Workers Compensation and Injury Management Act 2023

common law Dust Disease — Permanent Impairment Agreement

## 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: |   |
| Date claim made: |   |
| Contact person: |   |
| Phone number: |   |
| Email address: |   |

## Injury

|  |  |
| --- | --- |
| Date of injury: |   |
| Description of injury: |  |
| Pneumoconiosis | [ ]  |
| Silicosis | [ ]  |
| Mesothelioma | [ ]  |
| Lung cancer | [ ]  |
| Diffuse pleural fibrosis | [ ]  |

## Agreement

It has been agreed between the worker and the employer that the worker’s degree of permanent whole of person impairment resulting from the dust disease is:

|  |  |
| --- | --- |
| At least 15% | [ ]  Yes [ ]  No |
| At least 25% | [ ]  Yes [ ]  No |

## Note

This agreement must be lodged with the Director to support an election to pursue common law damages. See approved form: Common Law Election.

|  |  |
| --- | --- |
| Signed by worker: |   |
| Worker name: |   |
| Date: |   |
| Signed by employer: |   |
| Employer representative name: |   |
| Date: |   |