



2 Bedbrook Place Shenton Park Western Australia 6008 workcover.wa.gov.au

telephone advisory services 1300 794 744

08 9388 5555 08 9388 5537

Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Intention to Dismiss Worker Notice

In accordance with section 496 of the Workers Compensation and Injury Management Act 2023 the approved form for the notice of intention to dismiss a worker under section 168(4)(b) of the Act is **Intention to Dismiss Worker Notice** in Appendix 1.

Intention to Dismiss Worker Notice in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form CN8 - v1 [D2024/36862].

CHRIS WHITE

CHIEF EXECUTIVE OFFICER

26 March 2024

Workers Compensation and Injury Management Act 2023

INTENTION TO DISMISS WORKER NOTICE

The employer named below intends to dismiss the worker named below with effect from the following date:

Dismissal date:	
То	
Name:	
Address:	
Phone number:	
Email address:	
Employer	
Name:	
Address:	
ABN:	
Claim	
Insurer:	
Insurer claim number:	
Date of first incapacity:	
Injury	
Date of injury:	
Description of injury:	

Important information

A notice of intention to dismiss a worker must be given to the worker at least 28 days before the dismissal takes effect.

Advice or assistance on workers compensation claims and disputes can be provided by WorkCover WA Advisory Services on 1300 794 744 or www.workcover.wa.gov.au, trade unions, and legal practitioners.

APPENDIX 1

Notice Details	
Notice date:	
Notice issued by:	
Postal address:	
Email address:	
Phone number:	