



Western Australia

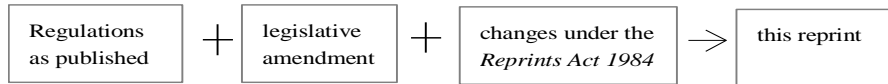
Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation and Rehabilitation Regulations 1982

Reprint 4: The Regulations as at 17 April 2003

Guide for using this reprint

What the reprint includes



Endnotes, Compilation table, and Table of provisions that have not come into operation

1. Details about the original regulations and legislation that has amended its text are shown in the Compilation table in endnote 1, at the back of the reprint. The table also shows any previous reprint.
2. Transitional, savings, or other provisions identified in the Compilation table may be important. The table may refer to another endnote setting out the text of these provisions in full.
3. A table of provisions that have not come into operation, to be found in endnote 1a if it is needed, lists any provisions of the regulations being reprinted that have not come into operation and any amendments that have not come into operation. The full text is set out in another endnote that is referred to in the table.

Notes amongst text (italicised and within square brackets)

1. If the reprint includes a regulation that was inserted, or has been amended, since the regulations being reprinted were made, editorial notes at the foot of the regulation give some history of how the regulation came to be as it is. If the regulation replaced an earlier regulation, no history of the earlier regulation is given (the full history of the regulations is in the Compilation table).

Notes of this kind may also be at the foot of Schedules or headings.

2. The other kind of editorial note shows something has been —
 - removed (because it was repealed or deleted from the law); or
 - omitted under the *Reprints Act 1984* s. 7(4) (because, although still technically part of the text, it no longer has any effect).

The text of anything removed or omitted can be found in an earlier reprint (if there is one) or one of the written laws identified in the Compilation table.

Reprint numbering and date

1. The reprint number (in the footer of each page of the document) shows how many times the regulations have been reprinted. For example, numbering a reprint as “Reprint 3” would mean that the reprint was the 3rd reprint since the regulations were published. Reprint numbering was implemented as from 1 January 2003.
2. The information in the reprint is current on the date shown as the date as at which the regulations are reprinted. That date is not the date when the reprint was published by the State Law Publisher and it is probably not the date when the most recent amendment had effect.

Western Australia

Workers' Compensation and Rehabilitation Regulations 1982

CONTENTS

Part 1 — Preliminary		
1.	Citation	1
2.	Commencement	1
Part 2 — General		
2A.	Indexation of child's allowance and redemption amount	2
3.	Limiting the definition of company	2
4.	Form of election	3
5.	Determination form for medical panel	3
6AA.	Form of claim for compensation	3
6A.	Form of medical certificate	4
6B.	Form for insurer accepting liability	4
6C.	Form for insurer disputing liability	4
6D.	Form for insurer undecided on liability	4
6E.	Form for employer disputing liability	5
6F.	Form for employer undecided on liability	5
7.	Certificate and notice before discontinuance of weekly payments	5
8.	Frequency and time of medical examinations (s. 66)	5
9.	Compound discount table	6
9A.	Discount formula	6

Contents

10.	Worker not residing in the State	7
10A.	Request for reference to medical assessment panel	7
10B.	Proceedings before medical assessment panel	8
11.	Payments after death outside the State	8
12.	Agreements	9
12AA.	Costs for persons other than legal practitioners in a conciliation	11
12AB.	Costs for persons other than legal practitioners in proceedings before review officers	11
12A.	Contributions to General Fund	11
14.	Particulars to be supplied about worker incapacitated for more than 4 weeks	12
15.	Statements by approved insurance offices	12
16.	Relevant body with which to negotiate the fixing of certain fee scales	12
17AA.	Prescribed rate for vehicle running expenses (Sch. 1, cl. 19 of the Act)	12
17A.	Supplementary amount varied	13
18.	Form of election to receive redemption amount or supplementary amount	13
Part 3 — Noise induced hearing loss		
19A.	Interpretation	14
19B.	Persons approved to carry out audiometric testing	14
19C.	Testing procedures	15
19D.	Notice of audiometric test and testing arrangements	18
19E.	Calculation of loss of hearing	19
19F.	Report on audiometric test and storage of results	19
19G.	Reference to medical assessment panel	20
19H.	Retest of person's hearing	20
19I.	Prescribed workplaces	21
Part 3A — Constraints on awards of common law damages		
19IA.	Guides for assessing degree of disability	23
19J.	Assessment of degree of disability	23
19K.	Agreement as to degree of disability	24
19L.	Determination of degree of disability	24
19M.	Election to retain right to seek common law damages	24
19N.	Extension of time to make election under s. 93E(3)(b)	26

19O.	Application for compensation	29
19P.	Notification to workers about elections as to common law damages	29
	Part 4 — Miscellaneous	
20.	Offence and penalty	31
	Appendix I	32
	Appendix II	97
	Appendix III	101
	Notes	
	Compilation table	111
	Defined Terms	



Western Australia

Reprinted under the
Reprints Act 1984 as
at 17 April 2003

Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation and Rehabilitation 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 Rehabilitation Regulations 1982*¹.

[Regulation 1 amended in Gazette 8 Mar 1991 p. 1071.]

2. Commencement

These regulations shall come into operation on the date of the coming into operation of the *Workers' Compensation and Rehabilitation 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 clause 1 of Schedule 5 to the Act,

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.]

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

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.

*[Regulation 4 amended in Gazette 26 Feb 1991 p. 934;
25 Aug 1995 p. 3885.]*

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 in Appendix I is the prescribed form under section 84I(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 84I(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 176(1)(a) as expedient for the purposes of the Act, and are to be completed and given to the appropriate parties accordingly.

r. 6A

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

[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.]

6A. Form of medical certificate

- (1) Form 3 in Appendix I is the prescribed form under sections 57A(1)(b)(i) and 57B(1)(b)(i) of the Act.
- (2) In addition to the details prescribed in Form 3 as being necessary to make a valid claim for compensation under sections 57A and 57B, the "Consent authority" is prescribed under section 176(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.]

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 (s. 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

r. 9

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 a medical review or examination —
 - (a) more frequently than once every 2 weeks; or
 - (b) at any time other than during reasonable hours.

[Regulation 8 inserted in Gazette 13 Apr 1999 p. 1532-3.]

[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 = $P \times 52 \times A$

Where —

S = prescribed amount less the sum of weekly payments made

P = the weekly payment

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

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

$$W = T - (52 \times Y)$$

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, under section 84N of the Act, refer the dispute to the Director for conciliation.

[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.]

10A. Request for reference to medical assessment panel

A worker or employer requesting a reference to a medical assessment panel under section 70(1) of the Act is to —

- (a) request the reference in the form of Form 20 in Appendix I, modified as the case requires; and
- (b) pay to the Executive Director a fee of \$50.

[Regulation 10A inserted in Gazette 24 Dec 1993 p. 6845.]

r. 10B

10B. Proceedings before medical assessment panel

- (1) When referring a question to a medical assessment panel the Director, a conciliation officer, a review officer, or a compensation magistrate's court (in this regulation called "**the referrer**") is to provide the panel with any medical certificates or reports or other documents that the referrer may have that are relevant to the question to be determined by the panel.
- (1a) At least 7 days before the day on which the worker is to attend before a medical assessment panel, the worker and the employer are each to provide to the referrer any medical certificates or reports or other documents the person may have that are relevant to the question to be determined by the panel.
- (2) A medical assessment panel may determine the times and places at which a worker is to attend before it but, in determining the time, sufficient time is to be allowed to enable the worker and the employer to comply with subregulation (1a).
- (3) The form in which a medical assessment panel may require a worker to attend before it is the form set out in Form 13 in Appendix I.

*[Regulation 10B inserted in Gazette 24 Dec 1993 p. 6845;
amended in Gazette 17 Nov 2000 p. 6310-11.]*

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 Directorate 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

r. 12

paid and, for each item, the percentage loss of the full efficient use of a part or faculty of the body for which compensation is to be paid, and the amount of the compensation.

- (3) The memorandum is to be signed by or on behalf of each party to the agreement and if the memorandum sent to the Director is not the original signed memorandum the original is to be produced for inspection by the Director.
- (3a) A memorandum of an agreement lodged for the purposes of a redemption amount under section 67(1) shall be accompanied by Form 15D in Appendix I signed and dated by the worker, as acknowledgment that he/she is aware of the consequences of the recording of the memorandum.
- (4) The notice despatched by the Director to each interested party, under section 76(2) of the Act, is to be in the form of Form 15A in Appendix I.
- (4a) Where any interested party disputes the genuineness of the memorandum, or the adequacy of the compensation agreed upon or otherwise objects to the recording of the agreement that party shall, within the 7 days allowed in section 76(2), notify the Director by completing Form 15E in Appendix I, and forwarding that completed form to the Director.
- (4b) On receipt of an objection from any party in the manner prescribed in subregulation (4a), the Director shall send to each other party a notice, in the form of Form 15F, informing such 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.]*

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

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

[Regulation 12AA inserted in Gazette 15 Oct 1999 p. 4903.]

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

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

[Regulation 12AB inserted in Gazette 15 Oct 1999 p. 4903.]

12A. Contributions to General Fund

- (1) The amount prescribed for the purposes of section 109(1)(a) of the Act is \$100 000.
- (2) The amount prescribed for the purposes of section 109(4)(a) of the Act is \$25 000.

*[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.]*

[13. Repealed in Gazette 18 Feb 1994 p. 662.]

14. Particulars to be supplied about worker incapacitated for more than 4 weeks

Under section 155(2) of the Act the prescribed particulars 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 either paragraph (a) or paragraph (b) of that section applies to the worker.

[Regulation 14 inserted in Gazette 8 Mar 1991 p. 1071.]

15. Statements by approved insurance offices

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

[Regulation 15 inserted in Gazette 8 Mar 2002 p. 949.]

16. Relevant body with which to negotiate the fixing of certain fee scales

For the purposes of section 176(1b)(h) of the Act, where a proposed regulation under section 176(1a) is in respect of fees to be paid to osteopaths, the relevant body is the Australian Osteopathic Association (Western Australian Division).

[Regulation 16 inserted in Gazette 8 Mar 2002 p. 949.]

[17. Repealed in Gazette 17 Nov 2000 p. 6311.]

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

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

[Regulation 17AA inserted in Gazette 15 Oct 1999 p. 4904; amended in Gazette 17 Nov 2000 p. 6311.]

17A. Supplementary amount varied

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

- (a) in relation to a worker with a dependent spouse, the sum of \$88;
- (b) in relation to a worker without a dependent spouse, 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.]

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.]

[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. Interpretation

In this Part unless the contrary intention appears —

“approved” means approved in writing by the Executive Director;

“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 Schedule 7 to the Act.

[Regulation 19A inserted in Gazette 26 Feb 1991 p. 934.]

19B. Persons approved to carry out audiometric testing

- (1) The Executive Director 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 Executive Director, 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 Executive Director may at any time cancel an approval given under subregulation (1).
- (4) The Executive Director 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.]

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 Executive Director; 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.

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- (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 Executive Director; or
 - (ii) any procedure which establishes a higher testing procedure than that specified in subparagraph (i) and which is approved in writing by the Executive Director;
- 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 Executive Director, a worker has a disability 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 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 of the Act,

the worker shall be referred by the Commission 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 the Commission to an audiologist or an approved medical practitioner for full

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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.]

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 section 24A(2) 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.]

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 the Commission and the worker in the form of Form 19A or Form 19B in Appendix I, as the case requires.
- (2) The Commission 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.

r. 19G

- (4) The Commission 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.]

19G. Reference to medical assessment panel

A worker or employer requesting a reference to a medical assessment panel under clause 6(1)(b) shall —

- (a) request the reference in the form of Form 20 in Appendix I; and
- (b) pay to the Director a fee of \$50.

[Regulation 19G inserted in Gazette 26 Feb 1991 p. 938; amended in Gazette 24 Dec 1993 p. 6845.]

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 the Commission.
- (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 Executive Director.
- (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.]

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;

r. 19I

“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.]

19IA. Guides for assessing degree of disability

- (1) The first edition is prescribed for the purposes of the definition of “AMA Guides” in section 93A 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.]

19J. Assessment of degree of disability

- (1) 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 in the Form 22 one, and only one, relevant level 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) 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.]

r. 19K

19K. Agreement as to degree of disability

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

[Regulation 19K inserted in Gazette 15 Oct 1999 p. 4891.]

19L. Determination of degree of disability

- (1) The Director is to be notified as soon as practicable after the determination of —
 - (a) a question referred to a dispute resolution body under subsection 93D(10) of the Act; or
 - (b) a question referred to a medical panel under subsection 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.]

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.

r. 19N

- (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 operation¹.

[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 s. 93E(3)(b)

- (1) In this regulation —

“extension period” means the period of time that ends 6 months after the termination day;

“termination day” has the meaning that it has in section 93E of the Act.

- (2) For the purposes of section 93E(7) of the Act, the circumstances in which the Director may extend the period of time within which an election can be made under section 93E(3)(b) of the Act exist, whether or not the period being extended has already expired, if —

(a) the Director is satisfied that the worker will require major surgery in respect of the disability 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 disability 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 disability 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 disability 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.

r. 19N

- (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.]

190. Application for compensation

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

[Regulation 190 inserted in Gazette 15 Oct 1999 p. 4892.]

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

- (1) The employer of a worker who has an unfinalized claim for compensation under the Act is to give the worker written notice, in a form approved by the Executive Director, 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 body 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

r. 19P

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.]

Part 4 — Miscellaneous

[Heading inserted in Gazette 26 Feb 1991 p. 939.]

20. Offence and penalty

Any person who —

- (a) does any act or thing which by these regulations he is forbidden to do;
- (b) fails or omits to do any act which by these regulations he is required to do,

commits an offence.

Penalty: \$1 000.

[Regulation 20 amended in Gazette 15 Oct 1999 p. 4905.]

Appendix I

Appendix I

Form 1

[r. 4]

Workers' Compensation and Rehabilitation Act 1981

ELECTION FOR SCHEDULE 2 INJURIES

(Section 24B)

I,
(name in full block letters)

of
(address)

suffered 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 disability 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 Schedule 2 of the *Workers' Compensation and Rehabilitation Act 1981* which I anticipate should be the sum of \$..... representing % loss of item being
(state the part 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 body, 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 disability;
- (2) I shall have no further entitlement in respect of that disability subsequent to the date of this election, to payment of expenses under clauses 9, 17, 18 and 19 of Schedule 1 (that is, in general terms, medical or surgical, dental, physiotherapy or chiropractic advice or treatment, first aid and ambulance expenses, medical requisites, charges for attendance and treatment by way of rehabilitation, charges for hospital treatment and maintenance, cost of artificial aids and travelling expenses);

- (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.

Appendix I

Form 2

[r. 5]

Workers' Compensation and Rehabilitation 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 disabled from earning full wages?
3. To what extent if any does, or did —
 - (i) pneumoconiosis;
 - (ii) mesothelioma;
 - (iii) lung cancer,
 cause impairment of his ability to undertake physical effort?
4. What other, if any, disease or physical condition is, or was, contributing to the worker's disablement 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 2A deleted]

Form 2B

[r. 6AA]

Workers' Compensation and Rehabilitation Act 1981
(Section 84I(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)	
<i>Office Use only</i>	ANZSIC CODE -
Insurance Co.	Policy No.
WorkCover No. W C	Claim No.
<i>Insurer/Self Insurer to complete</i>	

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

Appendix I

Injured worker details

Surname: <i>Mr/Mrs/Miss/Ms.</i>				
Other names:				
Address:				
.....		Postcode:		
Phone No.:				
Date of birth:/...../.....		Age:	Sex Male/Female	
<table border="1" style="margin: auto; padding: 5px;"> <tr> <td style="text-align: center;">If you have difficulty understanding English, what is your preferred language?</td> </tr> </table>				If you have difficulty understanding English, what is your preferred language?
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?	<input type="checkbox"/> 1	Full-Time	<input type="checkbox"/> F	
— working director?	<input type="checkbox"/> 2			
— contractor?	<input type="checkbox"/> 3	Part-Time	<input type="checkbox"/> P	
— employee of contractor?	<input type="checkbox"/> 4			
— sub-contractor?	<input type="checkbox"/> 5			
— other?	<input type="checkbox"/> 6			
			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? <input type="checkbox"/> 1	- travelling between home and work?	<input type="checkbox"/> 4
	- on duty & in a road traffic accident? <input type="checkbox"/> 2	- doing something else, if so what?	<input type="checkbox"/> 5
	- on a work break? <input type="checkbox"/> 3
	

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 or disease caused by the occurrence, e.g. fracture, burn, cut, abrasion

.....

(ii) bodily location of the injury or disease, 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:

.....
.....

Appendix I

Medical attention/history – similar or related previous events

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

Other or previous claims

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

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 Rehabilitation 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.

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

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..... <input type="checkbox"/>	- 10-20 work days (inclusive)..... <input type="checkbox"/>	
- 1-4 work days (inclusive)..... <input type="checkbox"/>	- more than 20 work days..... <input type="checkbox"/>	
- 5-9 work days (inclusive)..... <input type="checkbox"/>	- fatality..... <input type="checkbox"/>	

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.

Appendix I

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 organization:
Telephone: Fax:

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

This organization can provide alternative duties which are attached. Yes No
This organization has a return-to-work / rehabilitation program for injured workers. 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 three 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 Rehabilitation 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**

Appendix I

Form 2C

[r. 4, 6AA]

Workers' Compensation and Rehabilitation Act 1981

(Section 84I(1)(b))

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

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 <hr style="width: 100%;"/> 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 Schedule 2 of the *Workers' Compensation and Rehabilitation Act 1981* the sum of \$ representing% of loss of item 6, being loss of hearing. In making this election I declare that I have not received nor am I eligible to receive compensation in respect of the noise induced hearing loss under any law of the Commonwealth, another State or Territory of the Commonwealth, or country other than Australia. In making this election and upon an agreement being registered at the Conciliation and Review Directorate WorkCover WA, I acknowledge that after registration or 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)

WorkCover No.

EMPLOYER DETAILS — (Employer to complete)

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.

Appendix I

Name of Policy Holder <hr/> Address Suburb/Town Post Code	Claim No: Insurer/self insurer to complete
Major activity or workplace (e.g. metal fabrication; gold mining, engineering.)	Insurer/self insurer's date stamp <hr/>
	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 <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> /	NO BASELINE TEST
<small>(if worker has had a Full Audiological Baseline Test use the date and PLH of the full audiological test)</small>			<small>please circle if applicable</small>
Subsequent Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	
Subsequent Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	
Subsequent Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	
Subsequent Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	
Subsequent Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	

Subsequent Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
Subsequent Full Audio Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
Otorhinolaryngological assessment	Date...../...../.....	NIHLPLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
Number of years with this employer since the baseline test/March 1, 1991		<input type="checkbox"/> <input type="checkbox"/>
		Termination Date...../...../.....
Subsequent test at termination	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
NIHL Claims Officer check:	Date...../...../.....	Signature
NIHL Manager check:	Date...../...../.....	Signature

Appendix I

Form 2D

[r. 6AA]

Workers' Compensation and Rehabilitation 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
	<input type="text"/>	<input type="text"/>
	Occupation	Relationship to deceased worker
	<input type="text"/>	<input type="text"/>
		<small>i.e. Executor, Wife/defacto, Son, Daughter</small>
Residential Address	<input type="text"/>	
	Postcode	Telephone No.
	<input type="text"/>	<input type="text"/>

Deceased Worker's Details

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

Employer's Details

Full Name of Employer, including trading name	<input type="text"/>
Address of worker's usual workplace or base	<input type="text"/>
	Postcode <input type="text"/> Telephone No. <input type="text"/>

Major activity of workplace
(e.g. footwear
manufacturing,
sheep farming)

--

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

Details of Fatality

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

What was the cause of death?

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

In the case of personal injury, when did it occur?

Day of the week	Time	Date
		/ /

Date of death if different.

Date / /

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

Appendix I

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

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

Prior to this application, have any workers' compensation payments been received or applied for in respect of the deceased (i.e. weekly payments, medical expenses, lump sums). YES NO

Have you attached a copy of any official notice of the deceased's death? YES NO

If yes, please attach as much information as you can

Declaration

I, the undersigned, do hereby warrant the truth of the foregoing statements. I hereby 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	<input type="text" value="/ /"/>
Signature	_____	Date	<input type="text" value="/ /"/>

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 3

[r. 6A, 7(1)]

Workers' Compensation and Rehabilitation Act 1981
(Sections 57A(1)(b), 57B(1)(b) & 61(1))
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)

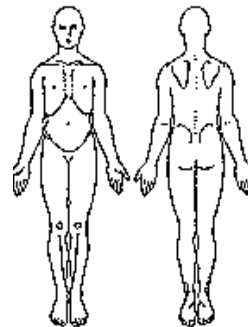
I authorise any doctor who treats me (whether named in this certificate or not) to discuss my medical condition, in relation to my claim for workers' compensation and return to work options, with my employer and with their insurer.

Worker's Signature Date

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

4. Details from Worker Date of injury/disease, etc:
Workplace location where incident occurred:
Worker's description of the injury/disease, etc:
Worker's description of how it occurred:

AFFECTED AREA



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/disease, etc. described to me by the worker.
INJURY MANAGEMENT

Appendix I

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-disability duties, no further treatment required
- Fit to return to pre-disability 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. Other restrictions:
 - Avoid repetitive bending / lifting.
 - Avoid repetitive use of body part:
 - Avoid prolonged standing/ walking / sitting.
 - Keep injured area clean and dry.

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

UNFIT

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

7. Medical Management

- Medication:
 - Physiotherapy / Chiropractor *No. sessions recommended*: Imaging
 - Referred to hospital/specialist (*name*)
 - Other treatment:
 -
 -
- Next appointment** (*unless "First & Final Certificate"*) **Date** **Time**

If the worker is not reviewed within 14 days, the worker may 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.

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: 08 9388 5555 Country callers: 1 800 670 055**

Form 3A

[r. 6B]

Workers' Compensation and Rehabilitation 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 accident:

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

Appendix I

Form 3B

[r. 6C]

Workers' Compensation and Rehabilitation 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 accident:

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:

Signed on behalf of the insurer:

Date:

[*delete if appropriate]

NOTE THAT if you wish you may, under section 84N of the Act, refer a dispute to the Director of Conciliation and Review for conciliation. You may obtain advice from the Workers' Compensation and Rehabilitation Commission.

Form 3C

[r. 6D]

Workers' Compensation and Rehabilitation 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 of Conciliation and Review

From:
[name and address of insurer]

Claim number:

Date of accident:

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:

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

Signed on behalf of the insurer:

Date:

NOTE THAT if you wish you may, under section 84N of the Act, refer a dispute to the Director of Conciliation and Review for conciliation. You may obtain advice from the Workers' Compensation and Rehabilitation Commission.

Appendix I

Form 3D

[r. 6E]

Workers' Compensation and Rehabilitation 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 accident:

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:

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

Date:

NOTE THAT if you wish you may, under section 84N of the Act, refer a dispute to the Director of Conciliation and Review for conciliation. You may obtain advice from the Workers' Compensation and Rehabilitation Commission.

Form 3E

[r. 6F]

Workers' Compensation and Rehabilitation 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 of Conciliation and Review

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

Claim number:

Date of accident:

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:

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

Date:

NOTE THAT if you wish you may, under section 84N of the Act, refer a dispute to the Director of Conciliation and Review for conciliation. You may obtain advice from the Workers' Compensation and Rehabilitation Commission.

Appendix I

Form 4

[r. 7(1)]

Workers' Compensation and Rehabilitation 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 disability:/...../.....

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 disability.

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: 08 9388 5555 Country callers: 1 800 670 055**

Form 6

[r. 10(1)]

Workers' Compensation and Rehabilitation 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:/...../20.....

*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 a disability 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.

Appendix I

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

[Forms 7-12 deleted]

Form 13

[r. 10B(3)]

Workers' Compensation and Rehabilitation Act 1981

REQUIREMENT TO ATTEND BEFORE A MEDICAL ASSESSMENT PANEL

You are required to attend before a medical assessment panel at

.....

at the hour of

on the day of 20.....

* and at that time to produce to the panel

.....

(specified documents)

* *delete if inapplicable*

Dated

.....

CHAIRMAN

Medical Assessment Panel

Appendix I

Form 14

[r. 18(1)]

Workers' Compensation and Rehabilitation 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 clauses 9, 17, 18 and 19 of Schedule 1 (that is, in general terms, medical and other expenses, hospital charges and travelling costs).
4. Upon my death the provisions of clauses 1, 2, 3, 4, 5 and 17(2) of Schedule 1 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 15

[r. 18(2)]

Workers' Compensation and Rehabilitation 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, 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 disability and a dependant spouse survives
me then that spouse is entitled to a lump sum calculated in accordance
with clause 6 of Schedule 5 and the supplementary amount at the rate for
a worker without a dependant spouse.
4. Upon my death the provisions of clauses 1, 2, 3, 4, 5 and 17(2) of
Schedule 1 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.

Appendix I

Form 15A

[r. 12(4)]

Workers' Compensation and Rehabilitation 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 of Conciliation and Review

Form 15B

[r. 12(5)]

Workers' Compensation and Rehabilitation 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 Rehabilitation 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 of Conciliation and Review

Appendix I

Form 15C

[r. 12(1a)]

Workers' Compensation and Rehabilitation Act 1981

MEMORANDUM OF AGREEMENT

(Section 76 & 67(2))

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

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

Between _____ (Employer)

of (address)
(WCN Number)

and

(Worker)

of (address)

Claim No:

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

1. Date of disability (injury)

Which occurred by:

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

- * the recurrence, aggravation, or acceleration of any pre-existing disease where the employment was a contributing factor to that recurrence, aggravation, or acceleration and contributed to a significant degree; or
 - * a disabling loss of function to which Part III Division 4 applies.
2. When the disability occurred —
- (a) the worker was _____ years of age. Date of Birth
 - (b) the worker was employed by the employer as a
 - (c) his or her weekly earnings were
3. The nature of the disability was:
and now is:
and it occurred in the following circumstances —
4. The worker has received from the employer prior to the date of this Agreement:
- (a) weekly payments in respect of that disability totalling \$
 - (b) expenses payable under Clauses 9, 10, 17, 18 and 19 of Schedule 1
- Totalling \$ _____
5. The lump sum is made up as follows:
- *(a) weekly payments of compensation:
 - (i) by way of redemption of liability to make future weekly payments as for permanent total incapacity; \$
 - (ii) by way of redemption of liability to make future weekly payments as for permanent partial incapacity; \$
 - (iii) otherwise; \$
 - *(b) expenses as are provided for in Clauses 9, 10, 17, 18 and 19 of Schedule 1 namely; \$

Appendix I

*(c) the worker having elected under s. 24 of the Act by a form of election dated _____, compensation payable under Schedule 2, representing _____ % loss of Item _____ being for the permanent loss of the efficient use of the _____

Totalling: \$

*(d) redemption amount under Schedule 5 Clause 2 or 3(2), (3) or (4) \$

*(e) supplementary amount under Schedule 5 Clause 2 or 3(2), (3) or (4) \$

TOTAL LUMP SUM \$
=====

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

SIGNED by the worker:
in the presence of:

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

**Delete if not applicable.*

Form 15D

[r. 12(3a)]

Workers' Compensation and Rehabilitation Act 1981

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

(Section 76(2)(a))

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

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

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

Dated the _____ day of _____ (year)

.....
Signature of the worker

Appendix I

Form 15E

[r. 12(4a)]

Workers' Compensation and Rehabilitation Act 1981

**NOTICE DISPUTING MEMORANDUM OF AGREEMENT, OR OBJECTING
TO ITS BEING RECORDED**

(Section 76)

IN THE CONCILIATION & REVIEW DIRECTORATE OF WESTERN AUSTRALIA

In the matter of an Agreement between

Employer
and
Worker

Ref. AG

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

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

(here state particulars)

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

(here state grounds)

Dated this _____ day of _____ (year)

Form 15F

[r. 12(4b)]

Workers' Compensation and Rehabilitation Act 1981

**NOTICE THAT MEMORANDUM OF AGREEMENT IS DISPUTED, OR OF
OBJECTION TO ITS BEING RECORDED**

(Section 76)

IN THE CONCILIATION & REVIEW DIRECTORATE OF WESTERN AUSTRALIA

In the matter of an Agreement between

Employer
and
Worker

Ref. AG

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

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

(Here state particulars of dispute)

(Or that

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

(Here state grounds)

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

or by Order of the Compensation Magistrate's Court.

Dated this day of , (year)

Director,
Conciliation & Review

Appendix I

Form 16

[r. 19]

Workers' Compensation and Rehabilitation Act 1981

MONTHLY STATEMENT BY APPROVED INSURANCE OFFICES

CONFIDENTIAL

(Section 171(1)(a))

NEW/RENEWED POLICIES/COVER NOTES

Name of approved insurance office

Address

Executive Director, Workers' Compensation and Rehabilitation Commission.

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 17

[r. 19]

Workers' Compensation and Rehabilitation Act 1981

MONTHLY STATEMENT BY APPROVED INSURANCE OFFICERS

CONFIDENTIAL

(Section 171(1)(b))

LAPSED POLICIES

Name of approved insurance office
Address Date approved
Executive Director, Workers' Compensation and Rehabilitation Commission.

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

Appendix I

Form 18

[r. 19D]

Workers' Compensation and Rehabilitation 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 a.m./p.m. 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(3)).

PENALTY: \$200⁴.

Form 19A

[r. 19F]

Workers' Compensation and Rehabilitation Act 1981

REPORT OF BASELINE AUDIOMETRIC TEST

TO: EXECUTIVE DIRECTOR, WORKERS' COMPENSATION AND REHABILITATION COMMISSION

Notice is hereby given that I have conducted an audiometric *test/retest of:

WORKER'S DETAILS

[Grid for worker details]

GIVEN NAMES (in full)

[Text box for given names]

SEX

[Sex selection boxes M and F]

SURNAME

[Text box for surname]

ADDRESS NUMBER AND STREET

[Text box for address number and street]

SUBURB OR TOWN

POSTCODE

[Text boxes for suburb and postcode]

DATE OF BIRTH

[Date of birth grid]

DAY MONTH YEAR

[Home phone number grid]

HOME PHONE NUMBER

[Work phone number grid]

WORK PHONE NUMBER

OCCUPATION OF WORKER

[Text box for occupation]

A.S.I.C. OFFICE USE

[A.S.I.C. office use grid]

EMPLOYED BY:

[Text box for employer name]

FULL NAME OF EMPLOYER

[Text box for employer address]

ADDRESS NUMBER AND STREET OF EMPLOYER

[Text box for employer suburb]

SUBURB OR TOWN

POSTCODE

[Text boxes for employer suburb and postcode]

PREDOMINANT INDUSTRY OF EMPLOYER

[Text box for industry]

A.S.I.C. OFFICE USE

[A.S.I.C. office use grid]

LEVEL OF TEST:

Air-conduction

[Air-conduction box]

Full audiological

[Full audiological box]

Medical Panel

[Medical Panel box]

PURPOSE OF TEST:

Baseline

[Purpose of test box]

Appendix I

WAUGH AND MACRAE'S CRITERIA:

(Please tick only if worker fails)

Item 1 Item 2 Item 3

HEARING TEST RESULTS

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

CALCULATED PLH %
OFFICE USE

PERSON CONDUCTING TEST

SURNAME INITIAL 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 Rehabilitation Act 1981* and to the best of my knowledge and belief the results are true and correct.

SIGNATURE DATE OF TEST
DAY MONTH YEAR

- * Delete which doesn't apply
- ** Approved Medical Practitioners or Audiologists Only

Form 19B

[r. 19F]

Workers' Compensation and Rehabilitation Act 1981

REPORT OF SUBSEQUENT/RETIRING/TURNING 65
AUDIOMETRIC TEST

TO: EXECUTIVE DIRECTOR, WORKERS' COMPENSATION AND
REHABILITATION COMMISSION

Notice is hereby given that I have conducted an audiometric *test/retest of:

WORKER'S DETAILS

GIVEN NAMES (in full)										SEX	
SURNAME										<input type="checkbox"/>	<input type="checkbox"/>
FORMER SURNAME IF APPLICABLE										M	F
ADDRESS NUMBER AND STREET											
SUBURB OR TOWN						POSTCODE					
DATE OF BIRTH			HOME PHONE NUMBER				WORK PHONE NUMBER				
DAY	MONTH	YEAR									
OCCUPATION OF WORKER										A.S.I.C. OFFICE USE	

EMPLOYED OR FORMERLY EMPLOYED BY:

FULL NAME OF EMPLOYER											
ADDRESS NUMBER AND STREET OF EMPLOYER											
SUBURB OR TOWN						POSTCODE					
PREDOMINANT INDUSTRY OF EMPLOYER										A.S.I.C. OFFICE USE	

LEVEL OF TEST:

Air-conduction	<input type="checkbox"/>
Full audiological	<input type="checkbox"/>
Medical Panel	<input type="checkbox"/>

PURPOSE OF TEST:

Subsequent	<input type="checkbox"/>
Retired/Turning 65	<input type="checkbox"/>

Appendix I

HEARING TEST RESULTS

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

CALCULATED PLH %
OFFICE USE

***CALCULATED
NOISE INDUCED %
PLH SINCE BASELINE TEST/PREVIOUS ELECTION*

OTORHINOLARYNGOLOGICAL EXAMINATION

Practitioner

Address

Signature Date

PERSON CONDUCTING TEST

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 Rehabilitation Act 1981* and to the best of my knowledge and belief the results are true and correct.

SIGNATURE _____ DATE OF TEST

DAY MONTH YEAR

- * Delete which doesn't apply
- ** Approved Medical Practitioners or Audiologists Only
- *** Registered Otorhinolaryngologist Only

Form 20

[r. 10A, 19G]

Workers' Compensation and Rehabilitation Act 1981

APPLICATION FOR REFERENCE TO MEDICAL ASSESSMENT PANEL

TO: DIRECTOR OF CONCILIATION AND REVIEW
WORKERS' COMPENSATION AND
REHABILITATION COMMISSION

NAME OF WORKER:

ADDRESS OF WORKER:

NAME OF EMPLOYER:

ADDRESS OF EMPLOYER:

I, being an *employer/worker hereby request that a medical assessment panel be
appointed under Clause 6 of Schedule 7 to enquire into and report on the following
matters —

**

.....

Signature of Applicant

.....

Date

* Strike out whichever does not apply.

** Here insert any question that arises concerning the audiometric testing or hearing
loss of the worker.

Note: The prescribed fee is \$50.00 and must accompany this form.

Appendix I

Form 21

[r. 19H]

Workers' Compensation and Rehabilitation Act 1981

NOTICE OF DISPUTE

TO: EXECUTIVE DIRECTOR
WORKERS' COMPENSATION AND
REHABILITATION COMMISSION

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 22

[r. 19J(1)]

Workers' Compensation and Rehabilitation Act 1981

REFERRAL OF QUESTION OF DEGREE OF DISABILITY

Worker's details

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

Employer's details

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

Insurer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date weekly payments commenced (if applicable).	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

Appendix I

Disability details

Description of disability

Date disability occurred

Date weekly payments commenced

Degree of disability as assessed
by medical practitioner

Relevant level of disability (see s. 93E(3) of the Act)
Nominate **only one** relevant level of disability.

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

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

Form 23

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

Workers' Compensation and Rehabilitation Act 1981

NOTICE OF REFERRAL OF QUESTION OF DEGREE OF DISABILITY

Worker's details

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

Employer's details

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

Disability details

Description of disability	
<input type="text"/>	
Date disability occurred	
<input type="text"/>	
Degree of disability as assessed by medical practitioner	Relevant level of disability
<input type="text"/>	<input type="checkbox"/> not less than 30%
	<input type="checkbox"/> not less than 16%

Appendix I

Question referred

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

Medical evidence

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

Objection

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

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

**Signature
of Director** _____

Date

	/	/
--	---	---

Employer's objection

Employer's assessment of degree of disability		
---	--	--

**Signature of
employer** _____

Date

	/	/
--	---	---

Form 24

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

Workers' Compensation and Rehabilitation Act 1981

DEGREE OF DISABILITY AGREEMENT

Worker's details

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

Employer's details

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

Insurer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	<input type="text"/>
Date weekly payments commenced (if applicable).	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

Appendix I

Disability details

Description of Disability

Date disability 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	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">/ /</div>
Signature of witness _____	Name of witness	_____

Signature of Employer _____	Date	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">/ /</div>
Signature of witness _____	Name of witness	_____

Recording of agreement

Date of recording

Record no.

Signature of Director _____	Date	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">/ /</div>
------------------------------------	------	--

Form 25

[r. 19M(1)]

Workers' Compensation and Rehabilitation Act 1981

ELECTION TO RETAIN RIGHT TO SEEK DAMAGES

Worker's details

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

Employer's details

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

Insurer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date weekly payments commenced	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

Appendix I

Disability details

Description of disability

Date disability occurred

Has a Degree of Disability Agreement (Form 24) already been recorded by the Director?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
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	<input type="checkbox"/>
	No	<input type="checkbox"/>
If yes:	date when recorded	
	record number	
Degree of disability as determined.....%		

Advice of consequences of election

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

Warning

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

You should seek appropriate independent advice before lodging this form.

Registration of election

Date of registration	Registration no.
<input type="text"/>	<input type="text"/>

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

Form 26

[r. 19N(3)(a) and (5)(a)]

Workers' Compensation and Rehabilitation Act 1981

**APPLICATION FOR EXTENSION OF TIME TO MAKE ELECTION
(MEDICAL EVIDENCE AVAILABLE)**

Worker's details

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

Employer's details

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

Insurer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date weekly payments commenced	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

Appendix I

Disability details

Description of disability

--

Degree of disability

(as assessed by worker's medical specialist)

Date disability occurred

--

%

--

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, Conciliation and Review Directorate

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 27

[r. 19N(4)(a)]

Workers' Compensation and Rehabilitation Act 1981

**APPLICATION FOR EXTENSION OF TIME TO MAKE ELECTION
(MEDICAL EVIDENCE NOT YET AVAILABLE)**

Worker's details

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

Employer's details

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

Insurer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date weekly payments commenced	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

Appendix I

Disability details

Description of disability

Date disability 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 disability 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 disability in the extension period

.....

.....

(attach separate sheet if insufficient room)

**Signature
of Worker**

_____ Date

/ /

Lodging this form

This form should be lodged with —

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

You must also give to the Director 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 _____ **Date**

/ /

of Director

Appendix I

Form 28

[r. 19N(3a)(a)]

Workers' Compensation and Rehabilitation Act 1981

**APPLICATION FOR EXTENSION OF TIME TO MAKE ELECTION (TIME
NEEDED FOR REPORT BASED ON TREATMENT OR MEDICAL
INVESTIGATION)**

Worker's details

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

Employer's details

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

Insurer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date weekly payments commenced	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

Disability details

Description of disability

Date disability 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 disability 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, Conciliation and Review Directorate
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

Appendix I

Granting of extension

An extension of time to make an election under section 93E(3)(b) of the Act —	
<input type="checkbox"/> is granted until / /	OR <input type="checkbox"/> is not granted

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

[Appendix I corrigendum in Gazette 23 Apr 1982 p. 1384; amended in Gazette 27 Aug 1982 p. 3427; 25 Jul 1986 p. 2484-5; 26 Feb 1991 p. 939; 8 Mar 1991 p. 1072-6; 28 Jun 1991 p. 3291-4; 3 Apr 1992 p. 1543-5; 5 Feb 1993 p. 1059-60; 29 Oct 1993 p. 5930; 24 Dec 1993 p. 6845-50; 18 Feb 1994 p. 662-4; 24 Jun 1994 p. 2889; 13 Apr 1999 p. 1533-41 (printer's correction in Gazette 16 Apr 1999 p. 1598); 15 Oct 1999 p. 4893-8, 4899, 4900-2, 4907-12; 14 Dec 1999 p. 6151-63; 17 Nov 2000 p. 6317-21.]

Appendix II

[r. 9]

**Workers' Compensation and Rehabilitation Commission
Table showing present values of \$1.00 per annum payable weekly assuming an
effective earning rate of 3% per annum**

Years	Weeks												
	0 \$	1 \$	2 \$	3 \$	4 \$	5 \$	6 \$	7 \$	8 \$	9 \$	10 \$	11 \$	12 \$
0	0.000 00	0.019 22	0.038 43	0.057 63	0.076 81	0.095 99	0.115 16	0.134 31	0.153 45	0.172 59	0.191 71	0.210 82	0.229 92
1	0.985 09	1.003 75	1.022 39	1.041 03	1.059 66	1.078 28	1.096 89	1.115 48	1.134 07	1.152 64	1.171 21	1.189 76	1.208 31
2	1.941 48	1.959 59	1.977 70	1.995 80	2.013 88	2.031 96	2.050 02	2.068 08	2.086 12	2.104 16	2.122 18	2.140 20	2.158 20
3	2.870 02	2.887 60	2.905 18	2.922 75	2.940 31	2.957 86	2.975 40	2.992 93	3.010 45	3.027 96	3.045 46	3.062 94	3.080 42
4	3.771 51	3.788 58	3.805 65	3.822 71	3.839 76	3.856 79	3.873 82	3.890 84	3.907 85	3.924 85	3.941 84	3.958 82	3.975 79
5	4.646 74	4.663 32	4.679 89	4.696 45	4.713 00	4.729 55	4.746 08	4.762 60	4.779 11	4.795 62	4.812 11	4.828 60	4.845 07
6	5.496 49	5.512 58	5.528 67	5.544 75	5.560 82	5.576 88	5.592 93	5.608 97	5.625 00	5.641 02	5.657 04	5.673 04	5.689 04
7	6.321 48	6.337 11	6.352 73	6.368 34	6.383 94	6.399 53	6.415 11	6.430 69	6.446 25	6.461 81	6.477 36	6.492 89	6.508 42
8	7.122 44	7.137 62	7.152 78	7.167 94	7.183 08	7.198 22	7.213 35	7.228 47	7.243 58	7.258 69	7.273 78	7.288 87	7.303 94
9	7.900 08	7.914 81	7.929 53	7.944 25	7.958 95	7.973 65	7.988 34	8.003 02	8.017 69	8.032 35	8.047 01	8.061 65	8.076 29
10	8.655 07	8.669 37	8.683 66	8.697 95	8.712 22	8.726 49	8.740 75	8.755 00	8.769 25	8.783 49	8.797 71	8.811 93	8.826 15
11	9.388 06	9.401 95	9.415 82	9.429 69	9.443 55	9.457 41	9.471 25	9.485 09	9.498 92	9.512 74	9.526 55	9.540 36	9.554 16
12	10.099 71	10.113 19	10.126 66	10.140 13	10.153 58	10.167 03	10.180 48	10.193 91	10.207 34	10.220 76	10.234 17	10.247 57	10.260 97
13	10.790 63	10.803 71	10.816 79	10.829 87	10.842 93	10.855 99	10.869 04	10.882 09	10.895 12	10.908 15	10.921 17	10.934 18	10.947 19
14	11.461 42	11.474 13	11.486 83	11.499 52	11.512 20	11.524 88	11.537 55	11.550 22	11.562 87	11.575 52	11.588 16	11.600 80	11.613 42
15	12.112 68	12.125 02	12.137 35	12.149 67	12.161 98	12.174 29	12.186 59	12.198 89	12.211 17	12.223 46	12.235 73	12.248 00	12.260 26
16	12.744 97	12.756 94	12.768 92	12.780 88	12.792 84	12.804 79	12.816 73	12.828 67	12.840 59	12.852 52	12.864 43	12.876 34	12.888 25
17	13.358 84	13.370 47	13.382 09	13.393 71	13.405 31	13.416 92	13.428 51	13.440 10	13.451 68	13.463 26	13.474 83	13.486 39	13.497 94
18	13.954 83	13.966 12	13.977 41	13.988 68	13.999 95	14.011 22	14.022 47	14.033 73	14.044 97	14.056 21	14.067 44	14.078 67	14.089 89
19	14.533 47	14.544 43	14.555 38	14.566 33	14.577 27	14.588 21	14.599 14	14.610 06	14.620 98	14.631 89	14.642 79	14.653 69	14.664 59
20	15.095 25	15.105 89	15.116 52	15.127 15	15.137 78	15.148 39	15.159 01	15.169 61	15.180 21	15.190 80	15.201 39	15.211 97	15.222 55
21	15.640 66	15.651 00	15.661 32	15.671 64	15.681 96	15.692 26	15.702 57	15.712 86	15.723 15	15.733 44	15.743 72	15.753 99	15.764 26
22	16.170 20	16.180 23	16.190 25	16.200 27	16.210 29	16.220 29	16.230 30	16.240 29	16.250 28	16.260 27	16.270 25	16.280 22	16.290 19
23	16.684 31	16.694 04	16.703 78	16.713 50	16.723 23	16.732 94	16.742 65	16.752 36	16.762 06	16.771 75	16.781 44	16.791 13	16.800 80
24	17.183 44	17.192 89	17.202 34	17.211 79	17.221 23	17.230 66	17.240 09	17.249 51	17.258 93	17.268 34	17.277 75	17.287 15	17.296 54
25	17.668 04	17.677 22	17.686 39	17.695 56	17.704 72	17.713 88	17.723 04	17.732 18	17.741 33	17.750 46	17.759 59	17.768 72	17.777 85
26	18.138 52	18.147 43	18.156 34	18.165 24	18.174 14	18.183 03	18.191 92	18.200 80	18.209 67	18.218 55	18.227 41	18.236 27	18.245 13
27	18.595 30	18.603 95	18.612 60	18.621 24	18.629 88	18.638 51	18.647 14	18.655 76	18.664 38	18.672 99	18.681 61	18.690 21	18.698 80
28	19.038 77	19.047 17	19.055 57	19.063 96	19.072 35	19.080 73	19.089 10	19.097 48	19.105 84	19.114 21	19.122 56	19.130 92	19.139 26
29	19.469 33	19.477 49	19.485 64	19.493 78	19.501 93	19.510 06	19.518 20	19.526 32	19.534 45	19.542 57	19.550 68	19.558 79	19.566 90
30	19.887 35	19.895 27	19.903 18	19.911 09	19.918 99	19.926 89	19.934 79	19.942 68	19.950 57	19.958 45	19.966 33	19.974 20	19.982 07
31	20.293 19	20.300 88	20.308 56	20.316 24	20.323 91	20.331 58	20.339 25	20.346 91	20.354 57	20.362 22	20.369 87	20.377 51	20.385 15
32	20.687 21	20.694 67	20.702 13	20.709 59	20.717 04	20.724 49	20.731 93	20.739 37	20.746 80	20.754 23	20.761 66	20.769 08	20.776 50
33	21.069 76	21.077 00	21.084 24	21.091 48	21.098 72	21.105 95	21.113 17	21.120 39	21.127 61	21.134 83	21.142 03	21.149 24	21.156 44
34	21.441 16	21.448 19	21.455 23	21.462 25	21.469 28	21.476 30	21.483 31	21.490 32	21.497 33	21.504 33	21.511 33	21.518 33	21.525 32
35	21.801 74	21.808 57	21.815 40	21.822 22	21.829 04	21.835 86	21.842 67	21.849 48	21.856 28	21.863 08	21.869 87	21.876 67	21.883 45
36	22.151 83	22.158 46	22.165 09	22.171 71	22.178 33	22.184 95	22.191 56	22.198 17	22.204 77	22.211 38	22.217 97	22.224 57	22.231 16
37	22.491 71	22.498 15	22.504 59	22.511 02	22.517 45	22.523 87	22.530 29	22.536 71	22.543 12	22.549 53	22.555 93	22.562 33	22.568 73
38	22.821 70	22.827 95	22.834 20	22.840 44	22.846 68	22.852 92	22.859 15	22.865 38	22.871 61	22.877 83	22.884 05	22.890 26	22.896 48
39	23.142 08	23.148 14	23.154 21	23.160 27	23.166 33	23.172 39	23.178 44	23.184 48	23.190 53	23.196 57	23.202 61	23.208 64	23.214 67
40	23.453 12	23.459 01	23.464 90	23.470 79	23.476 67	23.482 55	23.488 42	23.494 29	23.500 16	23.506 03	23.511 89	23.517 75	23.523 60
41	23.755 10	23.760 83	23.766 54	23.772 26	23.777 97	23.783 67	23.789 38	23.795 08	23.800 78	23.806 47	23.812 16	23.817 85	23.823 54
42	24.048 29	24.053 85	24.059 40	24.064 95	24.070 49	24.076 03	24.081 57	24.087 10	24.092 64	24.098 16	24.103 69	24.109 21	24.114 73
43	24.332 94	24.338 34	24.343 72	24.349 11	24.354 49	24.359 87	24.365 25	24.370 62	24.375 99	24.381 36	24.386 73	24.392 09	24.397 45
44	24.609 30	24.614 54	24.619 77	24.625 00	24.630 22	24.635 45	24.640 67	24.645 88	24.651 10	24.656 31	24.661 52	24.666 72	24.671 93
45	24.877 61	24.882 69	24.887 77	24.892 85	24.897 92	24.903 00	24.908 06	24.913 13	24.918 19	24.923 25	24.928 31	24.933 36	24.938 41
46	25.138 11	25.143 04	25.147 97	25.152 90	25.157 83	25.162 75	25.167 67	25.172 59	25.177 50	25.182 42	25.187 32	25.192 23	25.197 13
47	25.391 01	25.395 80	25.400 59	25.405 38	25.410 16	25.414 94	25.419 72	25.424 49	25.429 26	25.434 03	25.438 80	25.443 56	25.448 32
48	25.636 55	25.641 21	25.645 85	25.650 50	25.655 14	25.659 78	25.664 42	25.669 06	25.673 69	25.678 32	25.682 95	25.687 57	25.692 19
49	25.874 94	25.879 46	25.883 97	25.888 48	25.892 99	25.897 50	25.902 00	25.906 50	25.911 00	25.915 49	25.919 99	25.924 48	25.928 96
50	26.106 39	26.110 77	26.115 16	26.119 54	26.123 91	26.128 29	26.132 66	26.137 03	26.141 39	26.145 76	26.150 12	26.154 48	26.158 84

Workers' Compensation and Rehabilitation Regulations 1982

Appendix II

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	1.226 84	1.245 36	1.263 88	1.282 38	1.300 87	1.319 35	1.337 82	1.356 28	1.374 73	1.393 17	1.411 59	1.430 01	1.448 42
2	2.176 19	2.194 18	2.212 15	2.230 11	2.248 06	2.266 01	2.283 94	2.301 86	2.319 77	2.337 67	2.355 56	2.373 45	2.391 32
3	3.097 89	3.115 35	3.132 80	3.150 24	3.167 67	3.185 09	3.202 50	3.219 90	3.237 29	3.254 67	3.272 04	3.289 40	3.306 75
4	3.992 75	4.009 70	4.026 64	4.043 57	4.060 49	4.077 41	4.094 31	4.111 20	4.128 09	4.144 96	4.161 82	4.178 68	4.195 52
5	4.861 54	4.878 00	4.894 44	4.910 88	4.927 31	4.943 73	4.960 14	4.976 54	4.992 94	5.009 32	5.025 69	5.042 05	5.058 41
6	5.705 03	5.721 00	5.736 97	5.752 93	5.768 88	5.784 82	5.800 76	5.816 68	5.832 60	5.848 50	5.864 40	5.880 28	5.896 16
7	6.523 95	6.539 46	6.554 96	6.570 46	6.585 94	6.601 42	6.616 89	6.632 35	6.647 80	6.663 24	6.678 67	6.694 10	6.709 51
8	7.319 01	7.334 07	7.349 13	7.364 17	7.379 20	7.394 23	7.409 25	7.424 26	7.439 26	7.454 25	7.469 23	7.484 21	7.499 18
9	8.090 92	8.105 55	8.120 16	8.134 76	8.149 36	8.163 95	8.178 53	8.193 10	8.207 67	8.222 22	8.236 77	8.251 31	8.265 84
10	8.840 35	8.854 55	8.868 73	8.882 91	8.897 09	8.911 25	8.925 41	8.939 55	8.953 69	8.967 83	8.981 95	8.996 06	9.010 17
11	9.567 95	9.581 73	9.595 51	9.609 27	9.623 03	9.636 78	9.650 53	9.664 26	9.677 99	9.691 71	9.705 42	9.719 13	9.732 82
12	10.274 36	10.287 74	10.301 11	10.314 48	10.327 84	10.341 19	10.354 53	10.367 87	10.381 19	10.394 51	10.407 83	10.421 13	10.434 43
13	10.960 19	10.973 18	10.986 16	10.999 14	11.012 11	11.025 07	11.038 03	11.050 97	11.063 91	11.076 85	11.089 77	11.102 69	11.115 60
14	11.626 05	11.638 66	11.651 26	11.663 86	11.676 45	11.689 04	11.701 62	11.714 19	11.726 75	11.739 30	11.751 85	11.764 39	11.776 93
15	12.272 51	12.284 00	12.296 99	12.309 22	12.321 45	12.333 67	12.345 88	12.358 08	12.370 28	12.382 47	12.394 65	12.406 83	12.419 00
16	12.900 14	12.912 03	12.923 91	12.935 79	12.947 66	12.959 52	12.971 37	12.983 22	12.995 06	13.006 90	13.018 73	13.030 55	13.042 36
17	13.509 49	13.521 04	13.532 57	13.544 10	13.555 63	13.567 14	13.578 65	13.590 16	13.601 65	13.613 14	13.624 63	13.636 10	13.647 57
18	14.101 10	14.112 31	14.123 51	14.134 70	14.145 89	14.157 07	14.168 24	14.179 41	14.190 57	14.201 73	14.212 88	14.224 02	14.235 16
19	14.675 47	14.686 35	14.697 23	14.708 09	14.718 96	14.729 81	14.740 66	14.751 50	14.762 34	14.773 17	14.784 00	14.794 81	14.805 63
20	15.233 12	15.243 68	15.254 24	15.264 79	15.275 33	15.285 87	15.296 41	15.306 93	15.317 45	15.327 97	15.338 48	15.348 98	15.359 48
21	15.774 52	15.784 77	15.795 02	15.805 27	15.815 51	15.825 74	15.835 96	15.846 19	15.856 40	15.866 61	15.876 81	15.887 01	15.897 20
22	16.300 15	16.310 11	16.320 06	16.330 01	16.339 95	16.349 88	16.359 81	16.369 73	16.379 65	16.389 56	16.399 47	16.409 37	16.419 26
23	16.810 48	16.820 14	16.829 80	16.839 46	16.849 11	16.858 75	16.868 39	16.878 03	16.887 66	16.897 28	16.906 90	16.916 51	16.926 12
24	17.305 94	17.315 32	17.324 70	17.334 08	17.343 44	17.352 81	17.362 17	17.371 52	17.380 87	17.390 21	17.399 55	17.408 88	17.418 21
25	17.786 96	17.796 08	17.805 18	17.814 28	17.823 38	17.832 47	17.841 56	17.850 64	17.859 71	17.868 79	17.877 85	17.886 91	17.895 97
26	18.253 98	18.262 83	18.271 67	18.280 51	18.289 34	18.298 16	18.306 99	18.315 80	18.324 61	18.333 42	18.342 22	18.351 02	18.359 81
27	18.707 40	18.715 99	18.724 57	18.733 15	18.741 72	18.750 29	18.758 86	18.767 42	18.775 97	18.784 52	18.793 07	18.801 61	18.810 14
28	19.147 61	19.155 95	19.164 28	19.172 61	19.180 93	19.189 25	19.197 57	19.205 88	19.214 18	19.222 49	19.230 78	19.239 07	19.247 36
29	19.575 00	19.583 09	19.591 18	19.599 27	19.607 35	19.615 43	19.623 50	19.631 57	19.639 63	19.647 69	19.655 75	19.663 80	19.671 84
30	19.989 94	19.997 80	20.005 65	20.013 50	20.021 35	20.029 19	20.037 03	20.044 86	20.052 69	20.060 51	20.068 33	20.076 15	20.083 96
31	20.392 79	20.400 42	20.408 05	20.415 67	20.423 29	20.430 90	20.438 51	20.446 12	20.453 72	20.461 31	20.468 91	20.476 49	20.484 08
32	20.783 91	20.791 32	20.798 72	20.806 12	20.813 52	20.820 91	20.828 30	20.835 68	20.843 06	20.850 44	20.857 81	20.865 18	20.872 54
33	21.164 64	21.170 83	21.178 02	21.185 21	21.192 39	21.199 56	21.206 74	21.213 90	21.221 07	21.228 23	21.235 39	21.242 54	21.249 69
34	21.532 31	21.539 29	21.546 27	21.553 25	21.560 22	21.567 19	21.574 15	21.581 11	21.588 06	21.595 02	21.601 96	21.608 91	21.615 85
35	21.890 24	21.897 02	21.903 79	21.910 57	21.917 34	21.924 10	21.930 86	21.937 62	21.944 37	21.951 12	21.957 87	21.964 61	21.971 35
36	22.237 74	22.244 33	22.250 90	22.257 48	22.264 05	22.270 62	22.277 18	22.283 74	22.290 30	22.296 85	22.303 40	22.309 95	22.316 49
37	22.575 13	22.581 52	22.587 91	22.594 29	22.600 67	22.607 05	22.613 42	22.619 79	22.626 15	22.632 51	22.638 87	22.645 23	22.651 58
38	22.902 68	22.908 89	22.915 09	22.921 29	22.927 48	22.933 67	22.939 86	22.946 04	22.952 22	22.958 40	22.964 57	22.970 74	22.976 91
39	23.220 70	23.226 73	23.232 75	23.238 76	23.244 78	23.250 79	23.256 79	23.262 80	23.268 80	23.274 79	23.280 79	23.286 78	23.292 76
40	23.529 46	23.535 30	23.541 15	23.546 99	23.552 83	23.558 67	23.564 50	23.570 33	23.576 15	23.581 97	23.587 79	23.593 61	23.599 42
41	23.829 22	23.834 89	23.840 57	23.846 24	23.851 91	23.857 58	23.863 24	23.868 90	23.874 55	23.880 20	23.885 85	23.891 50	23.897 14
42	24.120 25	24.125 76	24.131 27	24.136 78	24.142 28	24.147 78	24.153 28	24.158 77	24.164 26	24.169 75	24.175 23	24.180 72	24.186 19
43	24.402 80	24.408 15	24.413 50	24.418 85	24.424 19	24.429 53	24.434 87	24.440 20	24.445 53	24.450 86	24.456 19	24.461 51	24.466 83
44	24.677 12	24.682 32	24.687 51	24.692 71	24.697 89	24.703 08	24.708 26	24.713 44	24.718 61	24.723 79	24.728 96	24.734 12	24.739 29
45	24.943 46	24.948 50	24.953 55	24.958 59	24.963 62	24.968 66	24.973 69	24.978 71	24.983 74	24.988 76	24.993 78	24.998 80	25.003 81
46	25.202 04	25.206 93	25.211 83	25.216 72	25.221 61	25.226 50	25.231 38	25.236 26	25.241 14	25.246 02	25.250 89	25.255 76	25.260 63
47	25.453 08	25.457 84	25.462 59	25.467 34	25.472 09	25.476 83	25.481 57	25.486 31	25.491 05	25.495 78	25.500 51	25.505 24	25.509 97
48	25.696 81	25.701 43	25.706 05	25.710 66	25.715 27	25.719 87	25.724 48	25.729 08	25.733 68	25.738 27	25.742 87	25.747 46	25.752 04
49	25.933 45	25.937 93	25.942 41	25.946 89	25.951 36	25.955 84	25.960 31	25.964 77	25.969 24	25.973 70	25.978 16	25.982 62	25.987 07
50	26.163 19	26.167 54	26.171 89	26.176 24	26.180 58	26.184 93	26.189 27	26.193 60	26.197 94	26.202 27	26.206 60	26.210 93	26.215 25

Workers' Compensation and Rehabilitation Regulations 1982

Appendix II

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	1.466 82	1.485 20	1.503 58	1.521 94	1.540 30	1.558 64	1.576 98	1.595 30	1.613 61	1.631 92	1.650 21	1.668 49	1.686 76
2	2.409 18	2.427 03	2.444 87	2.462 70	2.480 52	2.498 33	2.516 13	2.533 92	2.551 70	2.569 47	2.587 23	2.604 98	2.622 72
3	3.324 09	3.341 42	3.358 74	3.376 06	3.393 36	3.410 65	3.427 93	3.445 20	3.462 46	3.479 72	3.496 96	3.514 19	3.531 41
4	4.212 36	4.229 19	4.246 00	4.262 81	4.279 61	4.296 39	4.313 17	4.329 94	4.346 70	4.363 45	4.380 19	4.396 92	4.413 64
5	5.074 75	5.091 09	5.107 42	5.123 73	5.140 04	5.156 34	5.172 63	5.188 91	5.205 18	5.221 44	5.237 70	5.253 94	5.270 17
6	5.912 03	5.927 89	5.943 74	5.959 58	5.975 42	5.991 24	6.007 06	6.022 86	6.038 66	6.054 45	6.070 23	6.086 00	6.101 76
7	6.724 92	6.740 32	6.755 71	6.771 09	6.786 46	6.801 83	6.817 18	6.832 53	6.847 86	6.863 19	6.878 51	6.893 82	6.909 12
8	7.514 14	7.529 08	7.544 03	7.558 96	7.573 88	7.588 80	7.603 71	7.618 60	7.633 50	7.648 38	7.663 25	7.678 12	7.692 97
9	8.280 36	8.294 88	8.309 38	8.323 88	8.338 37	8.352 85	8.367 32	8.381 79	8.396 25	8.410 69	8.425 13	8.439 57	8.453 99
10	9.024 27	9.038 36	9.052 45	9.066 52	9.080 59	9.094 65	9.108 70	9.122 74	9.136 78	9.150 81	9.164 83	9.178 84	9.192 84
11	9.746 51	9.760 19	9.773 87	9.787 53	9.801 19	9.814 84	9.828 48	9.842 12	9.855 75	9.869 36	9.882 98	9.896 58	9.910 18
12	10.447 72	10.461 00	10.474 28	10.487 55	10.500 81	10.514 06	10.527 30	10.540 54	10.553 77	10.566 99	10.580 21	10.593 41	10.606 61
13	11.128 50	11.141 40	11.154 29	11.167 17	11.180 04	11.192 91	11.205 77	11.218 62	11.231 46	11.244 30	11.257 13	11.269 95	11.282 77
14	11.789 46	11.801 98	11.814 49	11.827 00	11.839 49	11.851 99	11.864 47	11.876 95	11.889 42	11.901 88	11.914 34	11.926 79	11.939 23
15	12.431 16	12.443 32	12.455 46	12.467 61	12.479 74	12.491 87	12.503 99	12.516 10	12.528 21	12.540 31	12.552 40	12.564 49	12.576 57
16	13.054 17	13.065 97	13.077 77	13.089 56	13.101 34	13.113 11	13.124 88	13.136 64	13.148 40	13.160 14	13.171 89	13.183 62	13.195 35
17	13.659 04	13.670 50	13.681 95	13.693 39	13.704 83	13.716 26	13.727 69	13.739 11	13.750 52	13.761 92	13.773 32	13.784 72	13.796 10
18	14.246 29	14.257 41	14.268 53	14.279 64	14.290 75	14.301 84	14.312 94	14.324 02	14.335 10	14.346 18	14.357 24	14.368 30	14.379 36
19	14.816 43	14.827 23	14.838 03	14.848 81	14.859 60	14.870 37	14.881 14	14.891 90	14.902 66	14.913 41	14.924 16	14.934 90	14.945 63
20	15.369 97	15.380 46	15.390 94	15.401 41	15.411 88	15.422 34	15.432 79	15.443 24	15.453 69	15.464 13	15.474 56	15.484 98	15.495 40
21	15.907 39	15.917 57	15.927 74	15.937 91	15.948 07	15.958 23	15.968 38	15.978 53	15.988 67	15.998 80	16.008 93	16.019 05	16.029 17
22	16.429 15	16.439 03	16.448 91	16.458 78	16.468 65	16.478 51	16.488 37	16.498 22	16.508 06	16.517 90	16.527 73	16.537 56	16.547 38
23	16.935 72	16.945 31	16.954 90	16.964 49	16.974 07	16.983 64	16.993 21	17.002 77	17.012 33	17.021 88	17.031 43	17.040 97	17.050 51
24	17.427 53	17.436 84	17.446 16	17.455 46	17.464 76	17.474 06	17.483 35	17.492 63	17.501 91	17.511 18	17.520 45	17.529 72	17.538 97
25	17.905 02	17.914 06	17.923 10	17.932 14	17.941 16	17.950 19	17.959 21	17.968 22	17.977 23	17.986 23	17.995 23	18.004 23	18.013 22
26	18.368 60	18.377 38	18.386 15	18.394 93	18.403 69	18.412 45	18.421 21	18.429 96	18.438 71	18.447 45	18.456 19	18.464 92	18.473 64
27	18.818 67	18.827 20	18.835 72	18.844 24	18.852 75	18.861 25	18.869 75	18.878 25	18.886 74	18.895 23	18.903 71	18.912 19	18.920 66
28	19.255 64	19.263 92	19.272 19	19.280 46	19.288 72	19.296 98	19.305 24	19.313 48	19.321 73	19.329 97	19.338 20	19.346 43	19.354 66
29	19.679 88	19.687 92	19.695 95	19.703 98	19.712 00	19.720 02	19.728 03	19.736 04	19.744 05	19.752 04	19.760 04	19.768 03	19.776 02
30	20.091 77	20.099 57	20.107 37	20.115 16	20.122 95	20.130 73	20.138 51	20.146 29	20.154 06	20.161 83	20.169 59	20.177 35	20.185 10
31	20.491 66	20.499 23	20.506 80	20.514 37	20.521 93	20.529 49	20.537 04	20.544 59	20.552 13	20.559 68	20.567 21	20.574 74	20.582 27
32	20.879 90	20.887 25	20.894 60	20.901 95	20.909 29	20.916 63	20.923 96	20.931 29	20.938 61	20.945 94	20.953 25	20.960 56	20.967 87
33	21.256 83	21.263 97	21.271 11	21.278 24	21.285 37	21.292 49	21.299 61	21.306 73	21.313 84	21.320 94	21.328 05	21.335 15	21.342 24
34	21.622 78	21.629 72	21.636 64	21.643 57	21.650 49	21.657 41	21.664 32	21.671 23	21.678 13	21.685 03	21.691 93	21.698 82	21.705 71
35	21.978 08	21.984 81	21.991 54	21.998 26	22.004 98	22.011 69	22.018 40	22.025 11	22.031 81	22.038 51	22.045 21	22.051 90	22.058 59
36	22.323 03	22.329 56	22.336 09	22.342 62	22.349 14	22.355 66	22.362 18	22.368 69	22.375 20	22.381 70	22.388 20	22.394 70	22.401 19
37	22.657 93	22.664 27	22.670 61	22.676 95	22.683 28	22.689 61	22.695 94	22.702 26	22.708 58	22.714 89	22.721 20	22.727 51	22.733 82
38	22.983 07	22.989 23	22.995 39	23.001 54	23.007 69	23.013 83	23.019 97	23.026 11	23.032 25	23.038 38	23.044 51	23.050 63	23.056 75
39	23.298 75	23.304 73	23.310 70	23.316 68	23.322 65	23.328 61	23.334 57	23.340 53	23.346 49	23.352 44	23.358 39	23.364 34	23.370 28
40	23.605 23	23.611 03	23.616 84	23.622 64	23.628 43	23.634 22	23.640 01	23.645 80	23.651 58	23.657 36	23.663 14	23.668 91	23.674 68
41	23.902 78	23.908 42	23.914 05	23.919 68	23.925 31	23.930 93	23.936 55	23.942 17	23.947 78	23.953 40	23.959 00	23.964 61	23.970 21
42	24.191 67	24.197 14	24.202 61	24.208 08	24.213 54	24.219 00	24.224 46	24.229 91	24.235 36	24.240 81	24.246 25	24.251 69	24.257 13
43	24.472 14	24.477 46	24.482 77	24.488 07	24.493 38	24.498 68	24.503 98	24.509 27	24.514 56	24.519 85	24.525 14	24.530 42	24.535 70
44	24.744 45	24.749 61	24.754 76	24.759 91	24.765 06	24.770 21	24.775 35	24.780 49	24.785 63	24.790 77	24.795 90	24.801 03	24.806 15
45	25.008 82	25.013 83	25.018 83	25.023 84	25.028 84	25.033 83	25.038 83	25.043 82	25.048 80	25.053 79	25.058 77	25.063 75	25.068 73
46	25.265 49	25.270 36	25.275 22	25.280 07	25.284 93	25.289 78	25.294 63	25.299 47	25.304 31	25.309 15	25.313 99	25.318 83	25.323 66
47	25.514 69	25.519 41	25.524 13	25.528 84	25.533 56	25.538 27	25.542 97	25.547 68	25.552 38	25.557 08	25.561 78	25.566 47	25.571 16
48	25.756 63	25.761 21	25.765 79	25.770 37	25.774 95	25.779 52	25.784 09	25.788 66	25.793 22	25.797 78	25.802 34	25.806 90	25.811 45
49	25.991 52	25.995 97	26.000 42	26.004 86	26.009 31	26.013 74	26.018 18	26.022 62	26.027 05	26.031 48	26.035 90	26.040 33	26.044 75
50	26.219 57	26.223 89	26.228 21	26.232 53	26.236 84	26.241 15	26.245 46	26.249 76	26.254 06	26.258 36	26.262 66	26.266 96	26.271 25

Workers' Compensation and Rehabilitation Regulations 1982

Appendix II

Appendix II — *continued*

Years	Weeks												
	39 \$	40 \$	41 \$	42 \$	43 \$	44 \$	45 \$	46 \$	47 \$	48 \$	49 \$	50 \$	51 \$
0	0.741 54	0.760 34	0.779 12	0.797 90	0.816 67	0.835 42	0.854 17	0.872 90	0.891 63	0.910 34	0.929 04	0.947 73	0.966 41
1	1.705 02	1.723 27	1.741 52	1.759 75	1.777 97	1.796 17	1.814 37	1.832 56	1.850 74	1.868 91	1.887 07	1.905 21	1.923 35
2	2.640 45	2.658 17	2.675 88	2.693 58	2.711 27	2.728 94	2.746 61	2.764 27	2.781 92	2.799 56	2.817 19	2.834 81	2.852 42
3	3.548 63	3.565 83	3.583 02	3.600 21	3.617 38	3.634 55	3.651 70	3.668 84	3.685 98	3.703 10	3.720 22	3.737 33	3.754 42
4	4.430 35	4.447 06	4.463 75	4.480 43	4.497 11	4.513 77	4.530 42	4.547 07	4.563 71	4.580 33	4.596 95	4.613 56	4.630 15
5	5.286 40	5.302 62	5.318 82	5.335 02	5.351 21	5.367 39	5.383 56	5.399 72	5.415 87	5.432 01	5.448 14	5.464 27	5.480 38
6	6.117 51	6.133 26	6.148 99	6.164 72	6.180 43	6.196 14	6.211 84	6.227 53	6.243 21	6.258 88	6.274 54	6.290 20	6.305 84
7	6.924 42	6.939 70	6.954 98	6.970 25	6.985 50	7.000 75	7.016 00	7.031 23	7.046 45	7.061 67	7.076 88	7.092 07	7.107 26
8	7.707 82	7.722 66	7.737 49	7.752 31	7.767 13	7.781 93	7.796 73	7.811 52	7.826 30	7.841 07	7.855 84	7.870 59	7.885 34
9	8.468 41	8.482 81	8.497 21	8.511 60	8.525 99	8.540 36	8.554 73	8.569 09	8.583 44	8.597 78	8.612 11	8.626 44	8.640 76
10	9.206 84	9.220 83	9.234 81	9.248 78	9.262 74	9.276 70	9.290 65	9.304 59	9.318 52	9.332 44	9.346 36	9.360 27	9.374 17
11	9.923 76	9.937 34	9.950 92	9.964 48	9.978 04	9.991 59	10.005 13	10.018 66	10.032 19	10.045 71	10.059 22	10.072 72	10.086 22
12	10.619 81	10.632 99	10.646 17	10.659 34	10.672 50	10.685 66	10.698 80	10.711 94	10.725 08	10.738 20	10.751 32	10.764 43	10.777 53
13	11.295 58	11.308 38	11.321 17	11.333 96	11.346 74	11.359 51	11.372 27	11.385 03	11.397 78	11.410 52	11.423 26	11.435 99	11.448 71
14	11.951 66	11.964 09	11.976 51	11.988 93	12.001 33	12.013 73	12.026 13	12.038 51	12.050 89	12.063 26	12.075 63	12.087 99	12.100 34
15	12.588 64	12.600 71	12.612 77	12.624 82	12.636 87	12.648 90	12.660 94	12.672 96	12.684 98	12.696 99	12.709 00	12.720 99	12.732 98
16	13.207 07	13.218 78	13.230 49	13.242 19	13.253 89	13.265 58	13.277 26	13.288 93	13.300 60	13.312 26	13.323 92	13.335 56	13.347 21
17	13.807 48	13.818 86	13.830 22	13.841 58	13.852 94	13.864 28	13.875 63	13.886 96	13.898 29	13.909 61	13.920 93	13.932 23	13.943 54
18	14.390 41	14.401 45	14.412 49	14.423 52	14.434 54	14.445 56	14.456 57	14.467 57	14.478 57	14.489 56	14.500 55	14.511 53	14.522 50
19	14.956 35	14.967 08	14.977 79	14.988 50	14.999 20	15.009 90	15.020 59	15.031 27	15.041 95	15.052 62	15.063 29	15.073 95	15.084 60
20	15.505 82	15.516 23	15.526 63	15.537 03	15.547 42	15.557 80	15.568 18	15.578 55	15.588 92	15.599 28	15.609 63	15.619 98	15.630 33
21	16.039 28	16.049 38	16.059 48	16.069 58	16.079 66	16.089 75	16.099 82	16.109 89	16.119 96	16.130 02	16.140 07	16.150 12	16.160 16
22	16.557 20	16.567 01	16.576 82	16.586 61	16.596 41	16.606 20	16.615 98	16.625 76	16.635 53	16.645 30	16.655 06	16.664 81	16.674 56
23	17.060 04	17.069 56	17.079 08	17.088 59	17.098 10	17.107 61	17.117 10	17.126 60	17.136 08	17.145 57	17.155 04	17.164 51	17.173 98
24	17.548 23	17.557 47	17.566 72	17.575 95	17.585 19	17.594 41	17.603 63	17.612 85	17.622 06	17.631 27	17.640 47	17.649 66	17.658 85
25	18.022 20	18.031 18	18.040 15	18.049 12	18.058 08	18.067 04	18.075 99	18.084 94	18.093 88	18.102 82	18.111 75	18.120 68	18.129 60
26	18.482 37	18.491 08	18.499 79	18.508 50	18.517 20	18.525 90	18.534 59	18.543 28	18.551 96	18.560 64	18.569 31	18.577 98	18.586 64
27	18.929 13	18.937 59	18.946 05	18.954 50	18.962 95	18.971 40	18.979 83	18.988 27	18.996 70	19.005 12	19.013 54	19.021 96	19.030 37
28	19.362 88	19.371 10	19.379 31	19.387 52	19.395 72	19.403 92	19.412 11	19.420 30	19.428 48	19.436 66	19.444 83	19.453 00	19.461 17
29	19.784 00	19.791 98	19.799 95	19.807 92	19.815 88	19.823 84	19.831 79	19.839 74	19.847 69	19.855 63	19.863 57	19.871 50	19.879 42
30	20.192 85	20.200 60	20.208 34	20.216 07	20.223 80	20.231 53	20.239 25	20.246 97	20.254 69	20.262 39	20.270 10	20.277 80	20.285 50
31	20.589 79	20.597 31	20.604 83	20.612 34	20.619 85	20.627 35	20.634 85	20.642 34	20.649 83	20.657 31	20.664 79	20.672 27	20.679 74
32	20.975 18	20.982 48	20.989 77	20.997 07	21.004 35	21.011 64	21.018 92	21.026 19	21.033 46	21.040 73	21.047 99	21.055 25	21.062 51
33	21.349 33	21.356 42	21.363 51	21.370 59	21.377 66	21.384 73	21.391 80	21.398 86	21.405 92	21.412 98	21.420 03	21.427 08	21.434 12
34	21.712 59	21.719 48	21.726 35	21.733 23	21.740 10	21.746 96	21.753 82	21.760 68	21.767 53	21.774 38	21.781 23	21.788 07	21.794 91
35	22.065 27	22.071 96	22.078 63	22.085 31	22.091 97	22.098 64	22.105 30	22.111 96	22.118 61	22.125 26	22.131 91	22.138 55	22.145 19
36	22.407 68	22.414 17	22.420 65	22.427 13	22.433 60	22.440 08	22.446 54	22.453 01	22.459 47	22.465 92	22.472 38	22.478 83	22.485 27
37	22.740 12	22.746 41	22.752 71	22.759 00	22.765 28	22.771 57	22.777 85	22.784 12	22.790 39	22.796 66	22.802 93	22.809 19	22.815 45
38	23.062 87	23.068 98	23.075 09	23.081 20	23.087 30	23.093 40	23.099 50	23.105 59	23.111 68	23.117 77	23.123 85	23.129 93	23.136 00
39	23.376 22	23.382 15	23.388 09	23.394 02	23.399 94	23.405 86	23.411 78	23.417 70	23.423 61	23.429 52	23.435 43	23.441 33	23.447 22
40	23.680 44	23.686 21	23.691 97	23.697 72	23.703 48	23.709 23	23.714 97	23.720 71	23.726 45	23.732 19	23.737 92	23.743 65	23.749 38
41	23.975 81	23.981 40	23.986 99	23.992 58	23.998 17	24.003 75	24.009 33	24.014 90	24.020 48	24.026 05	24.031 61	24.037 18	24.042 74
42	24.262 57	24.268 00	24.273 43	24.278 85	24.284 28	24.289 70	24.295 11	24.300 53	24.305 94	24.311 34	24.316 75	24.322 15	24.327 55
43	24.540 98	24.546 25	24.551 52	24.556 79	24.562 05	24.567 32	24.572 57	24.577 83	24.583 08	24.588 33	24.593 58	24.598 82	24.604 06
44	24.811 28	24.816 40	24.821 51	24.826 63	24.831 74	24.836 85	24.841 95	24.847 06	24.852 16	24.857 25	24.862 35	24.867 44	24.872 53
45	25.073 70	25.078 67	25.083 64	25.088 61	25.093 57	25.098 53	25.103 49	25.108 44	25.113 39	25.118 34	25.123 29	25.128 23	25.133 17
46	25.328 49	25.333 31	25.338 14	25.342 96	25.347 77	25.352 59	25.357 40	25.362 21	25.367 02	25.371 82	25.376 63	25.381 42	25.386 22
47	25.575 85	25.580 53	25.585 22	25.589 90	25.594 57	25.599 25	25.603 92	25.608 59	25.613 26	25.617 92	25.622 59	25.627 24	25.631 90
48	25.816 01	25.820 55	25.825 10	25.829 65	25.834 19	25.838 73	25.843 26	25.847 80	25.852 33	25.856 86	25.861 38	25.865 91	25.870 43
49	26.049 17	26.053 59	26.058 00	26.062 41	26.066 82	26.071 23	26.075 63	26.080 03	26.084 43	26.088 83	26.093 22	26.097 61	26.102 00
50	26.275 54	26.279 83	26.284 11	26.288 40	26.292 68	26.296 96	26.301 23	26.305 51	26.309 78	26.314 05	26.318 31	26.322 57	26.326 84

[Appendix II amended in Gazette 17 Nov 2000 p. 6322.]

Appendix III

[r. 19E]

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 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	7.1
					Overall Binaural PLH = 35.0%

Appendix III

Table RB — 500
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 500 Hz

		HTL — BETTER EAR																			
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95			
≤15	0																				
20	0.4	0.6																			H
25	0.6	1.0	1.4																		T
30	1.0	1.4	2.0	2.8																	L
35	1.3	1.8	2.5	3.4	4.5																
40	1.7	2.2	3.0	3.9	5.1	6.4															W
45	2.0	2.6	3.4	4.3	5.5	6.8	8.1														O
50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7													R
55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2												S
60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6											E
65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0										
70	2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5									E
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								A
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							R
85	3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1						
90	3.4	4.1	5.0	6.0	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7					
≤95	3.4	4.2	5.1	6.1	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	19.7	20.0				

Table RB — 1000
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 1000 Hz

		HTL — BETTER EAR																	
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																		
20	0.5	0.8																	
25	0.8	1.2	1.8																H
30	1.2	1.7	2.5	3.5															T
35	1.7	2.3	3.1	4.3	5.7														L
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												W
50	2.8	3.6	4.7	5.9	7.3	8.8	10.5	12.1											O
55	3.1	3.9	5.0	6.2	7.6	9.1	10.7	12.4	14.0										R
60	3.3	4.2	5.3	6.5	7.9	9.4	11.0	12.6	14.2	15.7									S
65	3.5	4.4	5.5	6.7	8.1	9.6	11.2	12.8	14.4	15.9	17.5								E
70	3.7	4.6	5.7	6.9	8.3	9.8	11.3	12.9	14.6	16.2	17.8	19.4							
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						E
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					A
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				R
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		

Appendix III

Table RB — 1500
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 1500 Hz

		HTL — BETTER EAR																		
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95		
≤15	0																			
20	0.4	0.6																		
25	0.6	1.0	1.4																	H
30	1.0	1.4	2.0	2.8																T
35	1.3	1.8	2.5	3.4	4.5															L
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													W
50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7												O
55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2											R
60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6										S
65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0									E
70	2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5								
75	3.0	3.8	4.7	5.7	6.8	8.0	9.2	10.5	11.8	13.1	14.5	15.7	16.9							E
80	3.1	3.9	4.8	5.8	6.9	8.1	9.3	10.6	12.0	13.3	14.7	16.0	17.2	18.2						A
85	3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1					R
90	3.4	4.1	5.0	6.0	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7				
≤95	3.4	4.2	5.1	6.1	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	19.7	20.0			

Table RB — 2000
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 2000 Hz

HTL — BETTER EAR																	
	≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95
≤15	0																
20	0.3	0.5															
25	0.5	0.7	1.1														H
30	0.7	1.0	1.5	2.1													T
35	1.0	1.4	1.9	2.5	3.4												L
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										W
50	1.7	2.2	2.8	3.5	4.4	5.3	6.3	7.3									O
55	1.9	2.4	3.0	3.7	4.6	5.5	6.4	7.4	8.4								R
60	2.0	2.5	3.1	3.9	4.7	5.6	6.6	7.5	8.5	9.4							S
65	2.1	2.6	3.3	4.0	4.9	5.7	6.7	7.6	8.6	9.6	10.5						E
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					E
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				A
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			R
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

Appendix III

Table RB — 3000
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 3000 Hz

		HTL — BETTER EAR																	
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																		
20	0.2	0.3																	
25	0.3	0.5	0.7																H
30	0.5	0.7	1.0	1.4															T
35	0.7	0.9	1.2	1.7	2.3														L
40	0.8	1.1	1.5	2.0	2.5	3.2													
45	1.0	1.3	1.7	2.2	2.7	3.4	4.1												W
50	1.1	1.4	1.9	2.3	2.9	3.5	4.2	4.8											O
55	1.2	1.6	2.0	2.5	3.0	3.6	4.3	4.9	5.6										R
60	1.3	1.7	2.1	2.6	3.1	3.7	4.4	5.0	5.6	6.3									S
65	1.4	1.8	2.2	2.7	3.2	3.8	4.4	5.1	5.7	6.4	7.0								E
70	1.5	1.8	2.3	2.8	3.3	3.9	4.5	5.2	5.8	6.5	7.1	7.7							
75	1.5	1.9	2.3	2.8	3.4	4.0	4.6	5.2	5.9	6.6	7.2	7.8	8.4						E
80	1.6	2.0	2.4	2.9	3.4	4.0	4.7	5.3	6.0	6.6	7.3	8.0	8.6	9.1					A
85	1.6	2.0	2.5	3.0	3.5	4.1	4.7	5.4	6.0	6.7	7.4	8.1	8.7	9.2	9.5				R
90	1.7	2.1	2.5	3.0	3.5	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.2	9.6	9.8			
≤95	1.7	2.1	2.6	3.0	3.6	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.3	9.6	9.8	10.0		

Table EB — 4000
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 4000 Hz

		HTL — BETTER EAR																
		≤20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤20	0																	
25	0.1	0.2																H
30	0.2	0.3	0.5															T
35	0.3	0.4	0.6	0.9														L
40	0.4	0.5	0.8	1.0	1.5													
45	0.5	0.7	0.9	1.2	1.6	2.1												W
50	0.6	0.8	1.0	1.4	1.7	2.2	2.6											O
55	0.6	0.8	1.1	1.5	1.8	2.2	2.7	3.1										R
60	0.7	0.9	1.2	1.5	1.9	2.3	2.7	3.2	3.6									S
65	0.7	1.0	1.3	1.6	2.0	2.4	2.8	3.2	3.6	4.0								E
70	0.8	1.0	1.3	1.6	2.0	2.4	2.8	3.2	3.7	4.1	4.5							
75	0.8	1.1	1.4	1.7	2.1	2.5	2.9	3.3	3.7	4.1	4.5	4.9						E
80	0.9	1.1	1.4	1.7	2.1	2.5	2.9	3.3	3.8	4.2	4.6	5.0	5.3					A
85	0.9	1.2	1.4	1.8	2.1	2.5	2.9	3.4	3.8	4.3	4.7	5.1	5.4	5.7				R
90	0.9	1.2	1.5	1.8	2.2	2.6	3.0	3.4	3.8	4.3	4.7	5.1	5.5	5.7	5.9			
≤95	1.0	1.2	1.5	1.8	2.2	2.6	3.0	3.4	3.9	4.3	4.8	5.2	5.5	5.7	5.9	6.0		

Appendix III

Table EB — 6000
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 6000 Hz

		HTL — BETTER EAR																	
		≤25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95			
≤25	0																		
30	0.1	0.2															H		
35	0.2	0.3	0.4														T		
40	0.3	0.4	0.5	0.7													L		
45	0.3	0.4	0.6	0.8	1.0												 		
50	0.4	0.5	0.7	0.9	1.1	1.3											W		
55	0.4	0.5	0.7	0.9	1.1	1.3	1.5										O		
60	0.4	0.6	0.7	0.9	1.1	1.4	1.6	1.8									R		
65	0.5	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0								S		
70	0.5	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0	2.2							E		
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					E		
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				A		
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			R		
≤95	0.6	0.8	0.9	1.1	1.3	1.5	1.7	1.9	2.2	2.4	2.6	2.7	2.8	2.9	3.0				

Appendix 7

Binaural extension tables

January, 1988

These tables replace Table RB-4000 in the binaural tables given in Appendix 3 when it is necessary to determine binaural PLH over the range 500 to 8000 Hz. The weighting of 10% given to 4000 Hz in Appendix 3 has been split between 4000, 6000 and 8000 Hz, with 4000 Hz receiving 6%, 6000 Hz 3% and 8000 Hz 1%. When determining binaural PLH over the range 500 to 8000 Hz, the appropriate tables from Appendix 3 are used for the frequencies 500, 1000, 1500, 2000 and 3000 Hz and the relevant tables given in this Appendix are used for the frequencies 4000, 6000 and 8000 Hz.

Example

Frequency	Hearing Threshold Levels				PLH
	Right Ear	Left Ear	Better Ear	Worse Ear	
500	40	10	10	40	1.7
1000	45	25	25	45	4.2
1500	50	40	40	50	7.1
2000	55	55	55	55	8.4
3000	60	70	60	70	6.5
4000	65	85	65	85	4.3
6000	55	75	55	75	1.7
8000	45	65	45	65	0.4
					Overall Binaural PLH = 34.3%

Appendix III

Table EB — 8000
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 8000 Hz

		HTL — BETTER EAR													
		≤30	35	40	45	50	55	60	65	70	75	80	85	≤90	
≤30	0														H
35	0.1	0.1													T
40	0.1	0.2	0.2												L
45	0.1	0.2	0.3	0.3											
50	0.2	0.2	0.3	0.3	0.4										W
55	0.2	0.2	0.3	0.4	0.4	0.5									O
60	0.2	0.2	0.3	0.4	0.4	0.5	0.6								R
65	0.2	0.3	0.3	0.4	0.5	0.5	0.6	0.7							S
70	0.2	0.3	0.3	0.4	0.5	0.5	0.6	0.7	0.7						E
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				E
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			A
≤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		R

[Appendix III inserted in Gazette 26 Feb 1991 p. 947-56.]



Notes

- ¹ This reprint is a compilation as at 17 April 2003 of the *Workers' Compensation and Rehabilitation 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
<i>Workers' Compensation and Assistance Regulations 1982</i> ⁵	8 Apr 1982 p. 1229-50 (Corrigendum 23 Apr 1982 p. 1384)	3 May 1982 (see r. 2 and <i>Gazette</i> 8 Apr 1982 p. 1205)
<i>Workers' Compensation and Assistance Amendment Regulations 1982</i>	14 May 1982 p. 1519	14 May 1982
<i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1982</i>	27 Aug 1982 p. 3427-9	27 Aug 1982
<i>Workers' Compensation and Assistance Amendment Regulations 1983</i>	30 Dec 1983 p. 5121	30 Dec 1983
<i>Workers' Compensation and Assistance Amendment Regulations 1986</i>	25 Jul 1986 p. 2484-5	25 Jul 1986 (see r. 2 and <i>Gazette</i> 25 Jul 1986 p. 2453)
<i>Workers' Compensation and Assistance Amendment Regulations 1987</i>	22 May 1987 p. 2193	22 May 1987 (see r. 2 and <i>Gazette</i> 22 May 1987 p. 2167)
<i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1987</i>	19 Jun 1987 p. 2410	1 Jul 1987 (see r. 2)
<i>Workers' Compensation and Assistance Amendment Regulations 1988</i>	2 Sep 1988 p. 3464	2 Sep 1988
<i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1989</i>	22 Sep 1989 p. 3490-1	22 Sep 1989
<i>Workers' Compensation and Assistance Amendment Regulations 1991</i>	26 Feb 1991 p. 931-56	1 Mar 1991 (see r. 2 and <i>Gazette</i> 1 Mar 1991 p. 967)

Workers' Compensation and Rehabilitation Regulations 1982

Citation	Gazettal	Commencement
<i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1991</i>	8 Mar 1991 p. 1071-6	8 Mar 1991 (see r. 2 and <i>Gazette</i> 8 Mar 1991 p. 1030)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1991</i>	28 Jun 1991 p. 3291-4	1 Jul 1991 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1991</i>	6 Dec 1991 p. 6118-19	6 Dec 1991
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1992</i>	3 Apr 1992 p. 1540-1	3 Apr 1992
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1992</i>	3 Apr 1992 p. 1541-5	3 Apr 1992
Reprint of the Workers' Compensation and Rehabilitation Regulations 1982 as at 30 Apr 1992 (includes amendments listed above)		
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1992</i>	16 Oct 1992 p. 5201	16 Oct 1992
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1993</i>	5 Feb 1993 p. 1059-60	5 Feb 1993 (see r. 2 and <i>Gazette</i> 5 Feb 1993 p. 975)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1993</i>	17 Sep 1993 p. 5182	17 Sep 1993
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1993</i>	29 Oct 1993 p. 5929-30	29 Oct 1993
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1993</i>	24 Dec 1993 p. 6844-50	24 Dec 1993 (see r. 2 and <i>Gazette</i> 24 Dec 1993 p. 6795)
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1994</i>	18 Feb 1994 p. 660-4	1 Mar 1994 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1994</i>	31 Mar 1994 p. 1444	31 Mar 1994
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1994</i>	24 Jun 1994 p. 2888-9	24 Jun 1994

Workers' Compensation and Rehabilitation Regulations 1982

Citation	Gazettal	Commencement
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1994</i>	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)		
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1995</i>	25 Aug 1995 p. 3885-7	25 Aug 1995
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1995</i>	15 Sep 1995 p. 4358	15 Sep 1995
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1996</i>	17 Jan 1997 p. 444	17 Jan 1997
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1997</i>	12 Aug 1997 p. 4568	12 Aug 1997
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1998</i>	12 Jun 1998 p. 3205	1 Jul 1998 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1999</i>	13 Apr 1999 p. 1529-41 (correction 16 Apr 1999 p. 1598)	3 May 1999 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1999</i>	22 Jun 1999 p. 2692-3	1 Jul 1999 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1999</i>	15 Oct 1999 p. 4890-8	15 Oct 1999 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 5) 1999</i>	15 Oct 1999 p. 4899	15 Oct 1999 (see r. 2 and <i>Gazette</i> 15 Oct 1999 p. 4889)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 6) 1999</i>	15 Oct 1999 p. 4900-2	15 Oct 1999 (see r. 2 and <i>Gazette</i> 15 Oct 1999 p. 4889)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 7) 1999</i>	15 Oct 1999 p. 4903	15 Oct 1999 (see r. 2 and <i>Gazette</i> 15 Oct 1999 p. 4889)

Workers' Compensation and Rehabilitation Regulations 1982

Citation	Gazettal	Commencement
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 8) 1999</i>	15 Oct 1999 p. 4904	15 Oct 1999 (see r. 2 and <i>Gazette</i> 15 Oct 1999 p. 4889)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 9) 1999</i>	15 Oct 1999 p. 4905	15 Oct 1999 (see r. 2 and <i>Gazette</i> 15 Oct 1999 p. 4889)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 10) 1999</i>	15 Oct 1999 p. 4906-12	15 Oct 1999 (see r. 2)
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 11) 1999</i>	14 Dec 1999 p. 6145-63	14 Dec 1999
Reprint of the <i>Workers' Compensation and Rehabilitation Regulations 1982</i> as at 25 Feb 2000 (includes amendments listed above)		
<i>Workers' Compensation and Rehabilitation Amendment Regulations 2000</i>	17 Nov 2000 p. 6307-22	17 Nov 2000
<i>Corporations (Consequential Amendments) Regulations 2001 Pt. 7</i>	28 Sep 2001 p. 5353-8	15 Jul 2001 (see r. 2 and <i>Cwlth Gazette</i> 13 Jul 2001 No. S285)
<i>Workers' Compensation and Rehabilitation Amendment Regulations 2002</i>	8 Mar 2002 p. 948-9	8 Mar 2002

Reprint 4: The *Workers' Compensation and Rehabilitation Regulations 1982* as at 17 Apr 2003 (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. 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 Penalty now found in r. 20 — \$1 000 at the time of this reprint.
- ⁵ Now known as the *Workers' Compensation and Rehabilitation Regulations 1982*; citation changed (see note under r. 1).

Defined Terms

*[This is a list of terms defined and the provisions where they are defined.
The list is not part of the law.]*

Defined Term	Provision(s)
action level	19I(2)
approved.....	19A
approved medical practitioner	19A
approved person	19A
audiologist.....	19A
audiometric officer.....	19A
Australian Standard.....	19A
clause	19A
company.....	3(1)
extension period	19N(1)
L peak	19I(2)
registered Australian body	3(2)
representative LAeq,8h	19I(2)
representatives.....	11(2)
termination day	19N(1)
the referrer.....	10B(1)
the relevant year	2A(1)