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## ***Workers Compensation and Injury Management Act 2023***

### **APPROVED FORM [s. 496]**

#### **Dust Disease Compensation Claim Form & Request for WPI Determination – Common Law**

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023*, the Dust Disease Compensation Claim Form & Request for WPI Determination – Common Law in Appendix 1 is the approved form for the following purposes:

- 1) Making a dust disease compensation claim under sections 25(2) and (3) for the purposes of the WorkCover WA CEO constituting a Dust Disease Medical Panel for determination of the questions referred to in sections 123 and 426 of the Act.
- 2) If the worker is not making a dust disease compensation claim, for the purposes of requesting the WorkCover WA CEO constitute a Dust Disease Medical Panel for determination of the questions referred to in section 426 of the Act.

**Dust Disease Compensation Claim Form & Request for WPI Determination - Common Law** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form CF3 – v1 [D2024/100111].

CHRIS WHITE  
CHIEF EXECUTIVE OFFICER

20 May 2024

*Workers Compensation and Injury Management Act 2023*  
**DUST DISEASE COMPENSATION CLAIM FORM &  
REQUEST FOR WPI DETERMINATION – COMMON LAW**

**Purpose of claim or request**

Compensation for dust disease & common law:

Assessment of WPI for common law only:

**Diagnosed or suspected dust disease**

Pneumoconiosis or silicosis:

Mesothelioma:

Lung cancer:

Diffuse pleural fibrosis:

**Worker**

Name: .....

Address: .....

Date of birth: .....

Phone number: .....

Email address: .....

Preferred language .....

Male     Female     Unspecified

**Worker's representative (*if represented*)**

Name: .....

Address: .....

Contact person: .....

Phone number: .....

Email address: .....

**Details of last employer where worker was exposed to asbestos or mineral dust**

Name: .....

Address: .....

ABN: .....

Contact person: .....

Phone number: .....

Email address: .....

**N.B - Employment history table must be completed**

**Details of current employer**

Name: .....

Address: .....

ABN: .....

Contact person: .....

Phone number: .....

Email address: .....

**N.B - Employment history table must be completed**

**Injury occurrence**

When and where did the worker first become aware they were suffering from a dust disease?

Date: .....

Place: .....

**Other conditions**

Is the worker suffering from any other diseases or injuries?  Yes  No

If yes, specify other diseases or injuries: .....

Is the worker under the care of any other specialist(s)?  Yes  No

If yes, specialist(s) name and address: .....

## Concurrent claims

Has the worker claimed or received compensation or damages for the dust disease, or does the worker intend to claim compensation or damages from any other source (e.g. another State or Territory, the Commonwealth Government, overseas, common law) for the dust disease, other than by this claim or request?

Yes  No

If yes, details of other claim(s) or payments received for the dust disease:

.....

## Worker's declaration

I 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 32(1) of the *Workers Compensation and Injury Management Act 2023*, I am required to give notice to my employer within 7 days if I commence work with another employer after making a claim, or while receiving income compensation.

Worker signature:

.....

Print name:

.....

Date:

.....

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

I authorise any doctor who treats me 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.

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, investigators, and 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 2023*. 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.

Worker signature:

.....

Print name:

.....

Date:

.....

### Employment History

Employer name, address & location	Occupation and tasks performed	Period of employment		Asbestos exposure	Specific mineral dust exposure (including silica) If yes, specify type of dust exposure
		Year start	Year end		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Mineral dust:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Mineral dust:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Mineral dust:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Mineral dust:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Mineral dust:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Mineral dust:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Mineral dust:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Mineral dust: