988 |
| *Workers’ Compensation and Assistance Amendment Regulations (No. 2) 1989* | 22 Sep 1989 p. 3490‑1 | 22 Sep 1989 |
| *Workers’ Compensation and Assistance Amendment Regulations 1991* | 26 Feb 1991 p. 931‑56 | 1 Mar 1991 (see r. 2 and *Gazette* 1 Mar 1991 p. 967) |
| *Workers’ Compensation and Assistance Amendment Regulations (No. 2) 1991* | 8 Mar 1991 p. 1071‑6 | 8 Mar 1991 (see r. 2 and *Gazette* 8 Mar 1991 p. 1030) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 3) 1991* | 28 Jun 1991 p. 3291‑4 | 1 Jul 1991 (see r. 2) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 4) 1991* | 6 Dec 1991 p. 6118‑19 | 6 Dec 1991 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 2) 1992* | 3 Apr 1992 p. 1540‑1 | 3 Apr 1992 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations 1992* | 3 Apr 1992 p. 1541‑5 | 3 Apr 1992 |
| **Reprint of the *Workers’ Compensation and Rehabilitation Regulations 1982* as at 30 Apr 1992** (includes amendments listed above) | | |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 4) 1992* | 16 Oct 1992 p. 5201 | 16 Oct 1992 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations 1993* | 5 Feb 1993 p. 1059‑60 | 5 Feb 1993 (see r. 2 and *Gazette* 5 Feb 1993 p. 975) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 3) 1993* | 17 Sep 1993 p. 5182 | 17 Sep 1993 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 2) 1993* | 29 Oct 1993 p. 5929‑30 | 29 Oct 1993 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 4) 1993* | 24 Dec 1993 p. 6844‑50 | 24 Dec 1993 (see r. 2 and *Gazette* 24 Dec 1993 p. 6795) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations 1994* | 18 Feb 1994 p. 660‑4 | 1 Mar 1994 (see r. 2) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 2) 1994* | 31 Mar 1994 p. 1444 | 31 Mar 1994 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 3) 1994* | 24 Jun 1994 p. 2888‑9 | 24 Jun 1994 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 4) 1994* | 23 Aug 1994 p. 4394‑5 | 23 Aug 1994 |
| **Reprint of the *Workers’ Compensation and Rehabilitation Regulations 1982* as at 14 Feb 1995** (includes amendments listed above) | | |
| *Workers’ Compensation and Rehabilitation Amendment Regulations 1995* | 25 Aug 1995 p. 3885‑7 | 25 Aug 1995 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 2) 1995* | 15 Sep 1995 p. 4358 | 15 Sep 1995 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations 1996* | 17 Jan 1997 p. 444 | 17 Jan 1997 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations 1997* | 12 Aug 1997 p. 4568 | 12 Aug 1997 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations 1998* | 12 Jun 1998 p. 3205 | 1 Jul 1998 (see r. 2) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations 1999* | 13 Apr 1999 p. 1529‑41 (correction 16 Apr 1999 p. 1598) | 3 May 1999 (see r. 2) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 3) 1999* | 22 Jun 1999 p. 2692‑3 | 1 Jul 1999 (see r. 2) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 4) 1999* | 15 Oct 1999 p. 4890‑8 | 15 Oct 1999 (see r. 2) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 5) 1999* | 15 Oct 1999 p. 4899 | 15 Oct 1999 (see r. 2 and *Gazette* 15 Oct 1999 p. 4889) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 6) 1999* | 15 Oct 1999 p. 4900‑2 | 15 Oct 1999 (see r. 2 and *Gazette* 15 Oct 1999 p. 4889) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 7) 1999* | 15 Oct 1999 p. 4903 | 15 Oct 1999 (see r. 2 and *Gazette* 15 Oct 1999 p. 4889) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 8) 1999* | 15 Oct 1999 p. 4904 | 15 Oct 1999 (see r. 2 and *Gazette* 15 Oct 1999 p. 4889) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 9) 1999* | 15 Oct 1999 p. 4905 | 15 Oct 1999 (see r. 2 and *Gazette* 15 Oct 1999 p. 4889) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 10) 1999* | 15 Oct 1999 p. 4906‑12 | 15 Oct 1999 (see r. 2) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 11) 1999* | 14 Dec 1999 p. 6145‑63 | 14 Dec 1999 |
| **Reprint of the *Workers’ Compensation and Rehabilitation Regulations 1982* as at 25 Feb 2000** (includes amendments listed above) | | |
| *Workers’ Compensation and Rehabilitation Amendment Regulations 2000* | 17 Nov 2000 p. 6307‑22 | 17 Nov 2000 |
| *Corporations (Consequential Amendments) Regulations 2001* Pt. 7 | 28 Sep 2001 p. 5353‑8 | 15 Jul 2001 (see r. 2 and Cwlth *Gazette* 13 Jul 2001 No. S285) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations 2002* | 8 Mar 2002 p. 948‑9 | 8 Mar 2002 |
| **Reprint 4: The *Workers’ Compensation and Rehabilitation Regulations 1982* as at 17 Apr 2003** (includes amendments listed above) | | |
| *Equality of Status Subsidiary Legislation Amendment Regulations 2003* Pt. 42 | 30 Jun 2003 p. 2581‑638 | 1 Jul 2003 (see r. 2 and *Gazette* 30 Jun 2003 p. 2579) |
| *Workers’ Compensation and Rehabilitation Amendment Regulations 2003* | 16 Sep 2003 p. 4103‑4 | 16 Sep 2003 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations 2004* | 8 Apr 2004 p. 1177 | 8 Apr 2004 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 2) 2004* | 26 Oct 2004 p. 4895‑913 | 26 Oct 2004 (see r. 2) |

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| *Workers’ Compensation and Rehabilitation Amendment Regulations (No. 3) 2004* | 29 Oct 2004 p. 4939‑40 | 29 Oct 2004 |
| *Workers’ Compensation and Rehabilitation Amendment Regulations 2005* | 21 Jan 2005 p. 275‑7 | 21 Jan 2005 |
| *Workers’ Compensation and Injury Management Amendment Regulations (No. 2) 2005* | 28 Oct 2005 p. 4853‑972 | 14 Nov 2005 (see r. 2) |
| *Workers’ Compensation and Injury Management Amendment Regulations (No. 3) 2005* | 9 Dec 2005 p. 5891-7 | 9 Dec 2005 |
| **Reprint 5: The *Workers’ Compensation and Injury Management Regulations 1982* as at 3 Feb 2006** (includes amendments listed above) | | |

2 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).

3 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.

4 Now known as the *Workers’ Compensation and Injury Management Regulations 1982*;citation changed (see note under r. 1).