

Western Australia

Workers' Compensation and Injury Management Act 1981

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

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

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Workers' Compensation and Injury Management Act 1981

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

### **Part 1 — Preliminary**

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

**1. Citation**

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

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

**2. Commencement**

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

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

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

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

## **Part 2 — General**

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

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

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

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

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

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

### **3.      Certain registered bodies specified for the definition of company in Act**

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

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

- (2) In this regulation —

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

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

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

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

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

**4. Form of election**

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

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

**5.            Determination form for medical panel**

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

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

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

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

[(2)        deleted]

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

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

**6AB.        Relevant document (section 180(1)(j))**

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

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

**6A.         Form of medical certificate**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (1) The medical certificate 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.
- (3) The period commencing on the making of an application for conciliation of a dispute about the intention of an employer to discontinue or reduce weekly payments to a worker and ending when a certificate under section 182H or 182O is issued in respect of the dispute is to be disregarded for the following purposes —
  - (a) calculating the period of notice of the intention of the employer under section 61(1);
  - (b) calculating the time within which the worker may apply for an order of an arbitrator under section 61(3).

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

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

- (1) A worker who receives a First Medical Certificate (Form 3) under the Act which nominates a medical review of the worker within a period of 14 days from the date the certificate is issued cannot be required, under section 64 or 65 of the Act, to submit himself for examination by a medical practitioner provided by the employer before a period of one month has elapsed from the date the certificate is issued.
- (2) A worker who receives a First Medical Certificate (Form 3) under the Act which does not nominate a medical review of the worker within a period of 14 days from the date the certificate is issued may be required, under section 64 or 65 of the Act, to

submit himself for examination by a medical practitioner provided by the employer at any time from the date the certificate is issued.

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

*[Regulation 8 inserted in Gazette 13 Apr 1999 p. 1532-3; amended in Gazette 28 Oct 2005 p. 4863-4.]*

*[8A. Deleted 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

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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 an employer's insurer, disputes the identity or entitlement, or both, of a worker, the employer or insurer —
  - (a) may apply under section 182E of the Act for resolution of the dispute by conciliation; and



- (b) if the dispute is not resolved by conciliation, may apply under section 182ZT for determination of the dispute by arbitration.

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

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

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

## **11. Payments after death outside 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.

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- (4) When the Director is satisfied that the certificate and documents are in order, or when they are returned to him in order, he shall send to the employer a notice requesting him to forward the amount due, and the employer shall thereupon forward the amount to the Director, who shall remit that amount, to the representatives of the worker at the address and in the manner requested by them, such remittance being in all cases at the risk of the representatives.

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

**12. Agreements**

- (1) A memorandum of an agreement referred to in section 76 of the Act is sent to the Director in accordance with that section by sending it to the Director as soon as practicable after the agreement has been entered into, with enough copies for the memorandum to be kept in the office of WorkCover WA and a copy to be given to each interested party.
- (1a) A memorandum of an agreement referred to in section 76 of the Act shall be in the form of Form 15C in Appendix I.
- (2) The memorandum is to include full particulars of matters for which the agreement provides and, in the case of an agreement as to the compensation that is to be paid under Schedule 2 of the Act, is to identify each item for which the compensation is to be paid and, for each item —
- (a) if the Act Part III Division 2 applies in respect of the personal injury or noise induced hearing loss that is the subject of the agreement —
- (i) the percentage loss of the full efficient use of a part or faculty of the body for which compensation is to be paid; and
- (ii) the amount of compensation;
- or

- (b) if the Act Part III Division 2A applies in respect of the personal injury or noise induced hearing loss that is the subject of the agreement —
    - (i) the degree of permanent impairment of a part or faculty of the body for which compensation is to be paid; and
    - (ii) the amount of compensation.
- (3) The memorandum is to be signed by or on behalf of each party to the agreement and if the memorandum sent to the Director is not the original signed memorandum the original is to be produced for inspection by the Director.
- (3a) A memorandum of an agreement lodged for the purposes of a redemption amount under section 67(l) shall be accompanied by Form 15D in Appendix I signed and dated by the worker, as acknowledgment that he/she is aware of the consequences of the recording of the memorandum.
- (4) The notice despatched by the Director to each interested party, under section 76(2) of the Act, is to be in the form of Form 15A in Appendix I.
- (4a) Where any interested party disputes the genuineness of the memorandum, or the adequacy of the compensation agreed upon or otherwise objects to the recording of the agreement that party shall, within the 7 days allowed in section 76(2), notify the Director by completing Form 15E in Appendix I, and forwarding that completed form to the Director.
- (4b) On receipt of an objection from any party in the manner prescribed in subregulation (4a), the Director shall send to each other party a notice, in the form of Form 15F, informing such parties that the memorandum will not be recorded except with the consent in writing of the objector.
- (5) If the Director records the memorandum, the Director is to notify each interested party accordingly in the form of Form 15B in Appendix I.

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

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

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

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

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

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

**12A. Contributions to General Account**

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

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

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

- (1) WorkCover WA may approve an application by an employer for reimbursement under section 154AC(1) of the Act.

- (2) The amount that WorkCover WA is to reimburse to an approved applicant under section 154AC(1) of the Act is to be calculated by subtracting the estimated total cost from the actual total cost.

- (3) In this regulation —

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

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

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

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

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

- (1) Interest payable under an order made under section 222(1) of the Act must be calculated at a rate of 6% per annum.

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

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

**14. Insurance requirement (section 160(1))**

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

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

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

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

## **15. Statements by approved insurance offices**

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

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

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

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

- (1) The form of notification for the purposes of the Act Schedule 1 clause 1C(1) must be in the form of Form 29 in Appendix I.

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



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

**17. Prescribed allowance (clause 11(2))**

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

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

**17AA. Prescribed rate for vehicle running expenses (clause 19(1))**

- (1) For the purposes of the Act Schedule 1 clause 19(1), the prescribed rate for vehicle running expenses (irrespective of engine capacity) is —
  - (a) for the period up to and including 30 June 2005, 34 cents per kilometre; and
  - (b) for a financial year commencing on or after 1 July 2005, the amount per kilometre obtained by —
    - (i) varying the amount applying at the end of the preceding financial year by the percentage by which the March CPI varies from the previous March CPI; and
    - (ii) rounding the amount to the nearest whole number of cents (with an amount that is .5 of a cent being rounded off to the next highest whole number of cents).
- (2) In this regulation —

**March CPI**, for a financial year, means the index number for the quarter ending on the last 31 March before the financial year commences, as shown in the Consumer Price Index Numbers

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(All Groups Index) for Perth published by the Commonwealth Statistician under the *Census and Statistics Act 1905* of the Commonwealth.

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

**17AB. Exceptional circumstances (clause 18A(2aa)(c)(ii))**

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

- (3) In this regulation —

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

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

- (a) is treating the applicant; and

(b) is a specialist in a relevant field of medicine.

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

**17AC. Management plan (clause 18A(2ac))**

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

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

**17AD. Extending final day**

- (1) A worker may apply to the Director to extend the final day under the Act Schedule 1 clause 18B.
- (2) The application is made by —
  - (a) lodging with the Director a completed application in the form of Form 31 in Appendix I; and
  - (b) providing to the Director, with the application form, anything that this regulation requires to be provided with the application form.
- (3) When the application form is lodged —
  - (a) if the worker has, in writing, requested an approved medical specialist to assess the worker's degree of permanent whole of person impairment, the Director must be provided with a copy of the worker's request; and
  - (b) if the approved medical specialist has notified the worker, in writing, that more time is or was required to give the worker the documents required to make an application under the Act Schedule 1 clause 18A(1b) before the final day, the Director must be provided with a copy of the notification.

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- (4) The Director may, within the limits imposed by the Act Schedule 1 clause 18B(4), extend the final day until a day that the Director, having regard to the further time needed by the approved medical specialist, considers will give the worker a reasonable opportunity to make an application under the Act Schedule 1 clause 18A(1b).

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

**17AE. Amount prescribed for funeral expenses (clause 17(2))**

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

- (2) In this regulation —

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

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

**17A. Supplementary amount**

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

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

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

**17B. Witness allowances**

A person who appears before the Registrar or an arbitrator to give evidence is entitled to any allowance for that appearance

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set by the Costs Committee established under section 269 of the Act.

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

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

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

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

## Part 2A — Assessment of costs

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

### 18A. Application of this Part

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

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

### 18B. Terms used

In this Part —

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

**18F. Consideration of application**

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

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

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

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

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

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

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

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

**18H. Matters to be considered**

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

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

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

**18I. Cost of assessment**

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

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

**18J. Enforcement of assessment**

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

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

**18K. Correction of error**

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

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

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

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**18LA. Transitional provision**

- (1) In this regulation —

*pending application* means an application for the assessment of costs by a taxing officer —

- (a) made under the *Workers' Compensation (DRD) Rules 2005* before commencement day; and
- (b) which has not been determined by a taxing officer before commencement day.

- (2) A pending application is to be dealt with and determined under this Part as if it were an application made under the *Workers' Compensation and Injury Management Arbitration Rules 2011*.

*[Regulation 18LA inserted in Gazette 18 Nov 2011 p. 4822-3.]*

## **Part 2B — Medical assessment**

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

### **18L. Terms used**

In this Part —

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



- (3) A person who contravenes a requirement under subregulation (1) commits an offence and is liable to a fine of \$2 000.
- (4) Subregulation (1) does not apply to any information that is the subject of a requirement referred to in regulation 18O(1).  
*[Regulation 18Q inserted in Gazette 28 Oct 2005 p. 4880.]*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part 3 — Noise induced hearing loss

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

### 19A. Terms used

In this Part unless the contrary intention appears —

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

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

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

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

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

***Australian Standard*** means a standard published by the Standards Association of Australia <sup>3</sup>, as amended from time to time;

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

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

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

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

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person to carry out audiometric testing as an audiometric officer.

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

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

**19C. Testing procedures**

- (1) An approved person shall carry out an audiometric test —
  - (a) using an audiometer which meets the standards specified in writing by the chief executive officer; and
  - (b) in an approved hearing booth or other approved testing environment.
- (2) An approved person using an audiometer under subregulation (1) shall —
  - (a) check the audiometer on each day of use, both before and after the series of measurements carried out and after any relocation of the audiometer, to ensure that the audiometer is in satisfactory working order; and
  - (b) ensure that the audiometer has been calibrated at an approved calibration laboratory within the 12 months preceding each day of use and that the audiometric officer has received a copy of the report prepared on that calibration.

- (3) An approved person shall ensure that the background noise levels during the testing of the hearing of a worker do not exceed those values listed in Table 5.1 in Section 5 of Australian Standard 1269-1989, or an approved equivalent, for the type of earphone/cushion or earphone enclosure combination connected to the audiometer used for the testing.
- (4) Subject to subregulation (5), an approved person shall test the hearing of a worker by means of a pure tone air conduction hearing threshold test carried out separately for the left and right ears —
  - (a) in accordance with —
    - (i) the procedure described in Section E2 of Appendix E of Australian Standard 1269-1989 as modified by written direction of the chief executive officer; or
    - (ii) any procedure which establishes a higher testing procedure than that specified in subparagraph (i) and which is approved in writing by the chief executive officer;
  - and
  - (b) if the test is conducted in accordance with the procedure referred to in paragraph (a)(i), at the frequencies 500, 1 000, 1 500, 2 000, 3 000, 4 000, 6 000, 8 000 Hz except that where an audiometer does not possess a 1 500 Hz tone the hearing threshold for that frequency shall be calculated by drawing a straight line on an audiogram connecting the points of threshold for 1 000 and 2 000 Hz, marking the point of intersection with the 1 500 Hz line, and adjusting this value to the nearest 5dB increment.
- (5) If, in the opinion of the chief executive officer, a worker has an injury which will prevent the effective use of an audiometric test referred to in subregulation (4), the hearing of that worker may

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be tested by any other method approved for the purposes of this subregulation.

- (6) In instances where audiometric testing is carried out by an audiometric officer and the audiometric officer believes that the worker meets the criteria specified in Item 4 of Waugh & Macrae's criteria for medical referral in Table 1 of National Acoustic Laboratories Report No. 80 "Criteria for assessing hearing conservation audiograms", the audiometric officer shall refer the worker to a medical practitioner and the audiometric officer shall defer audiometric testing until the worker has complied with the referral and the audiometric officer is satisfied that the worker does not meet those criteria.
- (7) Where an initial audiometric test is carried out by an audiometric officer and the results of an air conduction test meet the criteria specified in Item 1, 2 or 3 of Waugh and Macrae's criteria for medical referral in Table 1 of National Acoustic Laboratories Report No. 80, the audiometric officer shall refer the worker to an audiologist or an approved medical practitioner for full audiometric testing.
- (8) Where the results of an air conduction test carried out after an initial audiometric test show —
  - (a) at least a 10% loss of hearing from the initial audiometric test;
  - (b) at least a 5% loss of hearing from the loss shown by the audiometric test which resulted in a successful election by the worker under section 24A or 31E of the Act; or
  - (c) where the worker has reached the age of 65 years or on the worker's retirement from work before that age, any further percentage loss of hearing from the loss shown by the audiometric test which resulted in a successful election by the worker under section 24A or 31E of the Act,

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



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

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

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

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

- (1) The employer of a worker who is required, or who makes a request, to undergo an audiometric test under clause 2 shall give written notice of the test to the worker in the form of Form 18 in Appendix I.
- (2) The employer of a worker given a notice under subregulation (1) shall ensure that the worker is not knowingly exposed in the workplace, and the worker shall not knowingly permit himself to be exposed, to noise levels above 80dB(A) during the 16 hours preceding an audiometric test.
- (3) A worker given a notice under subregulation (1) shall not, without reasonable excuse, proof of which is on the worker, fail to submit himself for testing so notified.

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

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

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

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

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

- (1) A person who carries out an audiometric test shall ensure that the results are prepared and delivered to WorkCover WA and the worker in the form of Form 19A or Form 19B in Appendix I, as the case requires.

- (2) WorkCover WA shall, on the written request of the worker tested, communicate the results of an audiometric test delivered to it under clause 4(2) to any person specified by the worker in that request.
- (3) A person who receives the results of an audiometric test under subregulation (2) shall ensure that the results of the test, and any information derived from those results are not communicated to any person other than the worker except at the written request of the worker tested.

Penalty: a fine of \$1 000.

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

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

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

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

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

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

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

**19I. Prescribed workplaces**

- (1) For the purposes of clause 10 a prescribed workplace is a workplace or part of a workplace where a worker is receiving, or is likely to receive, noise above the action level specified in subregulation (2).
- (2) For the purposes of this regulation —  
***action level*** means —
  - (a) an L peak of 140dB(lin); or
  - (b) a representative LAeq,8h of 90dB(A);

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

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

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

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

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

### **Division 1 — 1993 scheme**

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

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

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

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

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

- (1) Subject to regulations 19JA and 19JB, a referral under section 93D(5) of the Act —
  - (a) is to be made in the form of Form 22 in Appendix I; and
  - (b) is to nominate one, and only one, relevant level of the degree of disability in respect of which the referral is made.
- (2) A notification under section 93D(7) of the Act is to be —
  - (a) made in the form of Form 23 in Appendix I; and
  - (b) accompanied by a copy of the medical evidence produced to the Director under section 93D(6) of the Act.

- (3) Subject to regulations 19JA and 19JB, a notification under section 93D(8) of the Act is to be made in the form of Form 23 in Appendix I.

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

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

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

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

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

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

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

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



- (5) The Director is to include a copy of any medical evidence that was produced and that complies with section 93D(6) of the Act, when giving notification under subregulation (4).
- (6) A notification under section 93D(8) of the Act that relates to a referral under section 93D(5) of the Act, due to the application of section 93EB(3) of the Act, is to be made in the form of Appendix I Form 23B.
- (7) A notification under section 93EB(5)(b)(ii) of the Act is to be given in writing.

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

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

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

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

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

- (1) The Director is to be notified as soon as practicable after the determination of —
  - (a) a dispute that arises under section 93D(8) of the Act; or
  - (b) a question referred to a medical panel under section 93D(11) of the Act.

- (2) Upon becoming aware of a determination described in subregulation (1), the Director is to, as soon as practicable —
  - (a) record the determination in a register kept for that purpose; and
  - (b) give a copy of the determination to the worker, the employer and the employer's insurer advising that the determination has been recorded.

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

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

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

- (4) Subject to subregulation (5), on the day on which the Director receives the election form the Director is to —
- (a) record —
    - (i) under regulation 19K(2)(a) the agreement (if any) accompanying the election form; or
    - (ii) under regulation 19L(2)(a) the determination (if any) accompanying the election form;
  - (b) register the election in a register kept for that purpose; and
  - (c) complete the relevant section of the election form and give a copy of it to the worker and the employer.
- (5) The Director may refuse to register an election if not satisfied that the worker has been properly advised of the consequences of the election.
- (6) This regulation applies to an election under section 93E(3)(b) of the Act that is commenced on or after the day on which the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 11) 1999* come into operation <sup>1</sup>.

*[Regulation 19M inserted in Gazette 14 Dec 1999 p. 6147-8; amended in Gazette 17 Nov 2000 p. 6313-14.]*

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

- (1) In this regulation —
- extension period*** means the period of time that ends 6 months after the termination day;
- termination day*** has the meaning that it has in section 93E of the Act.
- (2) For the purposes of section 93E(7) of the Act, the circumstances in which the Director may extend the period of time within which an election can be made under section 93E(3)(b) of the Act exist, whether or not the period being extended has already expired, if —

- (a) the Director is satisfied that the worker will require major surgery in respect of the injury in the extension period;
  - (aa) upon an application described in subregulation (3a), the Director is satisfied that an extension should be given for a period ending not more than 8 weeks after the termination day to give time for a specialist in a relevant field of medicine to prepare a report, based on treatment or medical investigation of the worker, as to whether the worker will require major surgery in respect of the injury in the extension period;
  - (b) no extension has been given under paragraph (aa) and the Director is satisfied that medical evidence that the worker will require major surgery in respect of the injury in the extension period has not been obtained from a medical practitioner who is a specialist in a relevant field of medicine despite all reasonably practicable steps having been taken by or on behalf of the worker to obtain that evidence; or
  - (c) the Director is satisfied that a medical panel under section 36 of the Act has determined that the worker's injury is of a kind mentioned in section 33 or 34 of the Act.
- (3) An application for an extension of time under subregulation (2)(a) is to be —
  - (a) made in the form of Form 26 in Appendix I;
  - (b) accompanied by medical evidence from a medical practitioner who is a specialist in a relevant field of medicine; and
  - (c) lodged with the Director at least 21 days before —
    - (i) the termination day; or
    - (ii) if an extension of time has been granted under subregulation (2)(aa) or (b), the last day of the period as extended.

- (3a) An application for an extension of time under subregulation (2)(aa) to give time for the preparation of a specialist's report, based on treatment or medical investigation of the worker, is to be —
- (a) made in the form of Form 28 in Appendix I;
  - (b) accompanied by medical evidence from a specialist in a relevant field of medicine indicating that —
    - (i) a report could not be satisfactorily prepared without the treatment or investigation having been carried out; and
    - (ii) the extension sought is needed to give sufficient time for the preparation of the report;
  - and
  - (c) lodged with the Director at least 21 days before the termination day.
- (4) An application for an extension of time under subregulation (2)(b) is to be —
- (a) made in the form of Form 27 in Appendix I;
  - (b) accompanied by such evidence, in addition to that provided in the Form 27, as may be requested by the Director about —
    - (i) the requirement for the worker to have the surgery mentioned in subregulation (2)(b); or
    - (ii) the action taken by or on behalf of the worker to obtain the medical evidence mentioned in subregulation (2)(b);
  - and
  - (c) lodged with the Director at least 21 days before the termination day.
- (5) An application for an extension of time under subregulation (2)(c) is to be —
- (a) made in the form of Form 26 in Appendix I;

- (b) accompanied by evidence of the medical panel's determination; and
  - (c) lodged with the Director at least 21 days before —
    - (i) the termination day; or
    - (ii) if an extension of time has been granted under subregulation (2)(aa) or (b), the last day of the period as extended.
- (6) Within 14 days of receiving the application the Director is to —
  - (a) decide whether to extend the period within which the election can be made;
  - (b) set the extension period in accordance with section 93E(7); and
  - (c) complete the relevant section of the application form and give a copy of it to the worker and the employer.

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

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

*[Regulation 190 inserted in Gazette 15 Oct 1999 p. 4892; amended in Gazette 28 Oct 2005 p. 4886; 18 Nov 2011 p. 4823.]*

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

- (1) The employer of a worker who has an unfinalised claim for compensation under the Act is to give the worker written notice, in a form approved by the chief executive officer, of —
  - (a) the requirement under section 93E(3)(b) of the Act for the worker to elect to retain the right to seek damages; and
  - (b) the date by which the election is to be made.
- (2) The employer is to give the notice mentioned in subregulation (1) —
  - (a) if a dispute resolution authority orders that weekly payments of compensation are to commence, within 7 days of the day of the order; or
  - (b) in any other case, 3 and 5 months from the day on which weekly payments commenced.
- (3) An employer's obligation under this regulation to give a worker notice is fulfilled if the notice is given, within the time required, by an insurer with which the employer has a policy indemnifying the employer against liability to pay the compensation claimed.

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

**Division 2 — 2004 scheme**

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

**20. Recording agreement**

- (1) If —
  - (a) the worker and the employer agree —
    - (i) that the worker's degree of permanent whole of person impairment is at least 15%; and

- (ii) as to whether or not the worker's degree of permanent whole of person impairment is at least 25%;

and

- (b) the worker, in writing, requests the Director to record the agreement,

the Director is required to record the agreement in a register kept for the purpose unless an agreement or assessment as to the worker's degree of permanent whole of person impairment has already been recorded under this regulation or regulation 21.

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

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



**21. Recording assessment**

(1) If —

- (a) the worker's degree of permanent whole of person impairment has been assessed to be a percentage that is not less than 15%;
- (b) the Director has been given —
  - (i) a copy of the certificate given to the worker under section 146H(1)(b) of the Act; and
  - (ii) if the assessment involves a special evaluation as defined in section 146C(4) of the Act, a copy of the certificate referred to in section 93N(1) of the Act on the basis of which the special evaluation was requested;

and

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

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

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

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

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

- (1) An election under section 93K(4)(a) of the Act is made by completing an election form in the form of Form 34 in Appendix I and lodging it with the Director.
- (2) Unless under subregulation (3) the Director refuses to register the election, the Director is to —

- (a) register the election in a register kept for that purpose on the day on which the Director receives the election form; and
  - (b) complete the relevant section of the election form and give a copy of it to the worker and the employer.
- (3) The Director may refuse to register the election if not satisfied that the worker has been properly advised of the consequences of the election.

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

**23. Extending termination day**

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

- (ii) a copy of the approved medical specialist's recommendation of a day until which the termination day be extended; and
    - (iii) a copy of the approved medical specialist's report under section 146H(2)(c) of the Act;
  - and
  - (b) the Director may, within the limits imposed by the Act, extend the termination day until a day that the Director, having regard to the approved medical specialist's recommendation, considers will give the worker a reasonable opportunity to make an election under section 93K(4)(a) of the Act.
- (4) If the application is made in the circumstances described in section 93M(4)(b) of the Act, the Director cannot extend the termination day to a day that is more than 6 months after the day on which the Director gives the extension.
- (5) If the application is made in the circumstances described in section 93M(4)(c) of the Act —
- (a) when the application form is lodged —
    - (i) if the worker has, in writing, requested an assessment of the worker's degree of permanent whole of person impairment, the Director has to be provided with a copy of the worker's request; and
    - (ii) if the approved medical specialist has notified the worker, in writing, that more time is or was required to give the worker the documents required by section 146H of the Act than the time described in section 93O(1)(d) of the Act, the Director has to be provided with a copy of the notification;
- and

- (b) the Director may, within the limits imposed by the Act, extend the termination day until a day that the Director, having regard to the further time needed by the approved medical specialist, considers will give the worker a reasonable opportunity to make an election under section 93K(4)(a) of the Act.
- (6) If the application is made in the circumstances described in section 93M(4)(d)(i) or (ii) of the Act —
  - (a) when the application form is lodged —
    - (i) the Director has to be provided with a copy of the worker's request for an assessment of the worker's degree of permanent whole of person impairment; and
    - (ii) if the approved medical specialist has notified the worker, in writing, that it would be impracticable to give the worker the documents required by section 146H of the Act at least 7 days before the termination day, the Director has to be provided with a copy of the notification;
  - and
  - (b) the Director may, within the limits imposed by the Act, extend the termination day until a day that the Director considers will give the worker a reasonable opportunity to make an election under section 93K(4)(a) of the Act.

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

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

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

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

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

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

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

## **Part 4 — Registered agents**

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

### **Division 1 — Preliminary**

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

#### **26. Terms used**

In this Part —

***applicant*** means an applicant for registration;

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

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

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

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

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

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

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

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

**27. Prescribed organisations (section 277(1)(e))**

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

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

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

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

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

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

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

**Division 2 — Registration and renewal**

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

**28. Application for registration**

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

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



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

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

## **29. Registration**

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

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

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

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

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

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

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

### **31. Duration of registration**

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

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

**32. Application for renewal of registration**

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

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

**33. Certificate of registration**

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

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

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

**34. False or misleading information**

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

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

Penalty: a fine of \$1 000.

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

**Division 3 — The register**

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

**35. Register**

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

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

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

**36. Removal from register**

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

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

**Division 4 — Disciplinary powers**

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

**37. Restriction on exercise of powers**

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

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

**38. Cancellation of registration**

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

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

**39. Taking disciplinary action**

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

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

**40. Return of certificate of registration**

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

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

Penalty: a fine of \$1 000.

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

### **Division 5 — Review**

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

#### **41. Review**

A person aggrieved by a decision of WorkCover WA to —

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

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

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

### **Division 6 — Miscellaneous**

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

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

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

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

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

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



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

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

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

**Part 5 — Injury management***[Heading inserted in Gazette 28 Oct 2005 p. 4903.]***44. Vocational rehabilitation services**

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

**Table**

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

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

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

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

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

#### **44A. Counselling psychology**

- (1) In this regulation —
- counselling psychologist*** means a psychologist who has completed a 4 year psychology degree, a 2 year Master's degree in counselling psychology and 2 years of weekly supervision of full-time practice after completion of the Master's degree.
- (2) Where counselling psychology is approved under section 5(1) of the Act as an “approved treatment” for workers suffering disabilities that are compensable under the Act, that treatment can only be provided by a counselling psychologist.

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

#### **44B. Exercise physiology**

- (1) In this regulation —
- exercise physiologist*** means an individual with current accreditation as an exercise physiologist by the Australian Association for Exercise and Sports Science.
- (2) Where exercise physiology is approved under section 5(1) of the Act as an “approved treatment” for workers suffering

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

*[Regulation 44B inserted in Gazette 17 Dec 2008 p. 5333-4.]*

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

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

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

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

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

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

### **47. Recording agreement**

(1) If —

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

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

(2) If —

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

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

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

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

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claim (including any claim number that may have been given to the claim);

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

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

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

**48. Extending final day**

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



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

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

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

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

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

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

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

### **50. Prescribed offences**

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

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

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

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

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

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

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

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

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

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

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

## **Appendix I**

### **Form 1**

[r. 4(1)]

*Workers' Compensation and Injury Management Act 1981*

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

(Section 24B)

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

of .....  
(address)

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

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

The injury/injuries suffered by me was/were:

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

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

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

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

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

Dated the                      day of                      20     .

.....  
(Signature)

in the presence of:

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

---

\*Delete if not applicable.

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

**Form 1A**

[r. 4(2)]

*Workers' Compensation and Injury Management Act 1981*

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

(Section 31H)

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

**WORKER'S DECLARATION**

Date of injury/injuries.....

Type of injury/injuries .....

.....

.....

Degree of permanent impairment .....

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

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

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

(state the part or faculty of the body affected)

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

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

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

.....  
(Signature of worker)

in the presence of:

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

---

\*Delete if not applicable.

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

**Form 2**

[r. 5]

*Workers' Compensation and Injury Management Act 1981*

**MEDICAL PANEL**

(Sections 36 and 38)

Particulars of Claimant

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

---

**DETERMINATION**

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

Signed:

.....  
(Chairman)

.....  
(Member)

.....  
(Member)

Date .....

Attendance of Medical Practitioner.

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

.....  
(Chairman)

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

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

**Form 2B**

[r. 6AA]

*Workers' Compensation and Injury Management Act 1981*

(Section 178(1)(b))

**Workers' Compensation Claim Form**

**Insurer please complete**

Date form received from employer:

ASCO (office use only):

Insurer name:

Claim number:

ANZSIC code:

Policy number:

WorkCover number:

Has employer contacted medical practitioner?

Estimated time off work:

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



☐ fatality

**Employer please complete**

Name of policy holder/employer:

Trading as (if different to above):

Address:

Postcode:

Contact person:

Name:

Phone number:

Email:

Address of injured worker's usual workplace or base:

Postcode:

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

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

Date employer received first medical certificate from the injured worker:

Date employer sent the claim form and medical certificate/s to insurer:

**Worker please complete**

Surname:

Other names:

Date of birth:

☐ Male ☐ Female

Preferred language (if not English):

Address

Postcode

Email:

Daytime contact phone number:

Occupation (e.g. first class welder):

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

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

- ☐ direct employee
- ☐ working director
- ☐ contractor
- ☐ employee of a contractor
- ☐ subcontractor
- ☐ visa worker
- ☐ other

At the time of the injury I was engaged as:

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

**Worker please complete — Other employment**

Do you have any other job?

If yes, please give details:

Employer name:

Contact phone number:

Hours of work per week:

**Worker please complete — Occurrence details**

Day of occurrence:

Date of occurrence:

Time of occurrence:

At what address did the occurrence happen?

Did you have to stop working?

If so when?

Date:

Time:

Were you:

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

Describe the occurrence. Include:

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

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

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

What were you doing at the time of the occurrence?

What were the normal working hours for that day?

Starting time:

Finish time:

When did you first report the occurrence?

Date:

Time:

Who did you report the occurrence to?

Name:

Position:

Phone number:

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

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

Name:

Phone number:

Name:

Phone number:

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

When did you first seek medical attention?

Date:

Time:

If not immediately, please state the reason:

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

If not, please give details:

Is the present injury completely related to this occurrence?

If not, please give details:

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

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

Name:

Address:

Phone number:

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

Are you claiming compensation from any other source?

If yes, from whom?

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

If yes, please give details:

Name of employer:

Address of employer:

Name of insurer (if known):

Type of injury or disease:

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

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

I take notice that, under the provisions of section 59(2) of the *Workers' Compensation and Injury Management Act 1981*, I am required to notify my employer in writing within 7 days if I commence work with another employer after making a claim, or while receiving weekly payments of workers' compensation.

Dated this                      day of:                      Year:

Signature of worker

Signature of witness

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

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

Signed:

Date:

Print your name:

Witness signature:

Witness print name:

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

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

This consent extends to my employer's insurer disclosing my personal information, inclusive of sensitive information, to other insurers, medical

practitioners, rehabilitation providers, investigators, legal practitioners and other experts or consultants for the purpose of assessing and managing my claim.

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

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

Signed:

Date:

Print your name:

Witness signature:

Witness print name:

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

*[Form 2B inserted in Gazette 10 Sep 2010 p. 4352-7; amended in  
Gazette 18 Nov 2011 p. 4824.]*

**Form 2C**

[regs 4(1), 6AA]

*Workers' Compensation and Injury Management Act 1981*

(Sections 24B, 178(1)(b))

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

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

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

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

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

**WORKER'S DECLARATION**

I elect to accept under Part III Division 2 of the *Workers' Compensation and Injury Management Act 1981* the sum of \$ ..... representing .....% of loss of Schedule 2 item 6 of the Act, being loss of hearing. In making this election I declare that I have not received nor am I eligible to receive compensation in respect of the noise induced hearing loss under any law of the Commonwealth, another State or Territory of the Commonwealth, or country other than Australia. In making this election and upon an agreement being registered by the Director, I acknowledge that after registration or making an award:

1. I shall have no further entitlement to compensation under the Act for the percentage loss of hearing which is the subject of this election;
2. I shall have no entitlement to further monies upon any increase to the prescribed amount for the percentage loss of hearing which is the subject of this election.

DATED the ..... day of ..... 20.....  
(Signature of worker)

in the presence of : .....  
(Signature and full name and address of witness)

**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.

Name of Policy Holder

Claim No: Insurer/self  
insurer to complete

Address  
Suburb/Town Post Code

Insurer/self insurer's date  
stamp



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

office use only  
**ANZSIC**

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

**To be completed by WorkCover WA:**

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

(Name)

Address .....

(Postcode)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Form 2CA**

[regs 4(2), 6AA]

*Workers' Compensation and Injury Management Act 1981*

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

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

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

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

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

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

**WORKER'S DECLARATION**

|  |
|--|
| I elect to accept under the <i>Workers' Compensation and Injury Management Act 1981</i> Part III Division 2A the sum of \$ ..... representing .....% of loss of Schedule 2 item 44, being loss of hearing. In making this election I declare that I have not received nor am I eligible to receive compensation in respect of the noise induced hearing loss under any law of the Commonwealth, another State or |
|--|

Extract from [www.slp.wa.gov.au](http://www.slp.wa.gov.au), see that website for further information

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

**To be completed by WorkCover WA:**

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

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

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

Baseline Test Date...../...../..... PLH ☐ ☐ . ☐ ☐ / NO

**BASELINE**

**TEST**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Form 2D**

[r. 6AA]

*Workers' Compensation and Injury Management Act 1981*

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

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

**Applicant's Details**

|                        |  |                                 |
|------------------------|--|---------------------------------|
| Full Name of Applicant | Surname  | Other Names                     |
|                        |  |                                 |
|                        | Occupation   | Relationship to deceased worker |
|                        |  |                                 |
|                        | i.e. Executor, spouse, de facto partner, son, daughter |                                 |
| Residential Address    |  |                                 |
|                        | Postcode   | Telephone No.                   |

**Deceased Worker's Details**

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

**Employer's Details**

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

## Workers' Compensation and Injury Management Regulations 1982

### Appendix I

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#### **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<br>Wholly<br>✓ Tick Box | Part                     |
|-------------------|---------------|---------------------|------------|---------------------------------|------------------------------------|--------------------------|
|                   |               |                     |            |                                 | <input type="checkbox"/>           | <input type="checkbox"/> |
|                   |               |                     |            |                                 | <input type="checkbox"/>           | <input type="checkbox"/> |
|                   |               |                     |            |                                 | <input type="checkbox"/>           | <input type="checkbox"/> |

#### **Details of Fatality**

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

What was the cause of death?

|  |
|--|
|  |
|  |
|  |

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

|  |
|--|
|  |
|  |
|  |
|  |
|  |

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

|                 |      |      |
|-----------------|------|------|
| Day of the week | Time | Date |
|                 |      | / /  |

Date of death if different.

|      |
|------|
| Date |
| / /  |

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

|  |
|--|
|  |
|  |
|  |

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

|      |     |                   |      |     |
|------|-----|-------------------|------|-----|
| Date | / / | Date of diagnosis | Date | / / |
|------|-----|-------------------|------|-----|

If known, when was the deceased first incapacitated by the disease?

|      |     |            |
|------|-----|------------|
| Date | / / | Don't know |
|      |     |            |

Prior to this application, have any workers' compensation payments been received or applied for in respect of the deceased (i.e. weekly payments, medical expenses, lump sums).

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

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

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

If yes, please attach as much information as you can

---

**Declaration**

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

|           |  |      |     |
|-----------|--|------|-----|
| Signature |  | Date | / / |
| Signature |  | Date | / / |

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

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

**Form 3**

[r. 6A, 7(1)]

*Workers' Compensation and Injury Management Act 1981*

(Sections 57A(1)(b), 57B(1)(b) and 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 by accident or approximate date  
of onset of condition: .....

Workplace location where incident occurred: .....

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

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

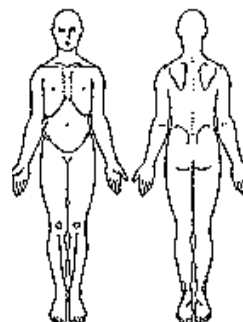
**5. Medical Assessment**

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

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

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

AFFECTED AREA





INJURY MANAGEMENT

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

**FIT**

- ☐ Fit to return to pre-injury duties, no further treatment required
- ☐ Fit to return to pre-injury duties, but requires further treatment
- ☐ Fit for restricted return to work from ..... to .....
- ☐ restricted hours (*please specify*): .....
- ☐ restricted days (*please specify*): .....
- ☐ restricted duties.
- ☐ Work restrictions:
- ☐ No lifting anything heavier than ..... kg.
- ☐ Avoid repetitive bending / lifting.
- ☐ Avoid repetitive use of body part.
- ☐ Avoid prolonged standing / walking / sitting.
- ☐ Keep injured area clean and dry.
- Other restrictions: .....

☐ 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: .....
- ☐ Approved allied health treatments (specify type and include number of sessions recommended)  
.....
- ☐ Imaging .....
- ☐ Referred to hospital/specialist (*name*) .....
- Other treatment: .....
- .....
- .....
- Next appointment** (*unless "First & Final Certificate"*) **Date** ..... **Time** .....

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

**8. Medical Practitioner / Employer Contact**

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

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

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**9. Medical Practitioner's Details**

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

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

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

**Form 3A**

[r. 6B]

*Workers' Compensation and Injury Management Act 1981*

(Section 57A(3)(a))

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

To:

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

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

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

\* Claim Number: .....

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

Nature of incapacity: .....

Date claim made by employer: .....

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

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

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

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

Date: .....

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

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

**Form 3B**

[r. 6C]

*Workers' Compensation and Injury Management Act 1981*

(Section 57A(3)(b))

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

To:

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

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

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

Claim Number: .....

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

Nature of incapacity: .....

Date claim made by employer: .....

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

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

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

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

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

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

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

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

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

Date: .....

[\*delete if appropriate]

NOTE THAT if you wish you may —

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

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

**Form 3C**

[r. 6D]

*Workers' Compensation and Injury Management Act 1981*

(Section 57A(3)(c))

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

To:

1. ....

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

2. ....

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

3. Director

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

Claim Number: .....

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

Nature of incapacity: .....

Date claim made by employer: .....

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

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

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

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

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

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

Date: .....

NOTE THAT if you wish you may —

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

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

**Form 3D**

[r. 6E]

*Workers' Compensation and Injury Management Act 1981*

(Section 57B(2)(b))

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

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

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

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

Nature of incapacity: .....

Date claim made by worker: .....

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

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

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

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

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

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

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

Date: .....

NOTE THAT if you wish you may —

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

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

**Form 3E**

[r. 6F]

*Workers' Compensation and Injury Management Act 1981*

(Section 57B(2)(c))

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

To:

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

2. Director

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

Claim number: .....

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

Nature of incapacity: .....

Date claim made by worker: .....

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

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

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

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

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

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

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

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

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



Date: .....

NOTE THAT if you wish you may —

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

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

**Form 4**

[r. 7(1)]

*Workers' Compensation and Injury Management Act 1981*

(Section 61(1))

**FINAL MEDICAL CERTIFICATE**

**Claim No.**

(if known)

To (name and address of worker's employer)

.....  
.....

**WORKER'S DETAILS**

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

Address: .....

Telephone: .....

Date and place of occurrence of injury: ...../...../.....

**MEDICAL ASSESSMENT**

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

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

It is also my opinion that as from ...../...../..... the worker is

- ☐ fit.
- ☐ fit for alternative duties with the following limitations:

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

Grounds for the opinion in medical assessment

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

|                                |
|--------------------------------|
| MEDICAL PRACTITIONER'S DETAILS |
|--------------------------------|

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

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

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

**Form 5**

[r. 7(2)]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE TO WORKER OF INTENTION TO DISCONTINUE  
OR REDUCE PAYMENTS**

(Section 61(1) and (2))

TO: .....  
(Name and address of worker)

TAKE NOTICE that your employer .....  
(name of employer)

intends, after 21 clear days from the date of service upon you of this notice, to \*discontinue the weekly payments of compensation/reduce the weekly payments on the following basis —

- (1) this notice is based upon the medical certificates or report(s) of .....  
..... dated ..... 20 .....  
(names of medical practitioners and dates of reports)  
sent with this notice, in which it is said that (state concisely the ground relied upon by the employer);
- (2) you may, if you dispute the employer's right to discontinue or reduce the weekly payments within the 21 days referred to in this notice apply for an order of an arbitrator that the weekly payments shall not be discontinued or reduced;
- (3) if you do not so apply, weekly payments may be lawfully discontinued or reduced;
- [(4) *deleted*]
- (5) you may obtain information from WorkCover WA situated  
at ..... as to the ways and means available to you to  
establish or protect your rights in respect of your injury.

Dated the ..... day of ..... 20 .....  
.....  
Signed on behalf of the employer.

\* Delete whichever is inapplicable.

*[Form 5 corrigendum in Gazette 23 Apr 1982 p. 1384; amended in  
Gazette 8 Mar 1991 p. 1076; 29 Oct 1993 p. 5930; 18 Feb 1994  
p. 663; 17 Nov 2000 p. 6320; 21 Jan 2005 p. 276 and 277;  
28 Oct 2005 p. 4926.]*

**Form 6**

[r. 10(1)]

*Workers' Compensation and Injury Management Act 1981*  
(Section 69)

**DECLARATIONS IN RESPECT OF WORKER NOT RESIDING  
IN W.A.**

[ ☐ = tick where appropriate. \* = delete where appropriate]

To: (name and address of employer or employer's insurer .....  
.....  
.....

**A. WORKER'S SECTION**

I, .....  
(full name of worker)

of .....  
(residential address)

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

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

1. The above details about me are correct.
2. I reside at the above address.
3. On ...../...../20..... I suffered an injury when employed by .....  
.....  
(name and address of employer)

\*Sworn/affirmed at ..... )  
in (State or country) ..... )  
this day of 20 ..... )

Before me: .....  
(a person having authority  
to administer an oath)

**B. DOCTOR'S SECTION**

I, .....  
(full name of medical practitioner)

of .....  
(address)

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

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

1. I am a duly qualified medical practitioner.
2. On ...../...../20..... I examined the above person and am of the opinion that he/she is —  
(a) ☐ Fit.

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

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(b) ☐ Fit for alternative duties with the following  
limitations: .....

(c) ☐ Totally unfit for work.

\*Sworn/affirmed at )  
in (State or country) )  
this day of 20 ) .....

Before me: .....  
(a person having authority  
to administer an oath)

IF A WORKER RESIDES OUTSIDE THE STATE, PROOF OF THE  
WORKER'S IDENTITY AND CONTINUING INCAPACITY IS  
REQUIRED EVERY 3 MONTHS

*[Form 6 inserted in Gazette 24 Dec 1993 p. 6849; amended in  
Gazette 18 Feb 1994 p. 663; 24 Jun 1994 p. 2889; 17 Nov 2000  
p. 6320; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4926.]*

*[Form 7 deleted in Gazette 18 Nov 2011 p. 4825.]*

*[Forms 8-11 deleted in Gazette 8 Mar 1991 p. 1076.]*

*[Form 12 deleted in Gazette 18 Feb 1994 p. 663.]*

*[Form 13 deleted in Gazette 28 Oct 2005 p. 4928.]*

**Form 14**

[r. 18(1)]

*Workers' Compensation and Injury Management Act 1981*

**ELECTION TO RECEIVE REDEMPTION AMOUNT**

(Schedule 5 clause 3)

I, .....of .....  
(name of worker) (address)

having attained the age of 65 years on the ..... day of ..... 20 ....., having suffered from pneumoconiosis/mesothelioma/lung cancer and being entitled to weekly payments of compensation in accordance with Schedule 1 of the Act, elect to receive the redemption amount of \$ ..... as a lump sum.

I acknowledge that, by making this election: —

1. I shall have no other claim to redemption of weekly payments.
2. I shall have no claim after the date of this election to weekly payments of compensation.
3. I shall have no further entitlement from the date of this election, to payment of expenses under the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 17, 18, 18A and 19 (that is, in general terms, medical and other expenses, hospital charges and travelling costs).
4. Upon my death the provisions of the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 1, 1A, 1B, 1C, 2, 3, 4, 5 and 17(2) shall not apply: that is, in general terms dependants of mine, whether totally or partially dependent, shall have no entitlement to payment, benefit, allowance or expenses (funeral or otherwise).

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

Signed by the worker  
in the presence of:

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

*[Form 14 amended in Gazette 8 Mar 1991 p. 1076; 24 Dec 1993 p. 6850; 17 Nov 2000 p. 6320; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4928.]*

**Form 15**

[r. 18(2)]

*Workers' Compensation and Injury Management Act 1981*

**ELECTION TO RECEIVE SUPPLEMENTARY AMOUNT**

(Schedule 5 clause 3)

I, .....of .....  
(name of worker) (address)

having attained the age of 65 years on the ..... day of ..... 20..... having suffered from pneumoconiosis/mesothelioma/lung cancer and being entitled to weekly payments of compensation in accordance with Schedule 1 of the Act, elect to receive the supplementary amount having \*a/\*no dependant spouse or dependant de facto partner, being currently the sum of \$.....

I acknowledge that, by making this election: —

1. I shall have no other claim to redemption of weekly payments.
2. I shall have no claim after the date of this election to weekly payments of compensation.
3. If my death results from that injury and a dependant spouse or/and a dependant de facto partner survives me then that person is, or those persons are, entitled to all or part of a lump sum calculated in accordance with the *Workers' Compensation and Injury Management Act 1981* Schedule 5 clause 7 of the supplementary amount for a worker with a dependent spouse or dependent de facto partner.
4. Upon my death the provisions of the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 1, 1A, 1B, 1C, 2, 3, 4, 5 and 17(2) shall not apply: that is, in general terms, dependants of mine, whether totally or partially dependent, shall have no entitlement to any payment, benefit, allowance or expense (funeral or otherwise).

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

Signed by the worker  
in the presence of:

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

---

\* Delete whichever is inapplicable.

*[Form 15 amended in Gazette 8 Mar 1991 p. 1076; 24 Dec 1993  
p. 6850; 17 Nov 2000 p. 6320; 30 Jun 2003 p. 2637-8; 21 Jan 2005  
p. 276; 28 Oct 2005 p. 4928-9.]*



**Form 15A**

[r. 12(4)]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF MEMORANDUM HAVING BEEN RECEIVED**

Ref.

**TAKE NOTICE**

1. That a Memorandum, copy of which is hereto annexed, has been sent to me for registration. The Memorandum appears to affect you.
2. I therefore request you to inform me within 7 days from this date whether you admit the genuineness of the Memorandum, or whether you dispute it, and if so, in what particulars, or object to its being recorded, and if so, on what ground.
3. If the Memorandum is recorded it is enforceable as an award or order.
4. If you have any doubts as to the effect of the agreement, or your rights to compensation generally you should contact me immediately.

Dated this ..... day of ..... 20.....

.....  
Director

*[Form 15A inserted in Gazette 18 Feb 1994 p. 663; amended in  
Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4929; 18 Nov 2011  
p. 4825.]*

**Form 15B**

[r. 12(5)]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF RECORDING OF MEMORANDUM OF AGREEMENT**

Ref.

YOU ARE NOTIFIED

That a memorandum of the agreement entered into between

.....

and

.....

the abovenamed parties, and dated the ..... day of ..... 20..... has now been  
recorded in the Register under section 76 of the *Workers' Compensation and Injury Management Act 1981*.

The Agreement has been numbered .....

You may, without fee, obtain a certificate of the memorandum and its recording.

Dated this ..... day of ..... 20.....

.....

Director

*[Form 15B inserted in Gazette 18 Feb 1994 p. 664; amended in  
Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4929; 18 Nov 2011  
p. 4825.]*

[r. 12(1a)]

## MEMORANDUM OF AGREEMENT

Extract from [www.slp.wa.gov.au](http://www.slp.wa.gov.au), see that website for further information

**Workers' Compensation and Injury Management Regulations 1982**  
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2. When the disability occurred —
- (a) the worker was                      years of age.                      Date of Birth .....
- (b) the worker was employed by the employer as a .....  
.....
- (c) his or her weekly earnings were .....
3. The nature of the disability was:  
and now is:  
and it occurred in the following circumstances —
4. The worker has received from the employer prior to the date of this Agreement:
- (a) weekly payments in respect of that disability totalling \$
- (b) expenses payable under the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 10, 17, 18, 18A and 19  
Totalling \$  
=====
5. The lump sum is made up as follows:
- \* (a) weekly payments of compensation:
- (i) by way of redemption of liability to make future weekly payments as for permanent total incapacity; \$
- (ii) by way of redemption of liability to make future weekly payments as for permanent partial incapacity; \$
- (iii) otherwise; \$
- \* (b) expenses as are provided for in the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 10, 17, 18, 18A and 19 namely; \$
- \* (c) the worker having elected under s. 24 of the Act by a form of election dated                      , compensation payable under Part III Division 2, representing                      % loss of Item being for the permanent loss of the efficient use of the  
Totalling: \$
- \* (ca) the worker having elected under section 31C of the Act by a form of election dated                      , compensation payable under the Act Schedule 2 Division 2A, in respect of an impairment mentioned in Schedule 2 item                      , representing                      degree of permanent impairment from the injury.  
Totalling: \$
- \* (d) redemption amount under the *Workers' Compensation and Injury Management Act 1981* Schedule 5 clause 2 or 3(2), (3) or (4) \$
- \* (e) supplementary amount under the *Workers' Compensation and Injury Management Act 1981* Schedule 5 clause 2 or 3(2), (3) or (4) \$
- TOTAL LUMP SUM \$  
=====

6. The employer warrants that to the date of this Agreement it has paid all compensation due to the worker and all expenses in respect of the matters contained in the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 10, 17, 18, 18A and 19 (which includes medical and travelling) and, to the extent that these have not been paid, undertakes to pay them.
7. The worker warrants that he/she is not aware of any expenses due but unpaid in respect of the matters contained in the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 10, 17, 18, 18A and 19.
8. The worker hereby releases and forever discharges the employer from all claims and demands which the worker now has or, but for the execution of this agreement, could or might have had against the employer under the Act in any respect to the disability to the worker referred to in this Agreement.

SIGNED by the worker:  
in the presence of:

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

*\*Delete if not applicable.*

*[Form 15C inserted in Gazette 15 Oct 1999 p. 4907-10; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4929-31; 18 Nov 2011 p. 4825.]*

**Form 15D**

[r. 12(3a)]

*Workers' Compensation and Injury Management Act 1981*

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

(Section 76(2)(a))

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

- (1) The worker will have no further entitlement to compensation under the Act for weekly payments arising out of the injury referred to in the agreement.
- (2) The worker will not have any other claim to redemption of weekly payments arising out of the injury referred to in the agreement.
- (3) The worker will not have any further entitlement in respect of the injury referred to in the agreement (after the date the agreement is recorded) to payment of expenses under the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 17, 18, 18A or 19.  
*That is, in general terms, medical or surgical, dental, physiotherapy or chiropractic advice or treatment, first aid and ambulance expenses, medical requisites, charges for attendance and treatment by way of injury management, charges for hospital treatment and maintenance, cost of artificial aids and travelling expenses.*
- (4) The worker forfeits any entitlement he/she may have under the Act Part III to compensation for a permanent impairment from a compensable personal injury by accident referred to in the agreement.
- (5) The worker forfeits any chance of a court awarding common law damages against the employer in respect of the injury referred to in the agreement (see section 93E(13) and section 93K(1) of the Act).  
*That is, in general terms, the worker forfeits any chance to recover civil damages from the employer.*

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

Dated the      day of      (year)

.....  
Signature of the worker

*[Form 15D inserted in Gazette 15 Oct 1999 p. 4910; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4931-2.]*

**Form 15E**

[r. 12(4a)]

*Workers' Compensation and Injury Management Act 1981*

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

(Section 76)

In the matter of an Agreement between

Employer  
and  
Worker

Ref. AG

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

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

*(here state particulars)*

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

*(here state grounds)*

Dated this            day of            (year)

*[Form 15E inserted in Gazette 15 Oct 1999 p. 4911; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4932.]*

**Form 15F**

[r. 12(4b)]

*Workers' Compensation and Injury Management Act 1981*

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

(Section 76)

In the matter of an Agreement between

Employer  
and  
Worker

Ref. AG

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

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

*(Here state particulars of dispute)*

(Or that

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

*(Here state grounds)*

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

or by order of the Registrar.

Dated this       day of       , (year)

Director

*[Form 15F inserted in Gazette 15 Oct 1999 p. 4911-12; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4932; 18 Nov 2011 p. 4825.]*



**Form 15G**

[r. 12AA]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF INTENTION TO DISMISS WORKER TO WHICH  
SECTION 84AB OF THE ACT REFERS**

|   |
|---|
| TO: (insert name of worker or "WorkCover WA", as the case requires)   |
| <b><u>TAKE NOTICE</u></b>   |
| The employer described below intends to dismiss the worker described below with effect from the following date.   |
| Date dismissal effective:   |
| <i>[Note that the date on which the dismissal is effective cannot be before a period of 28 days has passed after this notice is given to the worker and WorkCover WA (see section 84AB of the Workers' Compensation and Injury Management Act 1981)].</i> |

**Worker's details**

|  |                      |                               |
|--|----------------------|-------------------------------|
| Surname                                  |                      | Other names                   |
| <input type="text"/>                     |                      | <input type="text"/>          |
| Date of birth                            | Sex                  | Occupation                    |
| <input type="text"/>                     | <input type="text"/> | <input type="text"/>          |
| Address                                  |                      |                               |
| <input type="text"/>                     |                      |                               |
|  |                      | Postcode                      |
| <input type="text"/>                     |                      | <input type="text"/>          |
| Telephone no.                            |                      | WorkCover claim number (WCCN) |
| <input type="text"/>                     |                      | <input type="text"/>          |
| (if not known, insurer can provide WCCN) |                      |                               |

**Employer's details**

|                      |                        |
|----------------------|------------------------|
| Name                 |                        |
| <input type="text"/> |                        |
| Address              |                        |
| <input type="text"/> |                        |
| Postcode             |                        |
| <input type="text"/> | <input type="text"/>   |
| Telephone no.        | WorkCover number (WCN) |
| <input type="text"/> | <input type="text"/>   |
| Contact person       |                        |
| <input type="text"/> |                        |
| Title                | Telephone no.          |
| <input type="text"/> | <input type="text"/>   |

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

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**Insurer's details**

|                      |                      |
|----------------------|----------------------|
| Name                 |                      |
| <input type="text"/> |                      |
| Address              |                      |
| <input type="text"/> |                      |
| Postcode             |                      |
| <input type="text"/> |                      |
| Policy no.           | <input type="text"/> |
| Contact person       | Telephone no.        |
| <input type="text"/> | <input type="text"/> |

**Injury details**

|                       |  |
|-----------------------|--|
| Description of injury |  |
| <input type="text"/>  |  |
| Date injury occurred  | Claim number given by insurer (if known) |
| <input type="text"/>  | <input type="text"/>                     |

**Notice given to**

|                         |                                |      |                      |
|-------------------------|--------------------------------|------|----------------------|
| <b>worker</b>           | _____                          | Date | <input type="text"/> |
|                         | (signed on behalf of employer) |      |                      |
| <b>WorkCover<br/>WA</b> | _____                          | Date | <input type="text"/> |
|                         | (signed on behalf of employer) |      |                      |

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

**Form 16**

[r. 15]

*Workers' Compensation and Injury Management Act 1981*

**MONTHLY STATEMENT BY APPROVED INSURANCE OFFICES**

**CONFIDENTIAL**

(Section 171(1)(a))

**NEW/RENEWED POLICIES/COVER NOTES**

Name of approved insurance office .....

Address .....

Chief executive officer, WorkCover WA.

The following are the names, addresses and occupations of each employer who has during the month of ..... effected or renewed a policy or contract of insurance with the above office against liability under the Act.

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

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

.....  
Signature of responsible officer

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

## [r. 15]

## MONTHLY STATEMENT BY APPROVED INSURANCE OFFICES

(Section 171(1)(b))

Name of approved insurance office .....

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

Chief executive officer, WorkCover WA.

The following are the names, addresses and occupations of each employer in respect to whom, during the month of ..... 20..... the above approved insurance office has, in its books, lapsed a policy of insurance under the Act: —

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

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

.....  
Signature of responsible officer

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

**Form 18**

[r. 19D]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF ARRANGEMENT OF AUDIOMETRIC TEST**

TO: .....  
(full name of worker)

of: .....  
.....  
(full address of worker)

Notice is hereby given that I have arranged for you to undergo an audiometric test to be conducted by

.....  
(name of person approved under regulation 19B)

of .....  
(full address at which test is to be conducted)

at ..... am/pm on .....

.....  
(Signature of person arranging test)

.....  
(name of employer) (date)

NON-ATTENDANCE: A worker shall not, without reasonable excuse, fail to submit himself for an audiometric test of which the worker has notice (regulation 19D(3)).

PERIOD OF QUIET: An employer shall ensure that the worker is not knowingly exposed in the workplace, and the worker shall not knowingly permit himself to be exposed, to noise levels above 80dB(A) during the 16 hours immediately preceding the audiometric test (regulation 19D(2)).

*[Form 18 inserted in Gazette 26 Feb 1991 p. 940; amended in Gazette 8 Mar 1991 p. 1076; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4934.]*

**Form 19A**

[r. 19F]

*Workers' Compensation and Injury Management Act 1981*

**REPORT OF BASELINE AUDIOMETRIC TEST**

TO: Chief executive officer, WorkCover WA.

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

**WORKER'S DETAILS**

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

**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:**

|          |                          |
|----------|--------------------------|
| Baseline | <input type="checkbox"/> |
|----------|--------------------------|

(Please tick only if worker fails)

Item 3

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

OFFICE USE

%

|         |         |
|---------|---------|
| SURNAME | INITIAL |
|---------|---------|

SURNAME

INITIAL

REG. NO.

[illegible]

DATE OF TEST

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

SIGNATURE \_\_\_\_\_

*[Form 19A inserted in Gazette 3 Apr 1992 p. 1542-3; amended in Gazette 21 Jan 2005 p. 276 and 277.]*

**Form 19B**

[r. 19F]

*Workers' Compensation and Injury Management Act 1981*

**REPORT OF SUBSEQUENT/RETIRING/TURNING 65  
AUDIOMETRIC TEST**

TO: Chief executive officer, WorkCover WA.

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

**WORKER'S DETAILS**

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

OCCUPATION OF WORKER

**EMPLOYED OR FORMERLY EMPLOYED BY:**

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

**LEVEL OF TEST:**

|                   |  |
|-------------------|--|
| Air-conduction    |  |
| Full audiological |  |
| Medical Panel     |  |

**PURPOSE OF TEST:**

|                    |  |
|--------------------|--|
| Subsequent         |  |
| Retired/Turning 65 |  |



### HEARING TEST RESULTS

| HERTZ (Hz)           |                    | 500 | 1000 | 1500 | 2000 | 3000 | 4000 | 6000 | 8000 |
|----------------------|--------------------|-----|------|------|------|------|------|------|------|
| AIR<br>CONDUCTION    | RT EAR             |     |      |      |      |      |      |      |      |
|                      | RT EAR<br>**MASKED |     |      |      |      |      |      |      |      |
|                      | LT EAR             |     |      |      |      |      |      |      |      |
|                      | LT EAR<br>**MASKED |     |      |      |      |      |      |      |      |
| **BONE<br>CONDUCTION | RT EAR             |     |      |      |      |      |      |      |      |
|                      | RT EAR<br>MASKED   |     |      |      |      |      |      |      |      |
|                      | LT EAR             |     |      |      |      |      |      |      |      |
|                      | LT EAR<br>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 Injury Management Act 1981* and to the best of my knowledge and belief the results are true and correct.

SIGNATURE

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

DATE OF TEST

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

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

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

**Form 21**

[r. 19H]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF DISPUTE**

TO: Chief executive officer, WorkCover WA

NAME OF WORKER: .....

ADDRESS OF WORKER: .....

NAME OF EMPLOYER: .....

ADDRESS OF EMPLOYER: .....

I, being an \*employer/worker hereby notify you that I dispute the results of an audiometric test conducted on the above worker on (date) ...../...../20..... and request that you arrange a retest of hearing under regulation 19H.

.....

Signature of Applicant

.....

Date

\* Strike out whichever does not apply.

*[Form 21 inserted in Gazette 26 Feb 1991 p. 946; amended in Gazette 8 Mar 1991 p. 1076; 21 Jan 2005 p. 276 and 277.]*

**Form 22**

[r. 19J(1)]

*Workers' Compensation and Injury Management Act 1981*

**REFERRAL OF QUESTION OF DEGREE OF DISABILITY**

**Worker's details**

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

**Employer's details**

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

**Insurer's details**

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

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

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**Injury details**

Description of injury

|  |
|--|
|  |
|--|

Date injury occurred

|  |
|--|
|  |
|--|

Date weekly payments commenced

|  |
|--|
|  |
|--|

Degree of disability as assessed  
by medical practitioner

|  |
|--|
|  |
|--|

Degree of disability (see s. 93E(3) of the Act)  
Nominate **only one** of the following.

- ☐ not less than 30%  
☐ not less than 16%

Tick if the worker and the employer cannot agree on whether the degree of  
disability is not less than the relevant level

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

The action taken by or on behalf of the worker to obtain the employer's agreement

|  |
|--|
|  |
|  |
|  |

**Signature of  
worker**

\_\_\_\_\_

Date

|     |
|-----|
| / / |
|-----|

**Lodging this form**

This form should be lodged with —

Director  
WorkCover WA  
Perth, Western Australia

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

*[Form 22 inserted in Gazette 14 Dec 1999 p. 6153-4; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4934-5; 18 Nov 2011 p. 4825.]*

**Form 22A**

[r. 19JA]

*Workers' Compensation and Injury Management Act 1981*

**REFERRAL OF QUESTION OF DEGREE OF DISABILITY**

**[Made by the worker under sections 93D(5) and 93EA(3) of the Act,  
due to the application of section 93EA(3)]**

**Worker's details**

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

**Employer's details**

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

**Insurer's details**

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

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

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**Injury details**

Description of injury

**Note:** This must be the same injury and only that injury that was the subject of a referral in the circumstances set out in section 93EA(1) of the Act.

|  |  |
|--|--|
|  |  |
| Date injury occurred                                     | Date weekly payments commenced   |
|  |  |
| Degree of disability as assessed by medical practitioner | Degree of disability (see s. 93E(3) of the Act)<br>Nominate <b>only one</b> of the following |
|  | <input type="checkbox"/> not less than 30%<br><input type="checkbox"/> not less than 16%     |

**Note:** The nominated level must be the same level as was nominated in the original referral. If the original referral was pre 14 December 1999 and both levels were nominated, the nominated level should be one of those levels, and a further Form 22A may be used for the other level, if required.

|  |                          |
|--|--------------------------|
| Tick if the worker and the employer cannot agree on whether the degree of disability is not less than the relevant level | <input type="checkbox"/> |
|--|--------------------------|

|   |
|---|
| The action taken by or on behalf of the worker to obtain the employer's agreement |
|   |
|   |
|   |

|   |                          |
|---|--------------------------|
| <b>The following information should be included with this referral —</b>  |                          |
| If, on or before 30 September 2001, you sought to refer a question to the Director under section 93D(5) of the Act, and in order to satisfy section 93D(6) of the Act you produced to the Director anything that, even though it may not have constituted evidence of the kind required by that subsection, was accepted by the Director as evidence of that kind, then a copy of the Form 22 that was referred to and accepted by the Director should be attached. | <input type="checkbox"/> |
| If, based on a failure to satisfy the requirements of section 93D(6), a review officer did not deal with the substance of the question referred to above, a copy of the review officer's decision should be attached;   | <input type="checkbox"/> |
| or  |                          |
| If, based on a failure to satisfy the requirements of section 93D(6), a court set aside or quashed a decision of a review officer that dealt with the substance of the question referred to in the first paragraph above, a copy of the court decision should be attached.  | <input type="checkbox"/> |

|   |                          |
|---|--------------------------|
| <b>The following details must be completed regarding the medical evidence relied upon in support of this referral —</b>   |                          |
| Name of Medical Practitioner/s  | Date of medical report/s |
|   |                          |
|   |                          |
|   |                          |
|   |                          |
|   |                          |
|   |                          |
|   |                          |
|   |                          |
|   |                          |
| <b><u>Note:</u> Under section 93EA(4)(c) of the Act, this form is to be accompanied by a copy of the medical evidence that complies with section 93D(6) of the Act, unless the worker satisfies the Director that the complying evidence has already been produced.</b> |                          |

|                                  |   |
|----------------------------------|---|
| <b>Signature of worker</b> _____ | Date <div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">/ /</div> |
|----------------------------------|---|

|   |
|---|
| <b>Lodging this form</b><br><br>This form should be lodged with —<br><br>Director<br>WorkCover WA<br>Perth, Western Australia |
|---|

*[Form 22A inserted in Gazette 26 Oct 2004 p. 4902-5; amended in Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4935; 18 Nov 2011 p. 4825.]*

**Form 22B**

[r. 19JB]

*Workers' Compensation and Injury Management Act 1981*

**REFERRAL OF QUESTION OF DEGREE OF DISABILITY**

**[Made by the worker under sections 93D(5) and 93EB(3) of the Act,  
due to the application of section 93EB(3)]**

**Worker's details**

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

**Employer's details**

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

**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

Telephone no.

**Injury details**

Description of injury

**Note: This must be the same injury and only that injury that was the subject of a referral in the circumstances set out in section 93EB(1) of the Act.**

Date injury occurred

Date weekly payments commenced

Degree of disability as assessed  
by medical practitioner

Degree of disability (see s. 93E(3) of the Act)

Nominate **only one** of the following

☐ not less than 30%

☐ not less than 16%

**Note: The nominated level must be the same level as was nominated in the original referral. If the original referral was pre 14 December 1999 and both levels were nominated, the nominated level should be one of those levels, and a further Form 22B may be used for the other level, if required.**

Tick if the worker and the employer cannot agree on whether the degree of  
disability is not less than the relevant level

The action taken by or on behalf of the worker to obtain the employer's agreement

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

---

**The following information should be included with this referral —**

If, before the commencement of section 10 of the *Workers' Compensation (Common Law Proceedings) Act 2004*, you sought to refer a question to the Director under section 93D(5) of the Act, then a copy of the Form 22 that was referred to and accepted by the Director should be attached. ☐

If, on or after 4 December 2003, on the basis that Part IV Division 2 as in force before it was amended by section 32 of the *Workers' Compensation and Rehabilitation Amendment Act 1999* applied to proceedings for the awarding of damages concerned, a review officer did not deal with the substance of the question referred to above, a copy of the review officer's decision should be attached; ☐

or

If, on or after 4 December 2003, on the basis that Part IV Division 2 as in force before it was amended by section 32 of the *Workers' Compensation and Rehabilitation Amendment Act 1999* applied to proceedings for the awarding of damages concerned, a court set aside or quashed a decision of a review officer that dealt with the substance of the question referred to in the first paragraph above, a copy of the court decision should be attached. ☐

**The following details must be completed regarding the medical evidence relied upon in support of this referral —**

| Name of Medical Practitioner/s | Date of medical report/s |
|--------------------------------|--------------------------|
|                                |                          |
|                                |                          |
|                                |                          |
|                                |                          |
|                                |                          |
|                                |                          |
|                                |                          |
|                                |                          |
|                                |                          |
|                                |                          |

**Note:** Under section 93EB(4)(c) of the Act, this form is to be accompanied by a copy of the medical evidence that complies with section 93D(6) of the Act, unless the worker satisfies the Director that the complying evidence has already been produced.

**Signature  
of worker** \_\_\_\_\_

Date

|   |   |
|---|---|
| / | / |
|---|---|

**Lodging this form**

This form should be lodged with —

Director

WorkCover WA

Perth, Western Australia

*[Form 22B inserted in Gazette 26 Oct 2004 p. 4905-8; amended in  
Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4936; 18 Nov 2011  
p. 4825.]*

**Form 23**

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

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF REFERRAL OF QUESTION OF DEGREE OF  
DISABILITY**

**Worker's details**

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

**Employer's details**

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

**Injury details**

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

**Question referred**

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

**Medical evidence**

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

**Objection**

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

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

**Signature of  
Director**

Date

|       |
|-------|
| /   / |
|-------|

**Employer's objection**

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

**Signature of  
employer**

Date

|       |
|-------|
| /   / |
|-------|

*[Form 23 inserted in Gazette 14 Dec 1999 p. 6154-5; amended in Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4936-7; 18 Nov 2011 p. 4825.]*

**Form 23A**

[r. 19JA]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF REFERRAL OF QUESTION OF DEGREE OF DISABILITY**

**[Notice given under section 93EA(5)(a) and (b)(i) of the Act,  
where section 93EA(3) applied]**

**Worker's details**

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

**Employer's details**

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

**Injury details**

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

**Question referred**

The question of whether the worker's degree of disability is or is not less than the relevant level has been referred to the Director, for consideration under section 93D(5), due to the application of section 93EA(3).

**Medical evidence**

Accompanying this notice is a copy of the medical evidence produced by the worker that complies with section 93D(6) of the Act.

**Director's opinion**

In accordance with section 93EA(5)(a) and (b)(i) of the Act, it is my opinion that —

- (a) evidence complying with section 93D(6) has been produced and in all other respects the referral is properly made; and ☐
- (b) the referral is accepted. ☐

In accordance with section 93EA(5)(b)(i) of the Act, notification is also given that the following provisions may apply —

Section 93E(6a)

**Note:** Section 93E(6a) provides that, despite section 93E(5), and even though section 93E(6) does not apply if the Director gives the worker notice under section 93EA(5)(b)(i) that this subsection applies, an election can be made within 14 days after the Director subsequently gives the worker notice in writing that an agreement or determination of the question has been recorded. This only applies if the worker is required to make an election under section 93E(3)(b) of the Act (i.e. the worker has an agreed or determined degree of disability of not less than 16% but less than 30%).

Section 93EC

**Note:** If —

- (a) under section 93EA(5)(b)(i), the Director notifies a worker that the referral of a question relating to an injury is accepted and that this section applies; and
- (b) the time limited by any written law for the commencement of an action seeking damages in respect of the injury —
- (i) has elapsed before the day on which the Director notifies the worker (the “notification” day); or
- (ii) is due to elapse on the notification day or before the expiry of a period of 2 years after the notification day,
- an action seeking damages in respect of the injury may, despite that written law, be commenced at any time before the expiry of a period of 2 years after the notification day.

**Objection**

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

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

**Signature of  
Director**

\_\_\_\_\_ Date

|  |   |   |
|--|---|---|
|  | / | / |
|--|---|---|

**Employer's objection**

Employer's assessment of degree of disability

|  |   |   |   |
|--|---|---|---|
| <b>Signature of<br/>employer</b> _____ | <b>Date</b> <table border="1"><tr><td>/</td><td>/</td></tr></table> | / | / |
| /                                      | /   |   |   |

*[Form 23A inserted in Gazette 26 Oct 2004 p. 4908-10; amended in  
Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4937-8; 9 Dec 2005  
p. 5897; 18 Nov 2011 p. 4825.]*



**Form 23B**

[r. 19JB]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE OF REFERRAL OF QUESTION OF DEGREE OF  
DISABILITY**

**[Notice given under section 93EB(5)(a) and (b)(i) of the Act,  
where section 93EB(3) applied]**

**Worker's details**

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

**Employer's details**

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

**Injury details**

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

**Question referred**

The question of whether the worker's degree of disability is or is not less than the relevant level has been referred to the Director, for consideration under section 93D(5), due to the application of section 93EB(3).

**Medical evidence**

Accompanying this notice is a copy of the medical evidence produced by the worker that complies with section 93D(6) of the Act.

**Director's opinion**

In accordance with section 93EB(5)(a) and (b)(i) of the Act, it is my opinion that —

- (a) evidence complying with section 93D(6) has been produced and in all other respects the referral is properly made; and ☐
- (b) the referral is accepted. ☐

In accordance with section 93EB(5)(b)(i) of the Act, notification is also given that the following provisions may apply —

Section 93E(6a)

**Note:** *Section 93E(6a) provides that, despite section 93E(5), and even though section 93E(6) does not apply if the Director gives the worker notice under section 93EB(5)(b)(i) that this subsection applies, an election can be made within 14 days after the Director subsequently gives the worker notice in writing that an agreement or determination of the question has been recorded. This only applies if the worker is required to make an election under section 93E(3)(b) of the Act (i.e. the worker has an agreed or determined degree of disability of not less than 16% but less than 30%).*

Section 93EC

**Note:** *If —*

- (a) *under section 93EB(5)(b)(i), the Director notifies a worker that the referral of a question relating to an injury is accepted and that this section applies; and*
- (b) *the time limited by any written law for the commencement of an action seeking damages in respect of the injury —*
  - (i) *has elapsed before the day on which the Director notifies the worker (the “notification day”); or*
  - (ii) *is due to elapse on the notification day or before the expiry of a period of 2 years after the notification day,**an action seeking damages in respect of the injury may, despite that written law, be commenced at any time before the expiry of a period of 2 years after the notification day.*

**Objection**

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

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

**Signature of  
Director** \_\_\_\_\_

Date

|   |   |
|---|---|
| / | / |
|---|---|

**Employer's objection**

Employer's assessment of degree of disability

**Signature of  
employer** \_\_\_\_\_

Date

|   |   |
|---|---|
| / | / |
|---|---|

*[Form 23B inserted in Gazette 26 Oct 2004 p. 4911-13; amended in Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4937-8; 9 Dec 2005 p. 5897; 18 Nov 2011 p. 4825.]*

**Form 24**

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

*Workers' Compensation and Injury Management Act 1981*

**DEGREE OF DISABILITY AGREEMENT**

**Worker's details**

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

**Employer's details**

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

**Insurer's details**

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

**Injury details**

Description of injury

Date injury occurred

**Agreement**

Agreed degree of disability  
(insert actual figure e.g. 22%)

%

Agreed degree of disability is —

- ☐ not less than 30%  
☐ not less than 16%

|                             |  |                 |     |
|-----------------------------|--|-----------------|-----|
| <b>Signature of Worker</b>  |  | Date            | / / |
| <b>Signature of witness</b> |  | Name of witness |     |

|                              |  |                 |     |
|------------------------------|--|-----------------|-----|
| <b>Signature of Employer</b> |  | Date            | / / |
| <b>Signature of witness</b>  |  | Name of witness |     |

**Recording of agreement**

Date of recording

Record no.

|                              |  |      |     |
|------------------------------|--|------|-----|
| <b>Signature of Director</b> |  | Date | / / |
|------------------------------|--|------|-----|

*[Form 24 inserted in Gazette 14 Dec 1999 p. 6156-7; amended in Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005 p. 4938.]*

**Form 25**

[r. 19M(1)]

*Workers' Compensation and Injury Management Act 1981*

**ELECTION TO RETAIN RIGHT TO SEEK DAMAGES**

**Worker's details**

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

**Employer's details**

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

**Insurer's details**

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

|  |
|--|
|  |
|--|

**Injury details**

Description of injury

|  |
|--|
|  |
|--|

Date injury occurred

|  |
|--|
|  |
|--|

Has a Degree of Disability Agreement (Form 24) already been recorded by the Director? Yes ☐ No ☐

If yes: .....date when recorded

.....record number

Degree of disability as agreed.....%

Has the determination of a dispute as to the degree of disability already been recorded under reg. 19L by the Director? Yes ☐ No ☐

If yes: .....date when recorded

.....record number

Degree of disability as determined.....%

**Advice of consequences of election**

I have been properly advised of the consequences of this election.

**Signature  
of Worker** \_\_\_\_\_

Date

|     |
|-----|
| / / |
|-----|

**Warning**

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

**You should seek appropriate independent advice before lodging this form.**

**Registration of election**

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

|                                  |                      |      |                      |
|----------------------------------|----------------------|------|----------------------|
| <b>Signature of<br/>Director</b> | <input type="text"/> | Date | <input type="text"/> |
|----------------------------------|----------------------|------|----------------------|

*[Form 25 inserted in Gazette 14 Dec 1999 p. 6157-9; amended in  
Gazette 17 Nov 2000 p. 6317 and 6321; 21 Jan 2005 p. 276;  
28 Oct 2005 p. 4938.]*



**Form 26**

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

*Workers' Compensation and Injury Management Act 1981*

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

**Worker's details**

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

**Employer's details**

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

**Insurer's details**

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

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

---

**Injury details**

Description of injury

|  |
|--|
|  |
|--|

Date injury occurred

|  |
|--|
|  |
|--|

Degree of disability  
(as assessed by worker's medical specialist)

|   |
|---|
| % |
|---|

**Extension of time sought**

The application for extension of time is made under —

☐ regulation 19N(2)(a)

OR

☐ regulation 19N(2)(c)

Extension sought until

|  |
|--|
|  |
|--|

**Signature of  
Worker**

\_\_\_\_\_ Date

|     |
|-----|
| / / |
|-----|

**Lodging this form**

This form should be lodged with —

Director

WorkCover WA

Perth, Western Australia

If applying under regulation 19N(2)(a) you must also give to the Director medical evidence from a medical practitioner who is a specialist in a relevant field of medicine indicating that you will require major surgery in the extension period (see regulation 19N(1)).

If applying under regulation 19N(2)(c) you must give the Director evidence of the medical panel's determination.

**Granting of extension**

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

☐ is granted until

/ /

OR

☐ is not granted

The extension of time is granted under —

☐ regulation 19N(2)(a)

OR

☐ regulation 19N(2)(c)

**Signature of  
Director**

\_\_\_\_\_ Date

|     |
|-----|
| / / |
|-----|

*[Form 26 inserted in Gazette 14 Dec 1999 p. 6159-61; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4938-9; 18 Nov 2011 p. 4825.]*

**Form 27**

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

*Workers' Compensation and Injury Management Act 1981*

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

**Worker's details**

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

**Employer's details**

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

**Insurer's details**

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

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

---

|  |
|--|
|  |
|--|

**Injury details**

Description of injury

|  |
|--|
|  |
|--|

Date injury occurred

|  |
|--|
|  |
|--|

**Extension of time sought**

Extension sought until

|  |
|--|
|  |
|--|

State grounds on which the worker submits that he or she will require major surgery in respect of the injury in the extension period (see regulation 19N(1))

|  |
|--|
|  |
|  |
|  |
|  |

State the action that has been taken by or on behalf of the worker to obtain medical evidence from a medical practitioner who is a specialist in a relevant field of medicine that the worker will require major surgery in respect of the injury in the extension period

|  |
|--|
|  |
|  |
|  |
|  |

(attach separate sheet if insufficient room)

**Signature  
of Worker**

\_\_\_\_\_ Date

|     |
|-----|
| / / |
|-----|

**Lodging this form**

This form should be lodged with —

Director

WorkCover WA

Perth, Western Australia

You must also give to the Director any further evidence that the Director may request in relation to this application.

**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

|   |   |   |
|---|---|---|
| <b>Signature<br/>of Director</b> _____<br><div style="text-align: right;">Date     <table border="1" style="display: inline-table; width: 100px; height: 30px; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr></table></div> | / | / |
| /   | / |   |

*[Form 27 inserted in Gazette 14 Dec 1999 p. 6161-3; amended in  
Gazette 17 Nov 2000 p. 6321; 21 Jan 2005 p. 276; 28 Oct 2005  
p. 4939; 18 Nov 2011 p. 4825.]*

**Form 28**

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

*Workers' Compensation and Injury Management Act 1981*

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

**Worker's details**

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

**Employer's details**

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

**Insurer's details**

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

**Injury details**

Description of injury

|  |
|--|
|  |
|--|

Date injury occurred

|  |
|--|
|  |
|--|

**Extension of time sought**

Extension sought until

|  |
|--|
|  |
|--|

The extension is needed to give sufficient time for the preparation of a specialist's report, based on treatment or medical investigation of the worker, as to whether the worker will require major surgery in respect of the injury in the extension period (see regulation 19N(1)). The treatment or medical investigation is (describe below):

|  |
|--|
|  |
|  |
|  |

**Signature  
of Worker**

Date

|     |
|-----|
| / / |
|-----|

**Lodging this form**

This form should be lodged with —

Director

WorkCover WA

Perth, Western Australia

You must also give to the Director medical evidence from a specialist in a relevant field of medicine indicating that a report could not be satisfactorily prepared without the treatment or investigation having been carried out, and that the extension sought is needed to give sufficient time for the preparation of the report

**Granting of extension**

An extension of time to make an election under section 93E(3)(b) of the Act —  
☐ is granted until     /     /     OR     ☐ is not granted

|   |   |   |
|---|---|---|
| <b>Signature<br/>of Director</b> _____<br><div style="text-align: right;">Date     <table border="1" style="display: inline-table; width: 100px; height: 30px; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr></table></div> | / | / |
| /   | / |   |

*[Form 28 inserted in Gazette 17 Nov 2000 p. 6317-19; amended in  
Gazette 21 Jan 2005 p. 276; 28 Oct 2005 p. 4939; 18 Nov 2011  
p. 4825.]*



**Form 29**

[r. 16A(1)]

*Workers' Compensation and Injury Management Act 1981*

(Schedule 1 clause 1C(1), (5))

**NOTICE OF DEPENDANT'S ENTITLEMENT TO ELECT**

**Record No.**

**TO:**

**1. Dependant's details**

Surname

Other names

Address

|          |
|----------|
| Postcode |
|----------|

As a dependant referred to in the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clause 1B(1)(a) or (c) you are entitled to elect to receive a child's allowance under that Act Schedule 1 clause 1A or an apportionment of the notional residual entitlement of

.....

(name of deceased worker)

You may, within 30 days of receiving this notification, elect to receive the amount of the apportionment or a child's allowance. A form for making the election is attached.

If an election is not made within 30 days of receiving this notification, and registered by the Director, you will receive a child's allowance.

The Director may refuse to register the election if not satisfied that you have been independently advised of the financial consequences of the election.

Dated this ..... day of ..... 20.....

.....

Director

*[Form 29 inserted in Gazette 28 Oct 2005 p. 4939-40; amended in Gazette 18 Nov 2011 p. 4825.]*

**Form 30**

[r. 16A(2)]

*Workers' Compensation and Injury Management Act 1981*

(Schedule 1 clause 1C(4)(a), (5))

**NOTICE OF PROVISIONAL APPORTIONMENT**

**Record No.**

**TO:**

**1. Dependant's details**

Surname

Other names

Address

Postcode

As a dependant of .....  
(name of deceased worker)

The notional residual entitlement in relation to .....  
(name of deceased worker)

has been apportioned between the worker's dependants under the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clause 1C(4)(a).

The amount provisionally apportioned to you is \$ .....

You may, within 30 days of receiving this notification, elect to receive the amount of the provisional apportionment or a child's allowance. A form for making the election is attached.

If an election is not made within 30 days of receiving this notification, and registered by the Director, you will receive a child's allowance.

The Director may refuse to register the election if not satisfied that you have been independently advised of the financial consequences of the election.

Dated this ..... day of ..... 20.....

.....

Arbitrator

*[Form 30 inserted in Gazette 28 Oct 2005 p. 4941.]*

**Form 31**

[r. 17AD(2)]

*Workers' Compensation and Injury Management Act 1981*

**APPLICATION TO EXTEND FINAL DAY**  
**[for extension under Schedule 1 clause 18B]**

**Worker's details**

|                      |                      |                               |
|----------------------|----------------------|-------------------------------|
| Surname              |                      | Other names                   |
| <input type="text"/> |                      | <input type="text"/>          |
| Date of birth        | Sex                  | Occupation                    |
| <input type="text"/> | <input type="text"/> | <input type="text"/>          |
| Address              |                      |                               |
| <input type="text"/> |                      |                               |
|                      |                      | Postcode                      |
| <input type="text"/> |                      | <input type="text"/>          |
| Telephone no.        |                      | WorkCover claim number (WCCN) |
| <input type="text"/> |                      | <input type="text"/>          |

(if not known, insurer can provide WCCN)

**Employer's details**

|                      |                        |
|----------------------|------------------------|
| Name                 |                        |
| <input type="text"/> |                        |
| Address              |                        |
| <input type="text"/> |                        |
| Postcode             |                        |
| <input type="text"/> | <input type="text"/>   |
| Telephone no.        | WorkCover number (WCN) |
| <input type="text"/> | <input type="text"/>   |
| Contact person       |                        |
| <input type="text"/> |                        |
| Title                | Telephone no.          |
| <input type="text"/> | <input type="text"/>   |

**Insurer's details**

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

**Final day**

|    |  |                              |  |
|----|--|------------------------------|--|
| 1. | Did a dispute resolution authority, acting under section 58(1) or (2) of the Act, determine the question of liability to make the weekly payments claimed?                                       | Yes <input type="checkbox"/> | If so, answer question 2.                  |
|    |  | No <input type="checkbox"/>  | If not, skip question 2.                   |
| 2. | Was the question determined more than 3 months after the day on which compensation by way of weekly payments was claimed?  | Yes <input type="checkbox"/> | If so, on which date? <input type="text"/> |
|    |  | No <input type="checkbox"/>  |  |
| 3. | Was the worker first notified that liability is accepted in respect of the weekly payments claimed more than 3 months after the day on which compensation by way of weekly payments was claimed? | Yes <input type="checkbox"/> | If so, on which date? <input type="text"/> |
|    |  | No <input type="checkbox"/>  |  |
| 4. | Has the final day been extended under the <i>Workers' Compensation and Injury Management Act 1981</i> Schedule 1 clause 18B?   | Yes <input type="checkbox"/> | If so, to which date? <input type="text"/> |
|    |  | No <input type="checkbox"/>  |  |

**Extension sought**

|                                    |  |                              |  |
|------------------------------------|--|------------------------------|--|
| 1.                                 | Specify the reasons for seeking the extension.   | <input type="text"/>         |  |
| 2.                                 | Has the worker, in accordance with the regulations and before the final day, requested an approved medical specialist to assess the worker's degree of permanent whole of person impairment? | Yes <input type="checkbox"/> | If so, on which date? <input type="text"/> |
|                                    |  | No <input type="checkbox"/>  |  |
| Attach a copy of any such request. |  |                              |  |
| 3.                                 | Specify date until which extension sought.   | <input type="text"/>         |  |
| <b>Signature of worker</b> _____   |  | Date                         | <input type="text"/>                       |

**How to lodge this form**

|    |   |
|----|---|
| 1. | This form should be lodged with:<br>Director<br>WorkCover WA<br>Perth, WA |
|----|---|

2. **WHEN LODGING THIS FORM ALSO PROVIDE ANYTHING ELSE THAT REGULATION 17AD REQUIRES YOU TO PROVIDE.**

**Extension given or refused**

|   |   |
|---|---|
| The final day                             |   |
| is extended to                            | / /   |
| is not extended. <input type="checkbox"/> |   |
| <b>Signature of Director</b> _____        | Date <span style="border: 1px solid black; padding: 2px 10px;">/ /</span> |

**Copies of extension sent to**

|                 |                                    |      |  |
|-----------------|------------------------------------|------|--|
| <b>worker</b>   | _____                              | Date | <span style="border: 1px solid black; padding: 2px 10px;">/ /</span> |
|                 | (signature of person sending copy) |      |  |
| <b>employer</b> | _____                              | Date | <span style="border: 1px solid black; padding: 2px 10px;">/ /</span> |
|                 | (signature of person sending copy) |      |  |

**Note**

Section 93E(14) of the *Workers' Compensation and Injury Management Act 1981* provides that if a further additional sum has been allowed to a worker under Schedule 1 clause 18A(1b) of that Act in relation to an injury that is compensable under the Act, damages are not to be awarded in respect of the injury.

*[Form 31 inserted in Gazette 28 Oct 2005 p. 4942-4; amended in Gazette 18 Nov 2011 p. 4825.]*

**Form 32**

[r. 20]

*Workers' Compensation and Injury Management Act 1981*

**RECORD OF AGREEMENT ABOUT DEGREE OF PERMANENT WHOLE OF  
PERSON IMPAIRMENT**

**[recorded under section 93L(2) of the Act]**

**Record No.**

**Worker's details**

Surname

Other names

Date of birth

Sex

Occupation

Address

Postcode

Telephone no.

WorkCover claim number (WCCN)

**Employer's details**

Name

Address

Postcode

Telephone no.

WorkCover number (WCN)

Contact person

Title

Telephone no.

**Insurer's details**

Name

Address

Postcode

Contact person

Telephone no.

**Injury details**

Description of injury

Date injury occurred

Date the claim, if any, for compensation by  
way of weekly payments was made on  
employer

Claim number given by insurer (if known)

**Agreement**

It has been agreed that the worker's degree of permanent whole of person impairment is —

(a) at least 15%

*do not complete if "Yes" in paragraph (b)*

Yes

☐

No

☐

(b) at least 25%

*do not complete if "No" in paragraph (a)*

Yes

☐

No

☐

**Recorded**

**Signature  
of Director** \_\_\_\_\_

Date

/ /

**Copies of record sent**

**To worker**

\_\_\_\_\_  
(signature of person sending copy)

Date

/ /

**To  
employer**

\_\_\_\_\_  
(signature of person sending copy)

Date

/ /

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

**Form 33**

[r. 21]

*Workers' Compensation and Injury Management Act 1981*

**ASSESSMENT OF DEGREE OF PERMANENT WHOLE OF PERSON  
IMPAIRMENT**

**[recorded under section 93L(2) of the Act]**

**Record No.**

**Worker's details**

Surname

Other names

Date of birth

Sex

Occupation

Address

Postcode

Telephone no.

WorkCover claim number (WCCN)

**Employer's details**

Name

Address

Postcode

Telephone no.

WorkCover number (WCN)

Contact person

Title

Telephone no.

**Insurer's details**

Name

Address

Postcode

Contact person

Telephone no.



**Injury details**

Description of injury

|  |
|--|
|  |
|--|

Date injury occurred

|  |
|--|
|  |
|--|

Date the claim, if any, for compensation by  
way of weekly payments was made on  
employer

|  |
|--|
|  |
|--|

Claim number given by insurer (if known)

|  |
|--|
|  |
|--|

**Assessment**

Name of approved medical specialist assessing

|  |
|--|
|  |
|--|

Registration  
number

|  |
|--|
|  |
|--|

Degree of permanent whole of person impairment

|   |
|---|
| % |
|---|

Copy provided of —

- |     |  |                          |
|-----|--|--------------------------|
| (a) | certificate given to the worker under section 146H(1)(b) of the Act  | <input type="checkbox"/> |
| (b) | certificate referred to in section 93N(1) of the Act on the basis of which<br>the special evaluation was requested ( <i>only required if the assessment<br/>involves a special evaluation as defined in section 146C(4) of the Act</i> ) | <input type="checkbox"/> |

**Recorded**

**Signature  
of Director** \_\_\_\_\_

Date

|     |
|-----|
| / / |
|-----|

**Copies of record sent to**

**worker**

\_\_\_\_\_  
(signature of person sending copy)

Date

|     |
|-----|
| / / |
|-----|

**employer**

\_\_\_\_\_  
(signature of person sending copy)

Date

|     |
|-----|
| / / |
|-----|

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

**Form 34**

[r. 22]

*Workers' Compensation and Injury Management Act 1981*

**ELECTION TO RETAIN RIGHT TO SEEK DAMAGES**

[made under section 93K(4) of the Act]

**Registration No.**

**Worker's details**

Surname

Other names

Date of birth

Sex

Occupation

Address

Postcode

Telephone no.

WorkCover claim number (WCCN)

(if not known, insurer can provide WCCN)

**Employer's details**

Name

Address

Postcode

Telephone no.

WorkCover number (WCN)

Contact person

Title

Telephone no.

**Insurer's details**

Name

Address

Postcode

Contact person

Telephone no.

|  |  |
|--|--|
|  |  |
|--|--|

**Injury details**

Description of injury

|  |
|--|
|  |
|--|

Date injury occurred

|  |
|--|
|  |
|--|

Date the claim, if any, for compensation by  
way of weekly payments was made on  
employer

|  |
|--|
|  |
|--|

Claim number given by insurer (if known)

|  |
|--|
|  |
|--|

Degree of permanent whole of person impairment

|   |
|---|
| % |
|---|

The Director has, under section 93L of the Act, recorded an agreement or assessment as to the  
worker's degree of permanent whole of person impairment, and the Record Number is:

|               |  |
|---------------|--|
| Record Number |  |
|---------------|--|

**Termination day**

|    |  |                       |  |
|----|--|-----------------------|--|
| 1. | Did a dispute resolution authority, acting under section 58(1) or (2) of the Act, determine the question of liability to make the weekly payments claimed?                                       |                       | If so, answer question 2.                  |
|    | Yes <input type="checkbox"/>   |                       |  |
|    | No <input type="checkbox"/>  |                       | If not, skip question 2.                   |
| 2. | Was the question determined more than 3 months after the day on which compensation by way of weekly payments was claimed?  |                       |  |
|    | Yes <input type="checkbox"/>   | If so, on which date? | <input style="width: 100px;" type="text"/> |
|    | No <input type="checkbox"/>  |                       |  |
| 3. | Was the worker first notified that liability is accepted in respect of the weekly payments claimed more than 3 months after the day on which compensation by way of weekly payments was claimed? |                       |  |
|    | Yes <input type="checkbox"/>   | If so, on which date? | <input style="width: 100px;" type="text"/> |
|    | No <input type="checkbox"/>  |                       |  |
| 4. | Has the termination day been extended under section 93M(4) of the Act?   |                       |  |
|    | Yes <input type="checkbox"/>   | If so, to which date? | <input style="width: 100px;" type="text"/> |
|    | No <input type="checkbox"/>  |                       |  |

**WARNING**

An election cannot be withdrawn after the Director registers it and a subsequent election cannot be made in respect of the same injury or injuries (see section 93L(6) of the Act).  
Registration of an election may affect your entitlement to statutory compensation under the *Workers' Compensation and Injury Management Act 1981*.

**You should seek appropriate independent advice before lodging this form.**

**Advice of consequences of election**

|   |      |  |
|---|------|--|
| I have been properly advised of the consequences of making this election. |      |  |
| <b>Signature<br/>of worker</b> _____                                      | Date | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: center; line-height: 30px;">/ /</div> |

**Registration of this election**

|  |      |  |
|--|------|--|
| This election form was lodged under regulation 22 and registered on the day shown below. |      |  |
| <b>Signature<br/>of Director</b> _____   | Date | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: center; line-height: 30px;">/ /</div> |

**Copies of election form sent to**

|                 |                                    |      |  |
|-----------------|------------------------------------|------|--|
| <b>worker</b>   | _____                              | Date | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: center; line-height: 30px;">/ /</div> |
|                 | (signature of person sending copy) |      |  |
| <b>employer</b> | _____                              | Date | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: center; line-height: 30px;">/ /</div> |
|                 | (signature of person sending copy) |      |  |

*[Form 34 inserted in Gazette 28 Oct 2005 p. 4948-50.]*

**Form 35**

[r. 23]

*Workers' Compensation and Injury Management Act 1981*

**APPLICATION TO EXTEND TERMINATION DAY**  
**[for extension under section 93M(4) of the Act]**

**Worker's details**

|                      |                      |                               |
|----------------------|----------------------|-------------------------------|
| Surname              |                      | Other names                   |
| <input type="text"/> |                      | <input type="text"/>          |
| Date of birth        | Sex                  | Occupation                    |
| <input type="text"/> | <input type="text"/> | <input type="text"/>          |
| Address              |                      |                               |
| <input type="text"/> |                      |                               |
|                      |                      | Postcode                      |
| <input type="text"/> |                      | <input type="text"/>          |
| Telephone no.        |                      | WorkCover claim number (WCCN) |
| <input type="text"/> |                      | <input type="text"/>          |

(if not known, insurer can provide WCCN)

**Employer's details**

|                      |                        |
|----------------------|------------------------|
| Name                 |                        |
| <input type="text"/> |                        |
| Address              |                        |
| <input type="text"/> |                        |
| Postcode             |                        |
| <input type="text"/> | <input type="text"/>   |
| Telephone no.        | WorkCover number (WCN) |
| <input type="text"/> | <input type="text"/>   |
| Contact person       |                        |
| <input type="text"/> |                        |
| Title                | Telephone no.          |
| <input type="text"/> | <input type="text"/>   |

**Insurer's details**

|                      |                      |
|----------------------|----------------------|
| Name                 |                      |
| <input type="text"/> |                      |
| Address              |                      |
| <input type="text"/> |                      |
| Postcode             |                      |
| <input type="text"/> | <input type="text"/> |
| Contact person       | Telephone no.        |
| <input type="text"/> | <input type="text"/> |

**Injury details**

Description of injury

|  |
|--|
|  |
|--|

Date injury occurred

|  |
|--|
|  |
|--|

Date the claim for compensation by way of  
weekly payments was made on employer

|  |
|--|
|  |
|--|

Claim number given by insurer (if known)

|  |
|--|
|  |
|--|

**Termination day**

|    |  |  |  |
|----|--|--|--|
| 1. | Did a dispute resolution authority, acting under section 58(1) or (2) of the Act, determine the question of liability to make the weekly payments claimed?                                       |  |  |
|    | Yes <input type="checkbox"/>   | If so, answer question 2.  |  |
|    | No <input type="checkbox"/>  | If not, skip question 2.   |  |
| 2. | Was the question determined more than 3 months after the day on which compensation by way of weekly payments was claimed?  |  |  |
|    | Yes <input type="checkbox"/>   | If so, on which date? <table border="1"><tr><td></td></tr></table> |  |
|    |  |  |  |
|    | No <input type="checkbox"/>  |  |  |
| 3. | Was the worker first notified that liability is accepted in respect of the weekly payments claimed more than 3 months after the day on which compensation by way of weekly payments was claimed? |  |  |
|    | Yes <input type="checkbox"/>   | If so, on which date? <table border="1"><tr><td></td></tr></table> |  |
|    |  |  |  |
|    | No <input type="checkbox"/>  |  |  |
| 4. | Has the termination day been extended under section 93M(4) of the Act?   |  |  |
|    | Yes <input type="checkbox"/>   | If so, to which date? <table border="1"><tr><td></td></tr></table> |  |
|    |  |  |  |
|    | No <input type="checkbox"/>  |  |  |

**Extension sought**

|                            |  |   |  |   |   |
|----------------------------|--|---|--|---|---|
| 1.                         | This application is for the termination day to be extended in the circumstances described in — |   |  |   |   |
|                            | <input type="checkbox"/> section 93M(4)(a) of Act  | (worker's condition has not stabilised)   |  |   |   |
|                            | <input type="checkbox"/> section 93M(4)(b) of Act  | (employer failed to comply with section 93O of Act)   |  |   |   |
|                            | <input type="checkbox"/> section 93M(4)(c) of Act  | (more time required to give documents to worker)  |  |   |   |
|                            | <input type="checkbox"/> section 93M(4)(d)(i) of Act   | (assessment requested but documents not available within specified time — not special evaluation) |  |   |   |
|                            | <input type="checkbox"/> section 93M(4)(d)(ii) of Act  | (assessment requested but documents not available within specified time — special evaluation)     |  |   |   |
| 2.                         | Specify date until which extension sought.   | <table border="1"><tr><td></td></tr></table>  |  |   |   |
|                            |  |   |  |   |   |
| <b>Signature of worker</b> | <table border="1"><tr><td></td></tr></table>   |   | Date <table border="1"><tr><td>/</td><td>/</td></tr></table> | / | / |
|                            |  |   |  |   |   |
| /                          | /  |   |  |   |   |

**How to lodge this form**

- |    |  |
|----|--|
| 1. | This form should be lodged with:<br>Director<br>WorkCover WA<br>Perth, WA                                |
| 2. | <b>WHEN LODGING THIS FORM ALSO PROVIDE ANYTHING ELSE THAT<br/>REGULATION 23 REQUIRES YOU TO PROVIDE.</b> |

**Extension given or refused**

|  |   |
|--|---|
| The termination day                    |   |
| is extended to                         | / /   |
| is not extended.                       | <input type="checkbox"/>  |
| <b>Signature<br/>of Director</b> _____ | Date <span style="border: 1px solid black; padding: 2px 10px;">/ /</span> |

**Copies of extension sent to**

|                 |                                    |      |  |
|-----------------|------------------------------------|------|--|
| <b>worker</b>   | _____                              | Date | <span style="border: 1px solid black; padding: 2px 10px;">/ /</span> |
|                 | (signature of person sending copy) |      |  |
| <b>employer</b> | _____                              | Date | <span style="border: 1px solid black; padding: 2px 10px;">/ /</span> |
|                 | (signature of person sending copy) |      |  |

*[Form 35 inserted in Gazette 28 Oct 2005 p. 4951-3; amended in  
Gazette 18 Nov 2011 p. 4825.]*

**Form 36**

[r. 25]

*Workers' Compensation and Injury Management Act 1981*

**NOTICE TO WORKER ABOUT TERMINATION DAY FOR ELECTION**  
**[under section 93O of the Act]**

Date on which notice given (*insert date*)

(*Insert name of worker*)

(*Insert address of worker*)

WorkCover claim number (WCCN) (*insert number*)

Date of injury (*insert date*)

Date when claim for compensation made on employer: (*insert date*)

**IMPORTANT INFORMATION**

Section 93O of the *Workers' Compensation and Injury Management Act 1981* entitles you to notice of certain things that may affect the damages you could recover in court.

If your cause of action arises on or after 14 November 2005, a court will not be able to award damages for your injury if you do not elect under section 93K of the Act to retain the right to seek damages and have the election registered by WorkCover's Director.

On the other hand, registering your election may affect your entitlement to statutory compensation. You should seek advice on whether or not to make an election.

One rule about electing is that, if you claim compensation by way of weekly payments because of your injury, you cannot elect after the termination day (there are exceptions to this rule for AIDS and specified industrial diseases).

Your termination day for this injury is ..... (specify date), which is about 6 months away.

You may be able to apply for the termination day to be extended but an extension can only be given in limited circumstances (see section 93M(4) and (8) of the Act).

Also, before you can elect, an agreement (between you and your employer) or assessment (by an approved medical specialist you select — see the register kept by the Director) about the level of your degree of permanent whole of person impairment has to be made and recorded by the Director. The level agreed or assessed has to be 15% or more.

If you request an assessment, the approved medical specialist can reasonably be expected to take 6 weeks from when you make the request to give you the documents about the outcome of the assessment. In some cases 7 weeks is relevant (see section 93M(4)(d)(ii) of the Act). You need to allow for this time.



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

**Employer's details**

|                      |                        |
|----------------------|------------------------|
| Name                 |                        |
| <input type="text"/> |                        |
| Address              |                        |
| <input type="text"/> |                        |
| Postcode             |                        |
| Telephone no.        | WorkCover number (WCN) |
| <input type="text"/> | <input type="text"/>   |
| Contact person       |                        |
| <input type="text"/> |                        |
| Title                | Telephone no.          |
| <input type="text"/> | <input type="text"/>   |

*[Form 36 inserted in Gazette 28 Oct 2005 p. 4953-4; amended in Gazette 18 Nov 2011 p. 4825.]*

**Form 37**

[r. 47(4)(a)]

*Workers' Compensation and Injury Management Act 1981*

**RECORD OF AGREEMENT ABOUT DEGREE OF PERMANENT WHOLE OF  
PERSON IMPAIRMENT**

**[recorded under section 158B(1)(a)(i) of the Act]**

**Record No.**

**Worker's details**

Surname

Other names

Date of birth

Sex

Occupation

Address

Postcode

Telephone no.

WorkCover claim number (WCCN)

**Employer's details**

Name

Address

Postcode

Telephone no.

WorkCover number (WCN)

Contact person

Title

Telephone no.

**Insurer's details**

Name

Address

Postcode

Contact person

Telephone no.

**Injury details**

Description of injury

|  |
|--|
|  |
|--|

Date injury occurred

|  |
|--|
|  |
|--|

Date the claim, if any, for compensation by  
way of weekly payments was made on  
employer

|  |
|--|
|  |
|--|

Claim number given by insurer (if known)

|  |
|--|
|  |
|--|

**Agreement**

It has been agreed that the worker's degree of permanent whole of person impairment is —

(a) at least 10%

*do not complete if "No" in paragraph (b)*

Yes ☐

No ☐

(b) less than 15%

*do not complete if "No" in paragraph (a)*

Yes ☐

No ☐

**Recorded**

**Signature  
of Director** \_\_\_\_\_

Date

|     |
|-----|
| / / |
|-----|

**Copies of record sent**

**To worker**

\_\_\_\_\_  
(signature of person sending copy)

Date

|     |
|-----|
| / / |
|-----|

**To  
employer**

\_\_\_\_\_  
(signature of person sending copy)

Date

|     |
|-----|
| / / |
|-----|

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

**Form 38**

[r. 47(4)(b)]

*Workers' Compensation and Injury Management Act 1981*  
**RECORD OF AGREEMENT ABOUT RETRAINING CRITERIA**  
[recorded under section 158B(1)(b)(i) of the Act]

**Record No.**

**Worker's details**

|                      |                               |                      |
|----------------------|-------------------------------|----------------------|
| Surname              | Other names                   |                      |
| <input type="text"/> | <input type="text"/>          |                      |
| Date of birth        | Sex                           | Occupation           |
| <input type="text"/> | <input type="text"/>          | <input type="text"/> |
| Address              |                               |                      |
| <input type="text"/> |                               |                      |
|                      |                               | Postcode             |
| <input type="text"/> |                               | <input type="text"/> |
| Telephone no.        | WorkCover claim number (WCCN) |                      |
| <input type="text"/> | <input type="text"/>          |                      |

**Employer's details**

|                      |                        |
|----------------------|------------------------|
| Name                 |                        |
| <input type="text"/> |                        |
| Address              |                        |
| <input type="text"/> |                        |
| Postcode             |                        |
| Telephone no.        | WorkCover number (WCN) |
| <input type="text"/> | <input type="text"/>   |
| Contact person       |                        |
| <input type="text"/> |                        |
| Title                | Telephone no.          |
| <input type="text"/> | <input type="text"/>   |

**Insurer's details**

|                      |                      |
|----------------------|----------------------|
| Name                 |                      |
| <input type="text"/> |                      |
| Address              |                      |
| <input type="text"/> |                      |
| Postcode             |                      |
| Contact person       | Telephone no.        |
| <input type="text"/> | <input type="text"/> |

**Injury details**

Description of injury

Date injury occurred

Date the claim, if any, for compensation by  
way of weekly payments was made on  
employer

Claim number given by insurer (if known)

**Agreement**

It has been agreed that the worker satisfies all of the retraining criteria defined in section 158(1) of the Act.

**Recorded**

**Signature  
of Director** \_\_\_\_\_

Date

/ /

**Copies of record sent**

**To worker**

\_\_\_\_\_  
(signature of person sending copy)

Date

/ /

**To  
employer**

\_\_\_\_\_  
(signature of person sending copy)

Date

/ /

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

**Form 39**

[r. 48]

*Workers' Compensation and Injury Management Act 1981*

**APPLICATION TO EXTEND FINAL DAY**  
**[for extension under section 158B(4) of the Act]**

**Worker's details**

|   |                      |                               |
|---|----------------------|-------------------------------|
| Surname   |                      | Other names                   |
| <input type="text"/>                            |                      | <input type="text"/>          |
| Date of birth                                   | Sex                  | Occupation                    |
| <input type="text"/>                            | <input type="text"/> | <input type="text"/>          |
| Address   |                      |                               |
| <input type="text"/>                            |                      |                               |
|   |                      | Postcode                      |
| <input type="text"/>                            |                      | <input type="text"/>          |
| Telephone no.                                   |                      | WorkCover claim number (WCCN) |
| <input type="text"/>                            |                      | <input type="text"/>          |
| <i>(if not known, insurer can provide WCCN)</i> |                      |                               |

**Employer's details**

|                      |                        |
|----------------------|------------------------|
| Name                 |                        |
| <input type="text"/> |                        |
| Address              |                        |
| <input type="text"/> |                        |
|                      |                        |
| Postcode             |                        |
| Telephone no.        | WorkCover number (WCN) |
| <input type="text"/> | <input type="text"/>   |
| Contact person       |                        |
| <input type="text"/> |                        |
| Title                | Telephone no.          |
| <input type="text"/> | <input type="text"/>   |

**Insurer's details**

|                      |                      |
|----------------------|----------------------|
| Name                 |                      |
| <input type="text"/> |                      |
| Address              |                      |
| <input type="text"/> |                      |
|                      |                      |
| Postcode             |                      |
| Contact person       | Telephone no.        |
| <input type="text"/> | <input type="text"/> |

**Injury details**

Description of injury

Date injury occurred

Date the claim for compensation by way of  
weekly payments was made on employer

Claim number given by insurer (if known)

**Final day under section 158B of the Act**

1. Did a dispute resolution authority, acting under section 58(1) or (2) of the Act, determine the question of liability to make the weekly payments claimed?

|     |                          |                           |
|-----|--------------------------|---------------------------|
| Yes | <input type="checkbox"/> | If so, answer question 2. |
| No  | <input type="checkbox"/> | If not, skip question 2.  |

2. Was the question determined more than 3 months after the day on which compensation by way of weekly payments was claimed?

|     |                          |   |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | If so, on which date? <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> |
| No  | <input type="checkbox"/> |   |

3. Was the worker first notified that liability is accepted in respect of the weekly payments claimed more than 3 months after the day on which compensation by way of weekly payments was claimed?

|     |                          |   |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | If so, on which date? <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> |
| No  | <input type="checkbox"/> |   |

4. Has the final day been extended under section 158B(4) of the Act?

|     |                          |   |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | If so, to which date? <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> |
| No  | <input type="checkbox"/> |   |

**Extension sought**

1. This application is for the final day to be extended under section 158B(4) of the Act.

2. Specify date until which extension sought.

Signature of worker \_\_\_\_\_ Date 

/ /

**How to lodge this form**

1. This form should be lodged with:  
Director  
WorkCover WA  
Perth, WA

2. **WHEN LODGING THIS FORM ALSO PROVIDE ANYTHING ELSE THAT REGULATION 48 REQUIRES YOU TO PROVIDE.**

**Extension given or refused**

|                                    |  |
|------------------------------------|--|
| The final day                      |  |
| is extended to                     | <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">/ /</div>      |
| is not extended.                   | <input type="checkbox"/>   |
| <b>Signature of Director</b> _____ | Date <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">/ /</div> |

**Copies of extension sent to**

|                 |                                    |      |   |
|-----------------|------------------------------------|------|---|
| <b>worker</b>   | _____                              | Date | <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">/ /</div> |
|                 | (signature of person sending copy) |      |   |
| <b>employer</b> | _____                              | Date | <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">/ /</div> |
|                 | (signature of person sending copy) |      |   |

*[Form 39 inserted in Gazette 28 Oct 2005 p. 4959-61; amended in Gazette 18 Nov 2011 p. 4825.]*



**Form 40**

[r. 52]

*Workers' Compensation and Injury Management Act 1981*

**Infringement notice**

Serial No. ....

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

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

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

|  |
|--|
| <p>If the alleged offender does <b>not</b> wish to be prosecuted for the alleged offence in a court, the amount of the modified penalty may be paid within the period of 28 days after the giving of this notice. Payment may be made by either —</p> <ul style="list-style-type: none"><li>• posting this form and a cheque or money order, made payable to <b>WorkCover Western Australia</b>, for the amount of the modified penalty to the Chief Executive Officer, WorkCover WA, 2 Bedbrook Place, Shenton Park WA 6008; or</li><li>• delivering this form, and paying the amount of the modified penalty to an authorised officer*, at WorkCover WA, 2 Bedbrook Place, Shenton Park WA 6008.</li></ul> |
|--|

Name and title of authorised officer giving the notice:

.....

Signature: .....

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

.....

.....

- (1) Name of alleged offender
- (2) Address of alleged offender
- (3) Time when offence allegedly committed
- (4) Place where offence allegedly committed
- (5) Section designation

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

**Form 41**

[r. 53]

*Workers' Compensation and Injury Management Act 1981*

**Withdrawal of infringement notice**

Serial No. ....

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

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

(1) Name of alleged offender given the infringement notice

(2) Address of alleged offender

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

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

**Appendix II**

[r. 9]

[Heading deleted in Gazette 21 Jan 2005 p. 277.]

**Table showing present values of \$1.00 per annum payable weekly assuming an effective earning rate of 3% per annum**

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

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

Appendix II — continued

| Years | Weeks     |           |           |           |           |           |           |           |           |           |           |           |           |
|-------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|       | 13<br>\$  | 14<br>\$  | 15<br>\$  | 16<br>\$  | 17<br>\$  | 18<br>\$  | 19<br>\$  | 20<br>\$  | 21<br>\$  | 22<br>\$  | 23<br>\$  | 24<br>\$  | 25<br>\$  |
| 0     | 0.249 01  | 0.268 09  | 0.287 15  | 0.306 21  | 0.325 26  | 0.344 29  | 0.363 32  | 0.382 33  | 0.401 33  | 0.420 32  | 0.439 30  | 0.458 27  | 0.477 23  |
| 1     | 1.226 84  | 1.245 36  | 1.263 88  | 1.282 38  | 1.300 87  | 1.319 35  | 1.337 82  | 1.356 28  | 1.374 73  | 1.393 17  | 1.411 59  | 1.430 01  | 1.448 42  |
| 2     | 2.176 19  | 2.194 18  | 2.212 15  | 2.230 11  | 2.248 06  | 2.266 01  | 2.283 94  | 2.301 86  | 2.319 77  | 2.337 67  | 2.355 56  | 2.373 45  | 2.391 32  |
| 3     | 3.097 89  | 3.115 35  | 3.132 80  | 3.150 24  | 3.167 67  | 3.185 09  | 3.202 50  | 3.219 90  | 3.237 29  | 3.254 67  | 3.272 04  | 3.289 40  | 3.306 75  |
| 4     | 3.992 75  | 4.009 70  | 4.026 64  | 4.043 57  | 4.060 49  | 4.077 41  | 4.094 31  | 4.111 20  | 4.128 09  | 4.144 96  | 4.161 82  | 4.178 68  | 4.195 52  |
| 5     | 4.861 54  | 4.878 00  | 4.894 44  | 4.910 88  | 4.927 31  | 4.943 73  | 4.960 14  | 4.976 54  | 4.992 94  | 5.009 32  | 5.025 69  | 5.042 05  | 5.058 41  |
| 6     | 5.705 03  | 5.721 00  | 5.736 97  | 5.752 93  | 5.768 88  | 5.784 82  | 5.800 76  | 5.816 68  | 5.832 60  | 5.848 50  | 5.864 40  | 5.880 28  | 5.896 16  |
| 7     | 6.523 95  | 6.539 46  | 6.554 96  | 6.570 46  | 6.585 94  | 6.601 42  | 6.616 89  | 6.632 35  | 6.647 80  | 6.663 24  | 6.678 67  | 6.694 10  | 6.709 51  |
| 8     | 7.319 01  | 7.334 07  | 7.349 13  | 7.364 17  | 7.379 20  | 7.394 23  | 7.409 25  | 7.424 26  | 7.439 26  | 7.454 25  | 7.469 23  | 7.484 21  | 7.499 18  |
| 9     | 8.090 92  | 8.105 55  | 8.120 16  | 8.134 76  | 8.149 36  | 8.163 95  | 8.178 53  | 8.193 10  | 8.207 67  | 8.222 22  | 8.236 77  | 8.251 31  | 8.265 84  |
| 10    | 8.840 35  | 8.854 55  | 8.868 73  | 8.882 91  | 8.897 09  | 8.911 25  | 8.925 41  | 8.939 55  | 8.953 69  | 8.967 83  | 8.981 95  | 8.996 06  | 9.010 17  |
| 11    | 9.567 95  | 9.581 73  | 9.595 51  | 9.609 27  | 9.623 03  | 9.636 78  | 9.650 53  | 9.664 26  | 9.677 99  | 9.691 71  | 9.705 42  | 9.719 13  | 9.732 82  |
| 12    | 10.274 36 | 10.287 74 | 10.301 11 | 10.314 48 | 10.327 84 | 10.341 19 | 10.354 53 | 10.367 87 | 10.381 19 | 10.394 51 | 10.407 83 | 10.421 13 | 10.434 43 |
| 13    | 10.960 19 | 10.973 18 | 10.986 16 | 10.999 14 | 11.012 11 | 11.025 07 | 11.038 03 | 11.050 97 | 11.063 91 | 11.076 85 | 11.089 77 | 11.102 69 | 11.115 60 |
| 14    | 11.626 05 | 11.638 66 | 11.651 26 | 11.663 86 | 11.676 45 | 11.689 04 | 11.701 62 | 11.714 19 | 11.726 75 | 11.739 30 | 11.751 85 | 11.764 39 | 11.776 93 |
| 15    | 12.272 51 | 12.284 75 | 12.296 99 | 12.309 22 | 12.321 45 | 12.333 67 | 12.345 88 | 12.358 08 | 12.370 28 | 12.382 47 | 12.394 65 | 12.406 83 | 12.419 00 |
| 16    | 12.900 14 | 12.912 03 | 12.923 91 | 12.935 79 | 12.947 66 | 12.959 52 | 12.971 37 | 12.983 22 | 12.995 06 | 13.006 90 | 13.018 73 | 13.030 55 | 13.042 36 |
| 17    | 13.509 49 | 13.521 04 | 13.532 57 | 13.544 10 | 13.555 63 | 13.567 14 | 13.578 65 | 13.590 16 | 13.601 65 | 13.613 14 | 13.624 63 | 13.636 10 | 13.647 57 |
| 18    | 14.101 10 | 14.112 31 | 14.123 51 | 14.134 70 | 14.145 89 | 14.157 07 | 14.168 24 | 14.179 41 | 14.190 57 | 14.201 73 | 14.212 88 | 14.224 02 | 14.235 16 |
| 19    | 14.675 47 | 14.686 35 | 14.697 23 | 14.708 09 | 14.718 96 | 14.729 81 | 14.740 66 | 14.751 50 | 14.762 34 | 14.773 17 | 14.784 00 | 14.794 81 | 14.805 63 |
| 20    | 15.233 12 | 15.243 68 | 15.254 24 | 15.264 79 | 15.275 33 | 15.285 87 | 15.296 41 | 15.306 93 | 15.317 45 | 15.327 97 | 15.338 48 | 15.348 98 | 15.359 48 |
| 21    | 15.774 52 | 15.784 77 | 15.795 02 | 15.805 27 | 15.815 51 | 15.825 74 | 15.835 96 | 15.846 19 | 15.856 40 | 15.866 61 | 15.876 81 | 15.887 01 | 15.897 20 |
| 22    | 16.300 15 | 16.310 11 | 16.320 06 | 16.330 01 | 16.339 95 | 16.349 88 | 16.359 81 | 16.369 73 | 16.379 65 | 16.389 56 | 16.399 47 | 16.409 37 | 16.419 26 |
| 23    | 16.810 48 | 16.820 14 | 16.829 80 | 16.839 46 | 16.849 11 | 16.858 75 | 16.868 39 | 16.878 03 | 16.887 66 | 16.897 28 | 16.906 90 | 16.916 51 | 16.926 12 |
| 24    | 17.305 94 | 17.315 32 | 17.324 70 | 17.334 08 | 17.343 44 | 17.352 81 | 17.362 17 | 17.371 52 | 17.380 87 | 17.390 21 | 17.399 55 | 17.408 88 | 17.418 21 |
| 25    | 17.786 96 | 17.796 08 | 17.805 18 | 17.814 28 | 17.823 38 | 17.832 47 | 17.841 56 | 17.850 64 | 17.859 71 | 17.868 79 | 17.877 85 | 17.886 91 | 17.895 97 |
| 26    | 18.253 98 | 18.262 83 | 18.271 67 | 18.280 51 | 18.289 34 | 18.298 16 | 18.306 99 | 18.315 80 | 18.324 61 | 18.333 42 | 18.342 22 | 18.351 02 | 18.359 81 |
| 27    | 18.707 40 | 18.715 99 | 18.724 57 | 18.733 15 | 18.741 72 | 18.750 29 | 18.758 86 | 18.767 42 | 18.775 97 | 18.784 52 | 18.793 07 | 18.801 61 | 18.810 14 |
| 28    | 19.147 61 | 19.155 95 | 19.164 28 | 19.172 61 | 19.180 93 | 19.189 25 | 19.197 57 | 19.205 88 | 19.214 18 | 19.222 49 | 19.230 78 | 19.239 07 | 19.247 36 |
| 29    | 19.575 00 | 19.583 09 | 19.591 18 | 19.599 27 | 19.607 35 | 19.615 43 | 19.623 50 | 19.631 57 | 19.639 63 | 19.647 69 | 19.655 75 | 19.663 80 | 19.671 84 |
| 30    | 19.989 94 | 19.997 80 | 20.005 65 | 20.013 50 | 20.021 35 | 20.029 19 | 20.037 03 | 20.044 86 | 20.052 69 | 20.060 51 | 20.068 33 | 20.076 15 | 20.083 96 |
| 31    | 20.392 79 | 20.400 42 | 20.408 05 | 20.415 67 | 20.423 29 | 20.430 90 | 20.438 51 | 20.446 12 | 20.453 72 | 20.461 31 | 20.468 91 | 20.476 49 | 20.484 08 |
| 32    | 20.783 91 | 20.791 32 | 20.798 72 | 20.806 12 | 20.813 52 | 20.820 91 | 20.828 30 | 20.835 68 | 20.843 06 | 20.850 44 | 20.857 81 | 20.865 18 | 20.872 54 |
| 33    | 21.164 64 | 21.170 83 | 21.178 02 | 21.185 21 | 21.192 39 | 21.199 56 | 21.206 74 | 21.213 90 | 21.221 07 | 21.228 23 | 21.235 39 | 21.242 54 | 21.249 69 |
| 34    | 21.532 31 | 21.539 29 | 21.546 27 | 21.553 25 | 21.560 22 | 21.567 19 | 21.574 15 | 21.581 11 | 21.588 06 | 21.595 02 | 21.601 96 | 21.608 91 | 21.615 85 |
| 35    | 21.890 24 | 21.897 02 | 21.903 79 | 21.910 57 | 21.917 34 | 21.924 10 | 21.930 86 | 21.937 62 | 21.944 37 | 21.951 12 | 21.957 87 | 21.964 61 | 21.971 35 |
| 36    | 22.237 74 | 22.244 33 | 22.250 90 | 22.257 48 | 22.264 05 | 22.270 62 | 22.277 18 | 22.283 74 | 22.290 30 | 22.296 85 | 22.303 40 | 22.309 95 | 22.316 49 |
| 37    | 22.575 13 | 22.581 52 | 22.587 91 | 22.594 29 | 22.600 67 | 22.607 05 | 22.613 42 | 22.619 79 | 22.626 15 | 22.632 51 | 22.638 87 | 22.645 23 | 22.651 58 |
| 38    | 22.902 68 | 22.908 89 | 22.915 09 | 22.921 29 | 22.927 48 | 22.933 67 | 22.939 86 | 22.946 04 | 22.952 22 | 22.958 40 | 22.964 57 | 22.970 74 | 22.976 91 |
| 39    | 23.220 70 | 23.226 73 | 23.232 75 | 23.238 76 | 23.244 78 | 23.250 79 | 23.256 79 | 23.262 80 | 23.268 80 | 23.274 79 | 23.280 79 | 23.286 78 | 23.292 76 |
| 40    | 23.529 46 | 23.535 30 | 23.541 15 | 23.546 99 | 23.552 83 | 23.558 67 | 23.564 50 | 23.570 33 | 23.576 15 | 23.581 97 | 23.587 79 | 23.593 61 | 23.599 42 |
| 41    | 23.829 22 | 23.834 89 | 23.840 57 | 23.846 24 | 23.851 91 | 23.857 58 | 23.863 24 | 23.868 90 | 23.874 55 | 23.880 20 | 23.885 85 | 23.891 50 | 23.897 14 |
| 42    | 24.120 25 | 24.125 76 | 24.131 27 | 24.136 78 | 24.142 28 | 24.147 78 | 24.153 28 | 24.158 77 | 24.164 26 | 24.169 75 | 24.175 23 | 24.180 72 | 24.186 19 |
| 43    | 24.402 80 | 24.408 15 | 24.413 50 | 24.418 85 | 24.424 19 | 24.429 53 | 24.434 87 | 24.440 20 | 24.445 53 | 24.450 86 | 24.456 19 | 24.461 51 | 24.466 83 |
| 44    | 24.677 12 | 24.682 32 | 24.687 51 | 24.692 71 | 24.697 89 | 24.703 08 | 24.708 26 | 24.713 44 | 24.718 61 | 24.723 79 | 24.728 96 | 24.734 12 | 24.739 29 |
| 45    | 24.943 46 | 24.948 50 | 24.953 55 | 24.958 59 | 24.963 62 | 24.968 66 | 24.973 69 | 24.978 71 | 24.983 74 | 24.988 76 | 24.993 78 | 24.998 80 | 25.003 81 |
| 46    | 25.202 04 | 25.206 93 | 25.211 83 | 25.216 72 | 25.221 61 | 25.226 50 | 25.231 38 | 25.236 26 | 25.241 14 | 25.246 02 | 25.250 89 | 25.255 76 | 25.260 63 |
| 47    | 25.453 08 | 25.457 84 | 25.462 59 | 25.467 34 | 25.472 09 | 25.476 83 | 25.481 57 | 25.486 31 | 25.491 05 | 25.495 78 | 25.500 51 | 25.505 24 | 25.509 97 |
| 48    | 25.696 81 | 25.701 43 | 25.706 05 | 25.710 66 | 25.715 27 | 25.719 87 | 25.724 48 | 25.729 08 | 25.733 68 | 25.738 27 | 25.742 87 | 25.747 46 | 25.752 04 |
| 49    | 25.933 45 | 25.937 93 | 25.942 41 | 25.946 89 | 25.951 36 | 25.955 84 | 25.960 31 | 25.964 77 | 25.969 24 | 25.973 70 | 25.978 16 | 25.982 62 | 25.987 07 |
| 50    | 26.163 19 | 26.167 54 | 26.171 89 | 26.176 24 | 26.180 58 | 26.184 93 | 26.189 27 | 26.193 60 | 26.197 94 | 26.202 27 | 26.206 60 | 26.210 93 | 26.215 25 |

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

Appendix II — *continued*

| Years | Weeks     |           |           |           |           |           |           |           |           |           |           |           |           |
|-------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|       | 26<br>\$  | 27<br>\$  | 28<br>\$  | 29<br>\$  | 30<br>\$  | 31<br>\$  | 32<br>\$  | 33<br>\$  | 34<br>\$  | 35<br>\$  | 36<br>\$  | 37<br>\$  | 38<br>\$  |
| 0     | 0.496 18  | 0.515 12  | 0.534 05  | 0.552 96  | 0.571 87  | 0.590 76  | 0.609 65  | 0.628 52  | 0.647 38  | 0.666 24  | 0.685 08  | 0.703 91  | 0.722 73  |
| 1     | 1.466 82  | 1.485 20  | 1.503 58  | 1.521 94  | 1.540 30  | 1.558 64  | 1.576 98  | 1.595 30  | 1.613 61  | 1.631 92  | 1.650 21  | 1.668 49  | 1.686 76  |
| 2     | 2.409 18  | 2.427 03  | 2.444 87  | 2.462 70  | 2.480 52  | 2.498 33  | 2.516 13  | 2.533 92  | 2.551 70  | 2.569 47  | 2.587 23  | 2.604 98  | 2.622 72  |
| 3     | 3.324 09  | 3.341 42  | 3.358 74  | 3.376 06  | 3.393 36  | 3.410 65  | 3.427 93  | 3.445 20  | 3.462 46  | 3.479 72  | 3.496 96  | 3.514 19  | 3.531 41  |
| 4     | 4.212 36  | 4.229 19  | 4.246 00  | 4.262 81  | 4.279 61  | 4.296 39  | 4.313 17  | 4.329 94  | 4.346 70  | 4.363 45  | 4.380 19  | 4.396 92  | 4.413 64  |
| 5     | 5.074 75  | 5.091 09  | 5.107 42  | 5.123 73  | 5.140 04  | 5.156 34  | 5.172 63  | 5.188 91  | 5.205 18  | 5.221 44  | 5.237 70  | 5.253 94  | 5.270 17  |
| 6     | 5.912 03  | 5.927 89  | 5.943 74  | 5.959 58  | 5.975 42  | 5.991 24  | 6.007 06  | 6.022 86  | 6.038 66  | 6.054 45  | 6.070 23  | 6.086 00  | 6.101 76  |
| 7     | 6.724 92  | 6.740 32  | 6.755 71  | 6.771 09  | 6.786 46  | 6.801 83  | 6.817 18  | 6.832 53  | 6.847 86  | 6.863 19  | 6.878 51  | 6.893 82  | 6.909 12  |
| 8     | 7.514 14  | 7.529 08  | 7.544 03  | 7.558 96  | 7.573 88  | 7.588 80  | 7.603 71  | 7.618 60  | 7.633 50  | 7.648 38  | 7.663 25  | 7.678 12  | 7.692 97  |
| 9     | 8.280 36  | 8.294 88  | 8.309 38  | 8.323 88  | 8.338 37  | 8.352 85  | 8.367 32  | 8.381 79  | 8.396 25  | 8.410 69  | 8.425 13  | 8.439 57  | 8.453 99  |
| 10    | 9.024 27  | 9.038 36  | 9.052 45  | 9.066 52  | 9.080 59  | 9.094 65  | 9.108 70  | 9.122 74  | 9.136 78  | 9.150 81  | 9.164 83  | 9.178 84  | 9.192 84  |
| 11    | 9.746 51  | 9.760 19  | 9.773 87  | 9.787 53  | 9.801 19  | 9.814 84  | 9.828 48  | 9.842 12  | 9.855 75  | 9.869 36  | 9.882 98  | 9.896 58  | 9.910 18  |
| 12    | 10.447 72 | 10.461 00 | 10.474 28 | 10.487 55 | 10.500 81 | 10.514 06 | 10.527 30 | 10.540 54 | 10.553 77 | 10.566 99 | 10.580 21 | 10.593 41 | 10.606 61 |
| 13    | 11.128 50 | 11.141 40 | 11.154 29 | 11.167 17 | 11.180 04 | 11.192 91 | 11.205 77 | 11.218 62 | 11.231 46 | 11.244 30 | 11.257 13 | 11.269 95 | 11.282 77 |
| 14    | 11.789 46 | 11.801 98 | 11.814 49 | 11.827 00 | 11.839 49 | 11.851 99 | 11.864 47 | 11.876 95 | 11.889 42 | 11.901 88 | 11.914 34 | 11.926 79 | 11.939 23 |
| 15    | 12.431 16 | 12.443 32 | 12.455 46 | 12.467 61 | 12.479 74 | 12.491 87 | 12.503 99 | 12.516 10 | 12.528 21 | 12.540 31 | 12.552 40 | 12.564 49 | 12.576 57 |
| 16    | 13.054 17 | 13.065 97 | 13.077 77 | 13.089 56 | 13.101 34 | 13.113 11 | 13.124 88 | 13.136 64 | 13.148 40 | 13.160 14 | 13.171 89 | 13.183 62 | 13.195 35 |
| 17    | 13.659 04 | 13.670 50 | 13.681 95 | 13.693 39 | 13.704 83 | 13.716 26 | 13.727 69 | 13.739 11 | 13.750 52 | 13.761 92 | 13.773 32 | 13.784 72 | 13.796 10 |
| 18    | 14.246 29 | 14.257 41 | 14.268 53 | 14.279 64 | 14.290 75 | 14.301 84 | 14.312 94 | 14.324 02 | 14.335 10 | 14.346 18 | 14.357 24 | 14.368 30 | 14.379 36 |
| 19    | 14.816 43 | 14.827 23 | 14.838 03 | 14.848 81 | 14.859 60 | 14.870 37 | 14.881 14 | 14.891 90 | 14.902 66 | 14.913 41 | 14.924 16 | 14.934 90 | 14.945 63 |
| 20    | 15.369 97 | 15.380 46 | 15.390 94 | 15.401 41 | 15.411 88 | 15.422 34 | 15.432 79 | 15.443 24 | 15.453 69 | 15.464 13 | 15.474 56 | 15.484 98 | 15.495 40 |
| 21    | 15.907 39 | 15.917 57 | 15.927 74 | 15.937 91 | 15.948 07 | 15.958 23 | 15.968 38 | 15.978 53 | 15.988 67 | 15.998 80 | 16.008 93 | 16.019 05 | 16.029 17 |
| 22    | 16.429 15 | 16.439 03 | 16.448 91 | 16.458 78 | 16.468 65 | 16.478 51 | 16.488 37 | 16.498 22 | 16.508 06 | 16.517 90 | 16.527 73 | 16.537 56 | 16.547 38 |
| 23    | 16.935 72 | 16.945 31 | 16.954 90 | 16.964 49 | 16.974 07 | 16.983 64 | 16.993 21 | 17.002 77 | 17.012 33 | 17.021 88 | 17.031 43 | 17.040 97 | 17.050 51 |
| 24    | 17.427 53 | 17.436 84 | 17.446 16 | 17.455 46 | 17.464 76 | 17.474 06 | 17.483 35 | 17.492 63 | 17.501 91 | 17.511 18 | 17.520 45 | 17.529 72 | 17.538 97 |
| 25    | 17.905 02 | 17.914 06 | 17.923 10 | 17.932 14 | 17.941 16 | 17.950 19 | 17.959 21 | 17.968 22 | 17.977 23 | 17.986 23 | 17.995 23 | 18.004 23 | 18.013 22 |
| 26    | 18.368 60 | 18.377 38 | 18.386 15 | 18.394 93 | 18.403 69 | 18.412 45 | 18.421 21 | 18.429 96 | 18.438 71 | 18.447 45 | 18.456 19 | 18.464 92 | 18.473 64 |
| 27    | 18.818 67 | 18.827 20 | 18.835 72 | 18.844 24 | 18.852 75 | 18.861 25 | 18.869 75 | 18.878 25 | 18.886 74 | 18.895 23 | 18.903 71 | 18.912 19 | 18.920 66 |
| 28    | 19.255 64 | 19.263 92 | 19.272 19 | 19.280 46 | 19.288 72 | 19.296 98 | 19.305 24 | 19.313 48 | 19.321 73 | 19.329 97 | 19.338 20 | 19.346 43 | 19.354 66 |
| 29    | 19.679 88 | 19.687 92 | 19.695 95 | 19.703 98 | 19.712 00 | 19.720 02 | 19.728 03 | 19.736 04 | 19.744 05 | 19.752 04 | 19.760 04 | 19.768 03 | 19.776 02 |
| 30    | 20.091 77 | 20.099 57 | 20.107 37 | 20.115 16 | 20.122 95 | 20.130 73 | 20.138 51 | 20.146 29 | 20.154 06 | 20.161 83 | 20.169 59 | 20.177 35 | 20.185 10 |
| 31    | 20.491 66 | 20.499 23 | 20.506 80 | 20.514 37 | 20.521 93 | 20.529 49 | 20.537 04 | 20.544 59 | 20.552 13 | 20.559 68 | 20.567 21 | 20.574 74 | 20.582 27 |
| 32    | 20.879 90 | 20.887 25 | 20.894 60 | 20.901 95 | 20.909 29 | 20.916 63 | 20.923 96 | 20.931 29 | 20.938 61 | 20.945 94 | 20.953 25 | 20.960 56 | 20.967 87 |
| 33    | 21.256 83 | 21.263 97 | 21.271 11 | 21.278 24 | 21.285 37 | 21.292 49 | 21.299 61 | 21.306 73 | 21.313 84 | 21.320 94 | 21.328 05 | 21.335 15 | 21.342 24 |
| 34    | 21.622 78 | 21.629 72 | 21.636 64 | 21.643 57 | 21.650 49 | 21.657 41 | 21.664 32 | 21.671 23 | 21.678 13 | 21.685 03 | 21.691 93 | 21.698 82 | 21.705 71 |
| 35    | 21.978 08 | 21.984 81 | 21.991 54 | 21.998 26 | 22.004 98 | 22.011 69 | 22.018 40 | 22.025 11 | 22.031 81 | 22.038 51 | 22.045 21 | 22.051 90 | 22.058 59 |
| 36    | 22.323 03 | 22.329 56 | 22.336 09 | 22.342 62 | 22.349 14 | 22.355 66 | 22.362 18 | 22.368 69 | 22.375 20 | 22.381 70 | 22.388 20 | 22.394 70 | 22.401 19 |
| 37    | 22.657 93 | 22.664 27 | 22.670 61 | 22.676 95 | 22.683 28 | 22.689 61 | 22.695 94 | 22.702 26 | 22.708 58 | 22.714 89 | 22.721 20 | 22.727 51 | 22.733 82 |
| 38    | 22.983 07 | 22.989 23 | 22.995 39 | 23.001 54 | 23.007 69 | 23.013 83 | 23.019 97 | 23.026 11 | 23.032 25 | 23.038 38 | 23.044 51 | 23.050 63 | 23.056 75 |
| 39    | 23.298 75 | 23.304 73 | 23.310 70 | 23.316 68 | 23.322 65 | 23.328 61 | 23.334 57 | 23.340 53 | 23.346 49 | 23.352 44 | 23.358 39 | 23.364 34 | 23.370 28 |
| 40    | 23.605 23 | 23.611 03 | 23.616 84 | 23.622 64 | 23.628 43 | 23.634 22 | 23.640 01 | 23.645 80 | 23.651 58 | 23.657 36 | 23.663 14 | 23.668 91 | 23.674 68 |
| 41    | 23.902 78 | 23.908 42 | 23.914 05 | 23.919 68 | 23.925 31 | 23.930 93 | 23.936 55 | 23.942 17 | 23.947 78 | 23.953 40 | 23.959 00 | 23.964 61 | 23.970 21 |
| 42    | 24.191 67 | 24.197 14 | 24.202 61 | 24.208 08 | 24.213 54 | 24.219 00 | 24.224 46 | 24.229 91 | 24.235 36 | 24.240 81 | 24.246 25 | 24.251 69 | 24.257 13 |
| 43    | 24.472 14 | 24.477 46 | 24.482 77 | 24.488 07 | 24.493 38 | 24.498 68 | 24.503 98 | 24.509 27 | 24.514 56 | 24.519 85 | 24.525 14 | 24.530 42 | 24.535 70 |
| 44    | 24.744 45 | 24.749 61 | 24.754 76 | 24.759 91 | 24.765 06 | 24.770 21 | 24.775 35 | 24.780 49 | 24.785 63 | 24.790 77 | 24.795 90 | 24.801 03 | 24.806 15 |
| 45    | 25.008 82 | 25.013 83 | 25.018 83 | 25.023 84 | 25.028 84 | 25.033 83 | 25.038 83 | 25.043 82 | 25.048 80 | 25.053 79 | 25.058 77 | 25.063 75 | 25.068 73 |
| 46    | 25.265 49 | 25.270 36 | 25.275 22 | 25.280 07 | 25.284 93 | 25.289 78 | 25.294 63 | 25.299 47 | 25.304 31 | 25.309 15 | 25.313 99 | 25.318 83 | 25.323 66 |
| 47    | 25.514 69 | 25.519 41 | 25.524 13 | 25.528 84 | 25.533 56 | 25.538 27 | 25.542 97 | 25.547 68 | 25.552 38 | 25.557 08 | 25.561 78 | 25.566 47 | 25.571 16 |
| 48    | 25.756 63 | 25.761 21 | 25.765 79 | 25.770 37 | 25.774 95 | 25.779 52 | 25.784 09 | 25.788 66 | 25.793 22 | 25.797 78 | 25.802 34 | 25.806 90 | 25.811 45 |
| 49    | 25.991 52 | 25.995 97 | 26.000 42 | 26.004 86 | 26.009 31 | 26.013 74 | 26.018 18 | 26.022 62 | 26.027 05 | 26.031 48 | 26.035 90 | 26.040 33 | 26.044 75 |
| 50    | 26.219 57 | 26.223 89 | 26.228 21 | 26.232 53 | 26.236 84 | 26.241 15 | 26.245 46 | 26.249 76 | 26.254 06 | 26.258 36 | 26.262 66 | 26.266 96 | 26.271 25 |

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

Appendix II — *continued*

| Years | Weeks     |           |           |           |           |           |           |           |           |           |           |           |           |
|-------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|       | 39<br>\$  | 40<br>\$  | 41<br>\$  | 42<br>\$  | 43<br>\$  | 44<br>\$  | 45<br>\$  | 46<br>\$  | 47<br>\$  | 48<br>\$  | 49<br>\$  | 50<br>\$  | 51<br>\$  |
| 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 42 | 23.441 33 | 23.447 22 |
| 40    | 23.680 44 | 23.686 21 | 23.691 97 | 23.697 72 | 23.703 48 | 23.709 22 | 23.714 97 | 23.720 71 | 23.726 45 | 23.732 19 | 23.737 92 | 23.743 65 | 23.749 38 |
| 41    | 23.975 81 | 23.981 40 | 23.986 99 | 23.992 58 | 23.998 17 | 24.003 75 | 24.009 33 | 24.014 90 | 24.020 48 | 24.026 05 | 24.031 61 | 24.037 18 | 24.042 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; 21 Jan 2005  
p. 277.]

## **Appendix III**

[r. 19E]

*[Heading inserted in Gazette 26 Feb 1991 p. 947.]*

### **Report No. 118 of the National Acoustic Laboratories**

#### **Appendix 3**

#### **Binaural tables for determining percentage loss of hearing**

January, 1988

It is recommended that the following procedure be used to assess binaural percentage loss of hearing.

1. Measure the hearing threshold levels (HTLs) of the person at the audiometric frequencies 500, 1000, 1500, 2000, 3000 and 4000 Hz.
2. Determine the better and worse ears at each of these frequencies. At a particular frequency, the better ear is the ear with the smaller HTL. The better ear at one frequency may be the worse at another.
3. Using the HTLs of the better and worse ears, read the percentage loss of hearing (PLH) at each frequency from the appropriate table (Table RB-500, RB-1000, RB-1500, RB-2000, RB-3000 or RB-4000) and add these 6 values together to obtain the overall binaural PLH.

#### **Example**

| <b>HEARING THRESHOLD LEVELS</b> |                      |                     |                       |                      |                              |
|---------------------------------|----------------------|---------------------|-----------------------|----------------------|------------------------------|
| <b>Frequency</b>                | <b>Right<br/>Ear</b> | <b>Left<br/>Ear</b> | <b>Better<br/>Ear</b> | <b>Worse<br/>Ear</b> | <b>PLH</b>                   |
| 500                             | 40                   | 10                  | 10                    | 40                   | 1.7                          |
| 1000                            | 45                   | 25                  | 25                    | 45                   | 4.2                          |
| 1500                            | 50                   | 40                  | 40                    | 50                   | 7.1                          |
| 2000                            | 55                   | 55                  | 55                    | 55                   | 8.4                          |
| 3000                            | 60                   | 70                  | 60                    | 70                   | 6.5                          |
| 4000                            | 65                   | 85                  | 65                    | 85                   | 7.1                          |
|                                 |                      |                     |                       |                      | Overall Binaural PLH = 35.0% |



**Table RB — 500**

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

**HTL — BETTER EAR**

|     | ≤15 | 20  | 25  | 30  | 35  | 40  | 45  | 50   | 55   | 60   | 65   | 70   | 75   | 80   | 85   | 90   | ≤95  |   |
|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|------|------|------|---|
| ≤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 |     |   |

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

≤95 4.3 5.3 6.4 7.6 8.9 10.3 11.9 13.5 15.2 17.0 18.7 20.5 22.0 23.3 24.2 24.7 25.0

**Table RB — 1500**

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

**HTL — BETTER EAR**

|     | ≤15 | 20  | 25  | 30  | 35  | 40  | 45  | 50   | 55   | 60   | 65   | 70   | 75   | 80   | 85   | 90   | ≤95  |   |
|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|------|------|------|---|
| ≤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 |      |      |      |      |     |   |
| 75  | 2.3 | 2.8 | 3.5 | 4.3 | 5.1 | 6.0 | 6.9 | 7.9 | 8.9 | 9.9  | 10.8 | 11.8 | 12.7 |      |      |      |     | E |
| 80  | 2.4 | 2.9 | 3.6 | 4.4 | 5.2 | 6.1 | 7.0 | 8.0 | 9.0 | 10.0 | 11.0 | 12.0 | 12.9 | 13.6 |      |      |     | A |
| 85  | 2.4 | 3.0 | 3.7 | 4.4 | 5.3 | 6.1 | 7.1 | 8.1 | 9.1 | 10.1 | 11.1 | 12.1 | 13.0 | 13.8 | 14.3 |      |     | R |
| 90  | 2.5 | 3.1 | 3.8 | 4.5 | 5.3 | 6.2 | 7.1 | 8.1 | 9.1 | 10.2 | 11.2 | 12.2 | 13.2 | 13.9 | 14.4 | 14.8 |     |   |

≤95   2.6   3.2   3.8   4.6   5.4   6.2   7.1   8.1   9.1   10.2   11.3   12.3   13.2   14.0   14.5   14.8   15.0

**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 |   |

**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% |                          |          |            |           |     |

**Table EB — 8000**

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

| <b>HTL — BETTER EAR</b> |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|
|                         | ≤30 | 35  | 40  | 45  | 50  | 55  | 60  | 65  | 70  | 75  | 80  | 85  | ≤90 |          |
| ≤30                     | 0   |     |     |     |     |     |     |     |     |     |     |     |     | <b>H</b> |
| 35                      | 0.1 | 0.1 |     |     |     |     |     |     |     |     |     |     |     | <b>T</b> |
| 40                      | 0.1 | 0.2 | 0.2 |     |     |     |     |     |     |     |     |     |     | <b>L</b> |
| 45                      | 0.1 | 0.2 | 0.3 | 0.3 |     |     |     |     |     |     |     |     |     | <b> </b> |
| 50                      | 0.2 | 0.2 | 0.3 | 0.3 | 0.4 |     |     |     |     |     |     |     |     | <b>W</b> |
| 55                      | 0.2 | 0.2 | 0.3 | 0.4 | 0.4 | 0.5 |     |     |     |     |     |     |     | <b>O</b> |
| 60                      | 0.2 | 0.2 | 0.3 | 0.4 | 0.4 | 0.5 | 0.6 |     |     |     |     |     |     | <b>R</b> |
| 65                      | 0.2 | 0.3 | 0.3 | 0.4 | 0.5 | 0.5 | 0.6 | 0.7 |     |     |     |     |     | <b>S</b> |
| 70                      | 0.2 | 0.3 | 0.3 | 0.4 | 0.5 | 0.5 | 0.6 | 0.7 | 0.7 |     |     |     |     | <b>E</b> |
| 75                      | 0.2 | 0.3 | 0.3 | 0.4 | 0.5 | 0.5 | 0.6 | 0.7 | 0.8 | 0.8 |     |     |     |          |
| 80                      | 0.2 | 0.3 | 0.3 | 0.4 | 0.5 | 0.6 | 0.6 | 0.7 | 0.8 | 0.8 | 0.9 |     |     | <b>E</b> |
| 85                      | 0.2 | 0.3 | 0.4 | 0.4 | 0.5 | 0.6 | 0.6 | 0.7 | 0.8 | 0.8 | 0.9 | 0.9 |     | <b>A</b> |
| ≤90                     | 0.2 | 0.3 | 0.4 | 0.4 | 0.5 | 0.6 | 0.6 | 0.7 | 0.8 | 0.8 | 0.9 | 0.9 | 1.0 | <b>R</b> |

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

## **Appendix IV — Registered agents code of conduct**

[r. 26]

*[Heading inserted in Gazette 28 Oct 2005 p. 4964.]*

### **1. Duties of registered agent**

It is the duty of a registered agent —

- (a) to comply with the provisions of the Act, any subsidiary legislation made under the Act and the conditions of registration;
- (b) not to engage in conduct which is illegal or dishonest or which may otherwise bring registered agents into disrepute or which is prejudicial to the administration of the workers' compensation and injury management system; and
- (c) to be competent as a registered agent.

*[Clause 1 inserted in Gazette 28 Oct 2005 p. 4964.]*

### **2. Integrity and diligence**

- (1) A registered agent must not attempt to further a client's case by unethical or dishonest means.
- (2) A registered agent must not knowingly assist or seek to induce another person to breach this code of conduct.
- (3) A registered agent must treat clients fairly and in good faith, giving due regard to a client's position of dependence upon the agent, and the high degree of trust which a client is entitled to place on the agent.
- (4) A registered agent must always be completely frank and open with a client and with all others so far as the interests of the client permit and must at all times give a client a candid opinion on any matter in which the agent acts for that client.
- (5) A registered agent must take such action consistent with the agent's retainer as is necessary and reasonably available to protect and advance a client's interests.
- (6) A registered agent must at all times use his or her best endeavours to complete work on behalf of a client as soon as is reasonably possible, and if a registered agent accepts instructions and it is, or becomes,

**cl. 3**

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apparent to the agent that the work cannot be done within a reasonable time, the agent must so inform the client.

- (7) A registered agent must not take unnecessary steps or do work in such a manner as to increase proper costs to the client.
- (8) If it is in the best interests of the client of a registered agent to do so, the agent must endeavour to reach a solution by settlement rather than commence or continue proceedings.

*[Clause 2 inserted in Gazette 28 Oct 2005 p. 4964-5.]*

**3. Confidentiality**

- (1) A registered agent must strive to establish and maintain a relationship of trust and confidence with clients.
- (2) A registered agent must impress upon a client that the agent cannot adequately serve the client without knowing everything that might be relevant to the client's interests and that the client should not withhold information that the client might think is embarrassing or harmful to the client's interests.
- (3) A registered agent must not, without the client's consent, directly or indirectly reveal a client's confidence, or use the confidence in any way detrimental to the interests of that client, or lend or reveal the contents of the confidence in any brief or instructions to any person except to the extent —
  - (a) required by law, rules of court or court order; or
  - (b) necessary for replying to or defending any charge or complaint of criminal conduct or misconduct contrary to this code brought against the agent.
- (4) A registered agent's duties under this clause towards a particular client continue after the agent has ceased to act for the client.

*[Clause 3 inserted in Gazette 28 Oct 2005 p. 4965-6.]*

**4. Conflict of interest**

- (1) A registered agent must at all times make a full and frank disclosure to a client of any conflict of interest that the registered agent has or may have in any matter concerning that client.



- (2) A registered agent must not act or continue to act on behalf of a client if to do so would or may give rise to a conflict of interest adverse to the client unless the client has been fully informed of the nature and implications of the conflict and consents to the registered agent acting or continuing to act on behalf of the client.
- (3) A registered agent must not give advice or guidance to a person where the registered agent knows that the interests of that person are in conflict or likely to be in conflict with the interests of the agent's client, other than advice to secure the services of another representative.

*[Clause 4 inserted in Gazette 28 Oct 2005 p. 4966.]*

## **5. Proceedings**

- (1) Subject to this code of conduct, a registered agent must provide advice and conduct each case and matter in the manner the agent considers most advantageous to the agent's client.
- (2) A registered agent must not knowingly deceive or mislead the Director, the Registrar, an officer of the Conciliation Service or the Arbitration Service or any other officer of WorkCover WA, a client or any other person involved in a matter in respect of which the agent has been retained.
- (3) A registered agent must at all times —
  - (a) act with due courtesy to the Director, the Registrar, officers of the Conciliation Service and the Arbitration Service and other officers of WorkCover WA, legal practitioners, other registered agents, their own clients and other parties to the dispute;
  - (b) use his or her best endeavours to avoid unnecessary expense and waste of a dispute resolution authority's time;
  - (c) when so requested, inform the Director or Registrar of the probable length of a proceeding;
  - (d) inform the Director or Registrar of the possibility of a settlement provided the agent can do so without revealing the existence or content of "without prejudice" communications; and

**cl. 6**

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- (e) subject to this code of conduct, inform the Director or Registrar of any development that affects the information already before a dispute resolution authority.
- (4) In cross examination which goes to a matter in issue, a registered agent may put questions suggesting fraud, misconduct or the commission of an offence provided that the agent is satisfied that the matters suggested are part of the case of the agent's client and the agent has no reason to believe that they are only put forward for the purpose of impugning the witness's character.
- (5) Questions which affect the credibility of a witness by attacking the witness's character, but which are otherwise not relevant to the actual inquiry, must not be put in cross examination unless there are reasonable grounds to support the imputation conveyed by such questions.

*[Clause 5 inserted in Gazette 28 Oct 2005 p. 4966-7; amended in Gazette 18 Nov 2011 p. 4826.]*

**6. Advertising**

A registered agent must not engage in promotional conduct or advertising about the agent's skills, experience, fees or results in a manner which is misleading or deceptive, or likely to mislead or deceive.

*[Clause 6 inserted in Gazette 28 Oct 2005 p. 4967.]*

**7. Withdrawal**

- (1) A registered agent must recognise that a client is entitled to change representative at any time without giving a reason and must take all reasonable steps to facilitate such a change should a client so request.
- (2) If a client engages another registered agent in a matter and that agent is of the opinion that the conduct of a preceding representative in the matter warrants the making of a complaint, the agent must so advise the client.
- (3) A registered agent may withdraw from representing a client —
  - (a) at any time and for any reason if withdrawal will cause no significant harm to the client's interests and the client is fully

- informed of the consequences of withdrawal and voluntarily assents to it;
- (b) if the registered agent reasonably believes that continued engagement in the case or matter would be likely to have a seriously adverse effect upon the agent's health;
  - (c) if the client, without lawful excuse, refuses or fails to comply with a written agreement regarding fees or expenses;
  - (d) if the client made material misrepresentations about the facts of the case or matter to the agent;
  - (e) if the agent has an interest in any case or matter which the agent is concerned may be adverse to that of the client;
  - (f) if such action is necessary to avoid the agent breaching this code of conduct; or
  - (g) if any other good cause exists.
- (4) If a registered agent withdraws from representing a client the agent must take reasonable care to avoid foreseeable harm to the client including —
- (a) giving due notice to the client;
  - (b) allowing reasonable time for the substitution of a new agent;
  - (c) cooperating with the new agent; and
  - (d) promptly turning over all papers and property and paying to the client any moneys to which the client is entitled.
- (5) If a registered agent withdraws from representing a client the agent must give written notice of the withdrawal to the Director and other parties to the proceeding.

*[Clause 7 inserted in Gazette 28 Oct 2005 p. 4967-9.]*

## **8. Fees**

- (1) A registered agent must before commencing to act for a client inform the client in writing of the maximum costs the registered agent can charge and the basis for calculation of the costs of the agent.
- (2) Upon receiving the advice the client must sign an acknowledgment of the information.

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- (3) During the course of a retainer, a registered agent must promptly advise the client of any circumstances likely to have a substantial effect on the amount, or basis of calculation, of such costs or any disbursements.
- (4) A registered agent must issue appropriate receipts for services provided to a client.
- (5) A registered agent must not charge more than is reasonable for his or her services, having regard to the complexity of the matter, the time and skill involved, and any costs determination published under section 273 of the Act.

*[Clause 8 inserted in Gazette 28 Oct 2005 p. 4969.]*

**9. Records**

- (1) A registered agent must keep adequate records of —
  - (a) moneys received on behalf of clients;
  - (b) disbursement made on behalf of clients; and
  - (c) time spent on cases.
- (2) Records kept under this clause must be available for inspection by WorkCover WA.

*[Clause 9 inserted in Gazette 28 Oct 2005 p. 4969.]*

**10. Trust moneys**

A registered agent must not hold for or on behalf of a client or other party any moneys in trust without the written authorisation of that person.

*[Clause 10 inserted in Gazette 28 Oct 2005 p. 4970.]*

**11. Costs**

- (1) A registered agent must not, in the course of his or her business give, or agree to give, an allowance in the nature of an introduction fee or spotter's fee to any person for introducing business to him or her and must not receive any similar allowance from any person for introducing or recommending clients to that person.

- (2) A registered agent must, as soon as practicable after being requested by a client, render a bill of costs covering all work performed for the client to which the request relates.

*[Clause 11 inserted in Gazette 28 Oct 2005 p. 4970.]*

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## **Appendix V — Prescribed offences and modified penalties**

[r. 50, 51]

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

| <b>Item</b> | <b>Section of Act</b> | <b>Description of offence</b>  | <b>Modified penalty</b> |
|-------------|-----------------------|--|-------------------------|
| 1A.         | 57A(2A)               | Failing to claim under policy of insurance.....  | \$200.00                |
| 1.          | 57A(3)                | Failing to provide notice .....  | \$200.00                |
| 2.          | 57A(4)                | Failing to cause notification to be accompanied by means for conveying information in machine-readable form .. | \$200.00                |
| 3A.         | 57A(8A)               | Failing to make weekly payment .....   | \$400.00                |
| 3B.         | 57A(8)                | Failing to make weekly payment having received payment from insurer .....                                      | \$400.00                |
| 3.          | 57B(2)                | Failing to make first weekly payment or give notice .....  | \$200.00                |
| 4.          | 57B(2b)               | Failing to notify WorkCover WA of having declined to indemnify employer ...                                    | \$200.00                |
| 5.          | 57B(3)                | Failing to cause notification to be accompanied by means for conveying information in machine-readable form .. | \$200.00                |
| 6A.         | 57B(8)                | Failing to make weekly payment .....   | \$400.00                |
| 6.          | 57C(2)                | Failing to notify WorkCover WA after weekly payments commenced .....   | \$200.00                |
| 7.          | 57C(4)                | Failing to notify WorkCover WA of discontinuance of weekly payments .....                                      | \$200.00                |
| 8.          | 61(2a)(a)             | Failing to give notice of intention to discontinue or reduce weekly payments ...                               | \$400.00                |
| 9.          | 61(2a)(b)             | Failing to give notice that complies with section 61(2) of the Act .....                                       | \$400.00                |

| <b>Item</b> | <b>Section of Act</b> | <b>Description of offence</b>  | <b>Modified penalty</b> |
|-------------|-----------------------|--|-------------------------|
| 10.         | 70(2)                 | Failing to furnish worker with copy of report.....   | \$400.00                |
| 11.         | 75(2)                 | Giving notice contrary to section 75(1) of the Act .....   | \$200.00                |
| 12.         | 103A(2)               | Furnishing WorkCover WA with false information or return .....   | \$400.00                |
| 13.         | 109(3)                | Failing to pay contribution or instalment ..   | \$400.00                |
| 14.         | 109(4b)               | Failing to send particulars to WorkCover WA .....  | \$400.00                |
| 15.         | 109(6)                | Failing to send return or statutory declaration to WorkCover WA .....  | \$400.00                |
| 16.         | 152                   | Charging a premium rate loading of more than 75% without permission .....                                      | \$200.00                |
| 17.         | 155D(3)               | Failing to take reasonable action to discharge and comply with employer's obligations .....                    | \$400.00                |
| 18.         | 160(3)                | Failing to insure employer for full amount of liability to pay compensation .....                              | \$400.00                |
| 19.         | 160(3a)               | Failing to notify employer of cancellation of insurance .....  | \$200.00                |
| 20.         | 160(5)                | Declining to indemnify employer .....  | \$400.00                |
| 21.         | 162(1a)               | Issuing or renewing policy in respect of certain industrial diseases .....                                     | \$200.00                |
| 22.         | 165(5)                | Failing to give securities to State as directed by Minister .....  | \$200.00                |
| 23.         | 171(1)                | Failing to transmit to WorkCover WA statements and means for conveying information in machine-readable form .. | \$200.00                |
| 24.         | 180(5)                | Failing to comply with request to provide copy of relevant document .....                                      | \$200.00                |

*[Appendix V inserted in Gazette 28 Oct 2005 p. 4970-2; amended in Gazette 18 Nov 2011 p. 4826.]*



## Notes

- <sup>1</sup> This is a compilation of the *Workers' Compensation and Injury Management Regulations 1982* and includes the amendments made by the other written laws referred to in the following table. The table also contains information about any reprint.

**Compilation table**

| Citation   | Gazettal  | Commencement   |
|--|---|--|
| <i>Workers' Compensation and Assistance Regulations 1982</i> <sup>4</sup>      | 8 Apr 1982<br>p. 1229-50<br>(corrigendum<br>23 Apr 1982<br>p. 1384) | 3 May 1982 (see r. 2 and <i>Gazette</i><br>8 Apr 1982 p. 1205)   |
| <i>Workers' Compensation and Assistance Amendment Regulations 1982</i>         | 14 May 1982<br>p. 1519  | 14 May 1982  |
| <i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1982</i> | 27 Aug 1982<br>p. 3427-9  | 27 Aug 1982  |
| <i>Workers' Compensation and Assistance Amendment Regulations 1983</i>         | 30 Dec 1983<br>p. 5121  | 30 Dec 1983  |
| <i>Workers' Compensation and Assistance Amendment Regulations 1986</i>         | 25 Jul 1986<br>p. 2484-5  | 25 Jul 1986 (see r. 2 and <i>Gazette</i><br>25 Jul 1986 p. 2453) |
| <i>Workers' Compensation and Assistance Amendment Regulations 1987</i>         | 22 May 1987<br>p. 2193  | 22 May 1987 (see r. 2 and<br><i>Gazette</i> 22 May 1987 p. 2167) |
| <i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1987</i> | 19 Jun 1987<br>p. 2410  | 1 Jul 1987 (see r. 2)  |
| <i>Workers' Compensation and Assistance Amendment Regulations 1988</i>         | 2 Sep 1988<br>p. 3464   | 2 Sep 1988   |
| <i>Workers' Compensation and Assistance Amendment Regulations (No. 2) 1989</i> | 22 Sep 1989<br>p. 3490-1  | 22 Sep 1989  |
| <i>Workers' Compensation and Assistance Amendment Regulations 1991</i>         | 26 Feb 1991<br>p. 931-56  | 1 Mar 1991 (see r. 2 and <i>Gazette</i><br>1 Mar 1991 p. 967)    |

## Workers' Compensation and Injury Management Regulations 1982

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

| <b>Citation</b>  | <b>Gazettal</b>   | <b>Commencement</b>  |
|--|---|--|
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1994</i>   | 24 Jun 1994<br>p. 2888-9  | 24 Jun 1994  |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1994</i>   | 23 Aug 1994<br>p. 4394-5  | 23 Aug 1994  |
| <b>Reprint of the Workers' Compensation and Rehabilitation Regulations 1982 as at 14 Feb 1995</b> (includes amendments listed above) |   |  |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations 1995</i>   | 25 Aug 1995<br>p. 3885-7  | 25 Aug 1995  |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1995</i>   | 15 Sep 1995<br>p. 4358  | 15 Sep 1995  |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations 1996</i>   | 17 Jan 1997<br>p. 444   | 17 Jan 1997  |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations 1997</i>   | 12 Aug 1997<br>p. 4568  | 12 Aug 1997  |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations 1998</i>   | 12 Jun 1998<br>p. 3205  | 1 Jul 1998 (see r. 2)  |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations 1999</i>   | 13 Apr 1999<br>p. 1529-41<br>(correction<br>16 Apr 1999<br>p. 1598) | 3 May 1999 (see r. 2)  |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1999</i>   | 22 Jun 1999<br>p. 2692-3  | 1 Jul 1999 (see r. 2)  |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1999</i>   | 15 Oct 1999<br>p. 4890-8  | 15 Oct 1999 (see r. 2)   |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 5) 1999</i>   | 15 Oct 1999<br>p. 4899  | 15 Oct 1999 (see r. 2 and <i>Gazette</i><br>15 Oct 1999 p. 4889) |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 6) 1999</i>   | 15 Oct 1999<br>p. 4900-2  | 15 Oct 1999 (see r. 2 and <i>Gazette</i><br>15 Oct 1999 p. 4889) |

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

| <b>Citation</b>  | <b>Gazettal</b>            | <b>Commencement</b>  |
|--|----------------------------|--|
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 7) 1999</i>   | 15 Oct 1999<br>p. 4903     | 15 Oct 1999 (see r. 2 and <i>Gazette</i><br>15 Oct 1999 p. 4889)     |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 8) 1999</i>   | 15 Oct 1999<br>p. 4904     | 15 Oct 1999 (see r. 2 and <i>Gazette</i><br>15 Oct 1999 p. 4889)     |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 9) 1999</i>   | 15 Oct 1999<br>p. 4905     | 15 Oct 1999 (see r. 2 and <i>Gazette</i><br>15 Oct 1999 p. 4889)     |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 10) 1999</i>  | 15 Oct 1999<br>p. 4906-12  | 15 Oct 1999 (see r. 2)   |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 11) 1999</i>  | 14 Dec 1999<br>p. 6145-63  | 14 Dec 1999  |
| <b>Reprint of the Workers' Compensation and Rehabilitation Regulations 1982 as at 25 Feb 2000</b> (includes amendments listed above) |                            |  |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations 2000</i>   | 17 Nov 2000<br>p. 6307-22  | 17 Nov 2000  |
| <i>Corporations (Consequential Amendments) Regulations 2001 Pt. 7</i>  | 28 Sep 2001<br>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<br>p. 948-9     | 8 Mar 2002   |
| <b>Reprint 4: The Workers' Compensation and Rehabilitation Regulations 1982 as at 17 Apr 2003</b> (includes amendments listed above) |                            |  |
| <i>Equality of Status Subsidiary Legislation Amendment Regulations 2003 Pt. 42</i>   | 30 Jun 2003<br>p. 2581-638 | 1 Jul 2003 (see r. 2 and <i>Gazette</i><br>30 Jun 2003 p. 2579)      |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations 2003</i>   | 16 Sep 2003<br>p. 4103-4   | 16 Sep 2003  |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations 2004</i>   | 8 Apr 2004<br>p. 1177      | 8 Apr 2004   |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 2004</i>   | 26 Oct 2004<br>p. 4895-913 | 26 Oct 2004 (see r. 2)   |

| <b>Citation</b>   | <b>Gazettal</b>            | <b>Commencement</b>  |
|---|----------------------------|--|
| <i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 2004</i>  | 29 Oct 2004<br>p. 4939-40  | 29 Oct 2004  |
| <i>Workers' Compensation and Rehabilitation Amendment Regulations 2005</i>  | 21 Jan 2005<br>p. 275-7    | 21 Jan 2005  |
| <i>Workers' Compensation and Injury Management Amendment Regulations (No. 2) 2005</i>   | 28 Oct 2005<br>p. 4853-972 | 14 Nov 2005 (see r. 2)   |
| <i>Workers' Compensation and Injury Management Amendment Regulations (No. 3) 2005</i>   | 9 Dec 2005<br>p. 5891-7    | 9 Dec 2005   |
| <b>Reprint 5: The Workers' Compensation and Injury Management Regulations 1982 as at 3 Feb 2006</b> (includes amendments listed above)  |                            |  |
| <i>Workers' Compensation and Injury Management Amendment Regulations 2006</i>   | 4 Aug 2006<br>p. 2855-6    | 4 Aug 2006   |
| <i>Workers' Compensation and Injury Management Amendment Regulations (No. 2) 2006</i>   | 15 Dec 2006<br>p. 5636-7   | 15 Dec 2006  |
| <i>Workers' Compensation and Injury Management Amendment Regulations 2007</i>   | 2 Nov 2007<br>p. 5933-4    | r. 1 and 2: 2 Nov 2007<br>(see r. 2(a));<br>Regulations other than r. 1 and 2:<br>3 Nov 2007 (see r. 2(b))   |
| <i>Workers' Compensation and Injury Management Amendment Regulations 2008</i>   | 17 Dec 2008<br>p. 5331-4   | r. 1 and 2: 17 Dec 2008<br>(see r. 2(a));<br>Regulations other than r. 1 and 2:<br>18 Dec 2008 (see r. 2(b)) |
| <b>Reprint 6: The Workers' Compensation and Injury Management Regulations 1982 as at 14 Aug 2009</b> (includes amendments listed above) |                            |  |
| <i>Workers' Compensation and Injury Management Amendment Regulations 2010</i>   | 19 Mar 2010<br>p. 1038-9   | r. 1 and 2: 19 Mar 2010<br>(see r. 2(a));<br>Regulations other than r. 1 and 2:<br>20 Mar 2010 (see r. 2(b)) |
| <i>Workers' Compensation and Injury Management Amendment Regulations (No. 2) 2010</i>   | 10 Sep 2010<br>p. 4351-7   | r. 1 and 2: 10 Sep 2010<br>(see r. 2(a));<br>Regulations other than r. 1 and 2:<br>1 Oct 2010 (see r. 2(b))  |

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| Citation  | Gazettal                  | Commencement  |
|---|---------------------------|---|
| <i>Workers' Compensation and Injury Management Amendment Regulations 2011</i> | 18 Nov 2011<br>p. 4819-26 | r. 1 and 2: 18 Nov 2011<br>(see r. 2(a));<br>Regulations other than r. 1 and 2:<br>1 Dec 2011 (see r. 2(b) and<br><i>Gazette</i> 8 Nov 2011 p. 4673)  |
| <i>Workers' Compensation and Injury Management Amendment Regulations 2012</i> | 27 Jul 2012<br>p. 3664-6  | r. 1 and 2: 27 Jul 2012<br>(see r. 2(a));<br>Regulations other than r. 1 and 2:<br>1 Aug 2012 (see r. 2(b) and<br><i>Gazette</i> 27 Jul 2012 p. 3663) |

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<sup>2</sup> Formerly referred to the *Workers' Compensation and Assistance Act 1981* the short title of which was changed to the *Workers' Compensation and Rehabilitation Act 1981* by the *Workers' Compensation and Assistance Amendment Act 1990* s. 5 and then to the *Workers' Compensation and Injury Management Act 1981* by the *Workers' Compensation Reform Act 2004* s. 5. The reference was changed under the *Reprints Act 1984* s. 7(3)(gb).

<sup>3</sup> The Standards Association of Australia has changed its corporate status and its name. It is now Standards Australia International Limited (ACN 087 326 690). It also trades as Standards Australia.

<sup>4</sup> Now known as the *Workers' Compensation and Injury Management 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.]*

| <b>Defined Term</b>   | <b>Provision(s)</b>      |
|---|--------------------------|
| action level .....  | 19I(2)                   |
| actual total cost .....   | 13(3)                    |
| agent service.....  | 18B                      |
| applicant.....  | 18B, 26                  |
| application.....  | 18B                      |
| approved.....   | 19A                      |
| approved medical practitioner .....                                   | 19A                      |
| approved person .....   | 19A                      |
| audiologist.....  | 19A                      |
| audiometric officer .....   | 19A                      |
| Australian Standard.....  | 19A                      |
| clause .....  | 19A                      |
| code of conduct .....   | 26                       |
| commencement day .....  | 18B, 43(4)               |
| counselling psychologist .....  | 44A(1)                   |
| criminal record check.....  | 28(6)                    |
| dispute resolution authority.....                                     | 18B                      |
| dispute resolution body .....   | 43(4)                    |
| employer .....  | 26                       |
| estimated total cost.....   | 13(3)                    |
| exercise physiologist .....   | 44B(1)                   |
| extension period .....  | 19N(1)                   |
| fit and proper person .....   | 26                       |
| former provisions .....   | 18B                      |
| independent agent .....   | 26                       |
| Insurer/Self-Insurer Electronic Data Specification (Edition Q1) ..... | 13(3)                    |
| L peak .....  | 19I(2)                   |
| legal service .....   | 18B                      |
| March CPI.....  | 17AA(2), 17AE(2), 17A(2) |
| MBS item .....  | 17AB(3)                  |
| pending application.....  | 18LA(1)                  |
| pending proceeding.....   | 43(4)                    |
| prescribed details .....  | 18L                      |
| registered Australian body .....                                      | 3(2)                     |
| registration .....  | 26                       |
| relevant provisions of the Act .....                                  | 18L                      |
| representative LAeq,8h .....  | 19I(2)                   |
| representatives.....  | 11(2)                    |

**Defined Terms**

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|                           |         |
|---------------------------|---------|
| taxing officer .....      | 18B     |
| termination day .....     | 19N(1)  |
| the relevant year .....   | 2A(1)   |
| treating specialist ..... | 17AB(3) |