



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 Notice

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the **Permanent Impairment Notice** in Appendix 1 is the approved form for:

1. A permanent impairment notice referred to in section 105(1)(b); and
2. An employer's notice in response under section 105(2)(a) as to whether or not the employer agrees with the assessed degree of permanent impairment specified in the permanent impairment notice.

The **Permanent Impairment Notice** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form SF3 – v1 D2024/36870.

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

26 March 2024

APPENDIX 1

Workers Compensation and Injury Management Act 2023

PERMANENT IMPAIRMENT NOTICE

This notice is given by:

Worker

Name:
Address:
Date of Birth:

The notice is given to:

Employer

Name:
Address:
ABN:
Date of Notice

Assessment Details

Injury assessed

Date of injury:
Description of injury:
Insurer claim number:

Approved Permanent Impairment Assessor (APIA)

Name:
APIA number:
Date of report:

APPENDIX 1

Assessed Degree of Permanent Impairment

The assessed degree of permanent impairment for each item in the permanent impairment table resulting from the injury is:

Item	Description	% permanent impairment of item

[Insert from APIA's report under heading 'certificate of degree of permanent impairment'. If there is more than one impairment to a body part or system specify the percentage permanent impairment for each item e.g. 10% of item 39 – Impairment of the back (thoracic spine or lumbar spine or both)]

Agreement

Worker notice

The worker named in this notice has been assessed by the APIA specified above.

The APIA's report is given with this notice and includes the certificate of the degree of permanent impairment and details on how the degree of permanent impairment was calculated.

The employer named in this notice is requested to indicate whether or not the employer agrees with the assessed degree of permanent impairment specified above.

Worker (or representative) signature:

.....

Name:

.....

Date:

.....

Employer response

The employer named in this notice agrees / does not agree *[delete as applicable]* with the assessed degree of permanent impairment specified above.

Employer (or representative) signature:

.....

Name:

.....

Date:

.....

Worker and employer take notice

An employer must do the following within 28 days after being given this notice and a copy of the APIA report by the worker:

1. If the employer *agrees* with the assessed degree of permanent impairment specified in the notice, indicate in the notice that the employer agrees, sign the notice and give it back to the worker.

APPENDIX 1

2. If the employer *does not agree* with the assessed degree of permanent impairment specified in the notice, indicate in the notice that the employer *does not agree*, sign the notice and give it back to the worker.
3. If the employer *does not agree* with the assessed degree of permanent impairment specified in the notice, the employer must request a further assessment of the worker's degree of permanent impairment by an APIA with the cost of that assessment to be paid by the employer.

If an employer does not comply with points 1, 2 and 3 above within the 28-day period, the employer is taken to agree with the assessed degree of permanent impairment as specified in this notice.

If 3 applies see requirements in *Permanent Impairment Notice - Further Assessment*.

If agreement is reached, this notice may be signed electronically or digitally and must accompany an application to register a settlement agreement together with the APIA report.