



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

telephone 08 9388 5555
advisory services 1300 794 744
TTY 08 9388 5537

Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Permanent Impairment Assessment – Consent to Provision of Information

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for giving notice of the requirement to consent to another person who has any relevant document to produce any relevant document or provide any relevant information to the assessor under section 191(1)(c) of the Act and regulation 91(3) of the *Workers Compensation and Injury Management Regulations 2024* is **Permanent Impairment Assessment – Consent to Provision of Information** in Appendix 1.

Permanent Impairment Assessment – Consent to Provision of Information in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form APIA5 – v1 [D2024/36854].

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

26 March 2024

Workers Compensation and Injury Management Act 2023

PERMANENT IMPAIRMENT ASSESSMENT — CONSENT TO PROVISION OF INFORMATION

To

Name:

Address:

Under section 191 of the *Workers Compensation and Injury Management Act 2023* the following person is required to consent to providing the documents and information listed which are relevant to the assessment of the degree of permanent impairment of the worker.

Person with relevant information

Name:

Address:

Worker

Name:

Address:

Date of birth:

Phone number:

Email address:

Employer

Name:

Address:

ABN:

Contact person:

Phone number:

Email address:

Claim

Insurer:

Insurer claim number:

APPENDIX 1

Injury

Date of injury:

Description of injury:

The following documents and/or information are required by the Approved Permanent Impairment Assessor:

Purpose of assessment

Permanent impairment compensation:

Common law:

Special increase in the medical and health expenses general limit:

Signed: **Date:**
Approved Permanent Impairment Assessor

Please forward the document/s and information required to the address below:

Approved permanent impairment assessor:

WorkCover WA APIA registration number:

Address:

Phone number:

Email address:

PLEASE NOTE: You have seven days to comply with this requirement.