



Western Australia

Workers' Compensation and Rehabilitation Regulations 1982

Reprinted as at 25 February 2000

Western Australia

Workers' Compensation and Rehabilitation Regulations 1982

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Defined Terms



Western Australia

Reprinted under the
Reprints Act 1984 as
at 25 February 2000

Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation and Rehabilitation Regulations 1982

Part 1 — Preliminary

[Heading inserted in Gazette 26 February 1991 p.933.]

1. Citation

These regulations may be cited as the *Workers' Compensation and Rehabilitation Regulations 1982*¹.

[Regulation 1 amended in Gazette 8 March 1991 p.1071.]

2. Commencement

These regulations shall come into operation on the date of the coming into operation of the *Workers' Compensation and Assistance Act 1981*^{1,2}.

Part 2 — General

[Heading inserted in Gazette 26 February 1991 p.933.]

2A. 1999/2000 “prescribed amount” (section 5)

- (1) For the purpose of the definition of “prescribed amount” in section 5(1) of the Act, and because the relevant minimum award rates (upon which previous prescribed amounts were calculated) are not published, the prescribed amount for the 1999/2000 financial year is obtained by varying the 1998/1999 prescribed amount in the manner set out in subregulation (2).
- (2) The 1999/2000 prescribed amount is **\$109,650.00**; being \$106 382.00 (the 1998/99 prescribed amount) varied upwards by 3.07234%, which is the actual* percentage change in the Australian Bureau of Statistics Wage Cost Index, ordinary time hourly rates of pay (excluding bonuses) for Western Australia, from the December 1997 quarter to the December 1998 quarter.

(* rounded by the Australian Bureau of Statistics to 3.1%)

[Regulation 2A inserted in Gazette 22 June 1999 pp.2692-3.]

3. AMA Guides

The first edition is prescribed for the purposes of the definition of “AMA Guides” in section 93A of the Act.

[Regulation 3 inserted in Gazette 24 December 1993 p.6844.]

4. Form of election

The form of election referred to in section 24B of the Act shall be in Form 1 or, in the case of a worker suffering from noise induced hearing loss, Form 2C in Appendix I.

[Regulation 4 amended in Gazette 26 February 1991 p.934; 25 August 1995 p.3885.]

5. Determination form for medical panel

Pursuant to section 38(2) of the Act, the form of the determination of the medical panel shall, as far as practicable in each case, be as set out in Form 2 in Appendix I.

[6. *Repealed in Gazette 15 October 1999 p.4900.*]

6AA. Form of claim for compensation

- (1) Form 2B or, in the case of a worker suffering from noise induced hearing loss, Form 2C in Appendix I is the prescribed form under section 84I(1)(b) of the Act.
- (2) In addition to the details prescribed in Form 2B as being necessary to make a valid claim for compensation under section 84I(1)(b) —
 - (a) the “Injured worker’s declaration” and the “Consent authority”; and
 - (b) the tear-off attachments headed “DETAILS TO BE PROVIDED TO MEDICAL PRACTITIONER” and “INFORMATION TO BE PROVIDED TO THE INJURED WORKER”,are prescribed under section 176(1)(a) as expedient for the purposes of the Act, and are to be completed and given to the appropriate parties accordingly.
- (3) For a claim for compensation by dependants under section 84I(1)(b) of the Act (in the case of a death), the information required by Form 2D in Appendix I is prescribed under section 84I(2) of the Act.

[Regulation 6AA inserted in Gazette 28 June 1991 p.3291; amended in Gazette 18 February 1994 p.660; 25 August 1995 p.3885; 13 April 1999 pp.1531-2; 15 October 1999 p.4900.]

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6A. Form of medical certificate

- (1) Form 3 in Appendix I is the prescribed form under sections 57A(1)(b)(i) and 57B(1)(b)(i) of the Act.
- (2) In addition to the details prescribed in Form 3 as being necessary to make a valid claim for compensation under sections 57A and 57B, the "Consent authority" is prescribed under section 176(1)(a) as expedient for the purposes of the Act, and is to be completed accordingly.

*[Regulation 6A inserted in Gazette 8 March 1991 p.1071;
amended in Gazette 13 April 1999 p.1532.]*

6B. Form for insurer accepting liability

Form 3A in Appendix I is the prescribed form under section 57A(3)(a) of the Act.

[Regulation 6B inserted in Gazette 8 March 1991 p.1071.]

6C. Form for insurer disputing liability

Form 3B in Appendix I is the prescribed form under section 57A(3)(b) of the Act.

[Regulation 6C inserted in Gazette 8 March 1991 p.1071.]

6D. Form for insurer undecided on liability

Form 3C in Appendix I is the prescribed form under section 57A(3)(c) of the Act.

[Regulation 6D inserted in Gazette 8 March 1991 p.1071.]

6E. Form for employer disputing liability

Form 3D in Appendix I is the prescribed form under section 57B(2)(b) of the Act.

[Regulation 6E inserted in Gazette 8 March 1991 p. 1071.]

6F. Form for employer undecided on liability

Form 3E in Appendix I is the prescribed form under section 57B(2)(c) of the Act.

[Regulation 6F inserted in Gazette 8 March 1991 p.1071.]

7. Certificate and notice before discontinuance of weekly payments

(1) The medical certificate required by section 61 of the Act, before discontinuance of weekly payments, shall be in the form of Form 4 in Appendix I, or in the form of Form 3 in Appendix I if that form has been marked to indicate that it is to be regarded as both a first and final medical certificate.

(2) Notice to the worker referred to in section 61 of the Act shall be in the form of Form 5 in Appendix I.

[Regulation 7 amended in Gazette 29 October 1993 p.5930; 13 April 1999 p.1532.]

8. Frequency and time of medical examinations (s. 66)

(1) A worker who receives a First Medical Certificate (Form 3) under the Act which nominates a medical review of the worker within a period of 14 days from the date the certificate is issued cannot be required, under section 64 or 65 of the Act, to submit himself for examination by a medical practitioner provided by the employer before a period of one month has elapsed from the date the certificate is issued.

(2) A worker who receives a First Medical Certificate (Form 3) under the Act which does not nominate a medical review of the worker within a period of 14 days from the date the certificate is issued may be required, under section 64 or 65 of the Act, to submit himself for examination by a medical practitioner provided by the employer at any time from the date the certificate is issued.

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- (3) A worker who fails to attend a medical review, nominated on a First Medical Certificate in accordance with subregulation (1), may be required, under section 64 or 65 of the Act, to submit himself for examination by a medical practitioner provided by the employer at any time from the date of that non-attendance.
- (4) An employer shall not require a worker to attend a medical review or examination —
 - (a) more frequently than once every 2 weeks; or
 - (b) at any time other than during reasonable hours.

[Regulation 8 inserted in Gazette 13 April 1999 pp.1532-3.]

[8A. Repealed in Gazette 15 October 1999 p.4890.]

9. Compound discount table

The compound discount table required to be prescribed by section 68(3) of the Act is set out in Appendix II.

[Regulation 9 amended in Gazette 2 September 1988 p.3464; 15 October 1999 p.4890.]

9A. Discount formula

When calculating a lump sum redemption under section 68 of the Act the following formula shall be applied for use in conjunction with a compound discount table as set out in Appendix II.

DISCOUNT FORMULA UNDER SECTION 68(4)

Discounted sum = $P \times 52 \times A$

Where —

S = prescribed amount less the sum of weekly payments made

P = the weekly payment

$$T = \frac{S}{P}$$

Y = the whole number equal to or next below $\frac{T}{52}$

W = T — (52 x Y)

A = the present value of \$1.00 per annum payable weekly for Y years and W weeks obtained from the compound discount tables set out in Appendix II.

[Regulation 9A inserted in Gazette 25 July 1986 p.2484; amended in Gazette 2 September 1988 p.3464.]

10. Worker not residing in the State

- (1) For the purposes of section 69 of the Act, a worker shall prove his identity and the continuance of the incapacity in respect of which a weekly payment is payable, by delivering to the employer or the employer's insurer, at intervals of 3 months, a declaration by the worker and by a medical practitioner in the form of or to the effect of Form 6.
- (2) Where an employer, or his insurer for the purposes of the Act, disputes identity or entitlement, or both, he may, under section 84N of the Act, refer the dispute to the Director for conciliation.

[Regulation 10 amended in Gazette 2 September 1988 p.3464; 24 December 1993 p.6844; 18 February 1994 p.661.]

10A. Request for reference to medical assessment panel

A worker or employer requesting a reference to a medical assessment panel under section 70(1) of the Act is to —

- (a) request the reference in the form of Form 20 in Appendix I, modified as the case requires; and
- (b) pay to the Executive Director a fee of \$50.

[Regulation 10A inserted in Gazette 24 December 1993 p.6845.]

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10B. Proceedings before medical assessment panel

- (1) When referring a question to a medical assessment panel the Director is to provide the panel with any medical certificates or reports or other documents that it may have that are relevant to the question to be determined by the panel.
- (2) A medical assessment panel may determine the times and places at which a worker is to attend before it.
- (3) The form in which a medical assessment panel may require a worker to attend before it is the form set out in Form 13.

*[Regulation 10B inserted in Gazette 24 December 1993
p.6845.]*

11. Payments after death outside the State

- (1) In the event of the death of a worker who dies outside the State and who was receiving or was entitled to receive weekly payments at the date of his death, his representatives shall, for the purpose of obtaining payment of the arrears (if any) due to the worker, forward to the Director a certificate of the death of the worker, and documents showing that they are entitled to such arrears, verified by declaration before a person having authority to administer an oath, with a request for payment of such arrears, specifying the place where and the manner in which the amount is to be remitted to them.
- (2) For the purposes of this regulation the expression **“representatives”** means —
 - (a) if the worker leaves a will, the executors of the will; or
 - (b) where the worker dies intestate, the persons who are according to law entitled to his personal estate, and payment of the arrears may be made to the persons without the production of letters of administration.
- (3) On receipt of the certificate of death and the documents mentioned in this regulation, the Director shall examine them,

and may, if not satisfied that they are in order, return them to the representatives for correction.

- (4) When the Director is satisfied that the certificate and documents are in order, or when they are returned to him in order, he shall send to the employer a notice requesting him to forward the amount due, and the employer shall thereupon forward the amount to the Director, who shall remit that amount, to the representatives of the worker at the address and in the manner requested by them, such remittance being in all cases at the risk of the representatives.

[Regulation 11 amended in Gazette 18 February 1994 p.661.]

12. Agreements

- (1) A memorandum of an agreement referred to in section 76 of the Act is sent to the Director in accordance with that section by sending it to the Director as soon as practicable after the agreement has been entered into, with enough copies for the memorandum to be kept in the Directorate and a copy to be given to each interested party.
- (1a) A memorandum of an agreement referred to in section 76 of the Act shall be in the form of Form 15C in Appendix I.
- (2) The memorandum is to include full particulars of matters for which the agreement provides and, in the case of an agreement as to the compensation that is to be paid under Schedule 2 of the Act, is to identify each item for which the compensation is to be paid and, for each item, the percentage loss of the full efficient use of a part or faculty of the body for which compensation is to be paid, and the amount of the compensation.
- (3) The memorandum is to be signed by or on behalf of each party to the agreement and if the memorandum sent to the Director is not the original signed memorandum the original is to be produced for inspection by the Director.
- (3a) A memorandum of an agreement lodged for the purposes of a redemption amount under section 67(1) shall be accompanied by

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Form 15D in Appendix I signed and dated by the worker, as acknowledgment that he/she is aware of the consequences of the recording of the memorandum.

- (4) The notice despatched by the Director to each interested party, under section 76(2) of the Act, is to be in the form of Form 15A in Appendix I.
- (4a) Where any interested party disputes the genuineness of the memorandum, or the adequacy of the compensation agreed upon or otherwise objects to the recording of the agreement that party shall, within the 7 days allowed in section 76(2), notify the Director by completing Form 15E in Appendix I, and forwarding that completed form to the Director.
- (4b) On receipt of an objection from any party in the manner prescribed in subregulation (4a), the Director shall send to each other party a notice, in the form of Form 15F, informing such parties that the memorandum will not be recorded except with the consent in writing of the objector.
- (5) If the Director records the memorandum, the Director is to notify each interested party accordingly in the form of Form 15B in Appendix I.
- (6) The Director may vary or amend a memorandum if all parties first give the Director written consent to make that variation or amendment.
- (7) For the purpose of providing a statement of benefits paid, under section 67(2) of the Act, Part 4 of the Memorandum of Agreement form (Form 15C), may be used for this purpose.

*[Regulation 12 inserted in Gazette 18 February 1994 p.661;
amended in Gazette 15 October 1999 pp.4906-7.]*

12AA. Costs for persons other than legal practitioners in a conciliation

For the purposes of section 84X(2)(b) of the Act, a person other than a legal practitioner may not receive more than \$50.00 per

hour for appearing for or acting on behalf of a person in a conciliation.

[Regulation 12AA inserted in Gazette 15 October 1999 p.4903.]

12AB. Costs for persons other than legal practitioners in proceedings before review officers

For the purposes of section 84ZL(2)(b) of the Act, a person other than a legal practitioner may not receive more than \$50.00 per hour for appearing for or acting on behalf of a person in proceedings before a review officer.

[Regulation 12AB inserted in Gazette 15 October 1999 p.4903.]

12A. Contributions to General Fund

- (1) The amount prescribed for the purposes of section 109(1)(a) of the Act is \$100 000.
- (2) The amount prescribed for the purposes of section 109(4)(a) of the Act is \$25 000.

[Regulation 12A inserted in Gazette 22 May 1987 p.2193; amended in Gazette 2 September 1988 p.3464; 22 September 1989 p.3490-1; 6 December 1991 p.6119.]

[13. Repealed in Gazette 18 February 1994 p.662.]

14. Particulars to be supplied about worker incapacitated for more than 4 weeks

Under section 155(2) of the Act the prescribed particulars are —

- (a) the full name of the worker concerned;
- (b) the number given by the insurer or self-insurer to the claim by the worker for compensation; and
- (c) whether either paragraph (a) or paragraph (b) of that section applies to the worker.

[Regulation 14 inserted in Gazette 8 March 1991 p.1071.]

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[15. *Repealed in Gazette 14 May 1982 p.1519.*]

16. Maximum amount for expenses payable under Schedule 1 to the Act

The maximum amount payable for reasonable expenses incurred in respect of anything described in column 1 of the Table to this regulation is the amount specified opposite that description in column 2 of the Table.

Table

Column 1 Description of Expense	Column 2 Maximum Amount
1. Funeral expenses (clause 4 or clause 17(2)).....	\$4 000
2. Wheeled chair or similar appliance (clause 17(4))	\$7 000
3. Meals and lodging (clause 19).....	\$70 per day

[Regulation 16 inserted in Gazette 23 August 1994 p.4394.]

17. Maximum amount for board and lodging payable under clause 15 of the Act

The maximum amount that may be assessed for board and lodging under clause 15 is \$90 per day.

[Regulation 17 amended in Gazette 25 July 1986 p.2484; 3 April 1992 p.1541; 23 August 1994 p.4395.]

17AA. Prescribed rate for vehicle running expenses (Sch. 1, cl. 19 of the Act)

For the purposes of Schedule 1 clause 19(1) of the Act, the prescribed rate for vehicle running expenses is 29 cents per kilometre (irrespective of engine capacity).

[Regulation 17AA inserted in Gazette 15 October 1999 p.4904.]

17A. Supplementary amount varied

The supplementary amount referred to in clause 1 in Schedule 5 is varied and shall be —

- (a) in relation to a worker with a dependent spouse, the sum of \$88;
- (b) in relation to a worker without a dependent spouse, the sum of \$50.

[Regulation 17A inserted in Gazette 19 June 1987 p.2410; amended in Gazette 28 June 1991 p.3291; 16 October 1992 p.5201; 17 September 1993 p.5182; 23 August 1994 p.4395; 15 September 1995 p.4358; 17 January 1997 p.444; 12 August 1997 p.4568.]

18. Form of election to receive redemption amount or supplementary amount

- (1) The election to receive the redemption amount as a lump sum, referred to in Schedule 5 shall be in the form of Form 14 in Appendix I.
- (2) The election to receive the supplementary amount, referred to in Schedule 5 shall be in the form of Form 15 in Appendix I.

19. Statements by approved insurance offices

The statements required to be transmitted to the Commission pursuant to section 171 of the Act shall be in the form of Forms 16 and 17 in Appendix I.

[Regulation 19 amended in Gazette 2 September 1988 p.3464.]

Part 3 — Noise induced hearing loss

[Heading inserted in Gazette 26 February 1991 p.934.]

19A. Interpretation

In this Part unless the contrary intention appears —

“approved” means approved in writing by the Executive Director;

“approved medical practitioner” means a medical practitioner approved under regulation 19B(1)(a);

“approved person” means a person approved under regulation 19B;

“audiologist” means an audiologist approved under regulation 19B(1)(b);

“audiometric officer” means a person approved under regulation 19B(1)(c);

“Australian Standard” means a standard published by the Standards Association of Australia, as amended from time to time;

“clause” means a clause in Schedule 7 to the Act.

[Regulation 19A inserted in Gazette 26 February 1991 p.934.]

19B. Persons approved to carry out audiometric testing

- (1) The Executive Director may approve, either generally or in a particular case, the following persons to carry out audiometric testing —
 - (a) a medical practitioner;
 - (b) an audiologist who is either a full member or qualified to be a full member of the Audiological Society of Australia; and
 - (c) a person who, in the opinion of the Executive Director, has appropriate qualifications to enable that person to carry out audiometric testing as an audiometric officer.

- (2) An audiometric test for the purposes of sections 24A and 24B of the Act shall be carried out by a person approved under subregulation (1).
- (3) The Executive Director may at any time cancel an approval given under subregulation (1).
- (4) The Executive Director shall serve on each person to whom an approval, or cancellation of approval, relates a certificate of approval or notification of cancellation, as the case requires.

[Regulation 19B inserted in Gazette 26 February 1991 p.934.]

19C. Testing procedures

- (1) An approved person shall carry out an audiometric test —
 - (a) using an audiometer which meets the standards specified in writing by the Executive Director; and
 - (b) in an approved hearing booth or other approved testing environment.
- (2) An approved person using an audiometer under subregulation (1) shall —
 - (a) check the audiometer on each day of use, both before and after the series of measurements carried out and after any relocation of the audiometer, to ensure that the audiometer is in satisfactory working order; and
 - (b) ensure that the audiometer has been calibrated at an approved calibration laboratory within the 12 months preceding each day of use and that the audiometric officer has received a copy of the report prepared on that calibration.
- (3) An approved person shall ensure that the background noise levels during the testing of the hearing of a worker do not exceed those values listed in Table 5.1 in Section 5 of Australian Standard 1269-1989, or an approved equivalent, for the type of earphone/cushion or earphone enclosure combination connected to the audiometer used for the testing.

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- (4) Subject to subregulation (5), an approved person shall test the hearing of a worker by means of a pure tone air conduction hearing threshold test carried out separately for the left and right ears —
- (a) in accordance with —
 - (i) the procedure described in Section E2 of Appendix E of Australian Standard 1269-1989 as modified by written direction of the Executive Director; or
 - (ii) any procedure which establishes a higher testing procedure than that specified in subparagraph (i) and which is approved in writing by the Executive Director;
- and
- (b) if the test is conducted in accordance with the procedure referred to in paragraph (a)(i), at the frequencies 500, 1 000, 1 500, 2 000, 3 000, 4 000, 6 000, 8 000 Hz except that where an audiometer does not possess a 1 500 Hz tone the hearing threshold for that frequency shall be calculated by drawing a straight line on an audiogram connecting the points of threshold for 1 000 and 2 000 Hz, marking the point of intersection with the 1 500 Hz line, and adjusting this value to the nearest 5dB increment.
- (5) If, in the opinion of the Executive Director, a worker has a disability which will prevent the effective use of an audiometric test referred to in subregulation (4), the hearing of that worker may be tested by any other method approved for the purposes of this subregulation.
- (6) In instances where audiometric testing is carried out by an audiometric officer and the audiometric officer believes that the worker meets the criteria specified in Item 4 of Waugh & Macrae's criteria for medical referral in Table 1 of National Acoustic Laboratories Report No. 80 "Criteria for assessing hearing conservation audiograms", the audiometric officer shall

refer the worker to a medical practitioner and the audiometric officer shall defer audiometric testing until the worker has complied with the referral and the audiometric officer is satisfied that the worker does not meet those criteria.

- (7) Where an initial audiometric test is carried out by an audiometric officer and the results of an air conduction test meet the criteria specified in Item 1, 2 or 3 of Waugh and Macrae's criteria for medical referral in Table 1 of National Acoustic Laboratories Report No. 80, the audiometric officer shall refer the worker to an audiologist or an approved medical practitioner for full audiometric testing.
- (8) Where the results of an air conduction test carried out after an initial audiometric test show —
 - (a) at least a 10% loss of hearing from the initial audiometric test;
 - (b) at least a 5% loss of hearing from the loss shown by the audiometric test which resulted in a successful election by the worker under section 24A; or
 - (c) where the worker has reached the age of 65 years or on the worker's retirement from work before that age, any further percentage loss of hearing from the loss shown by the audiometric test which resulted in a successful election by the worker under section 24A,

the worker shall be referred by the Commission to an audiologist or an approved medical practitioner for full audiometric testing, and the audiologist or medical practitioner shall, upon completion of that testing refer the worker to a medical practitioner registered in the specialty of otorhinolaryngology for full otorhinolaryngological assessment to determine the percentage of noise induced hearing loss.

- (9) Where the results of a further air conduction test, carried out after those tests referred to in subregulation (8), show a further loss of hearing, the worker shall be referred by the Commission to an audiologist or an approved medical practitioner for full

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audiometric testing and the audiologist or medical practitioner shall, if a further hearing loss is confirmed, refer the worker to a medical practitioner registered in the speciality of otorhinolaryngology for a full otorhinolaryngological assessment to determine the percentage of noise induced hearing loss.

- (10) Where a worker is referred to an approved medical practitioner, audiologist or medical practitioner registered in the speciality of otorhinolaryngology under subregulation (6), (7), (8) or (9), the audiometric test of that worker is completed on the date that —
- (a) if the referral is under subregulation (6), the audiometric officer completes the audiometric test;
 - (b) if the referral is under subregulation (7), the medical practitioner or audiologist completes the audiometric test; and
 - (c) if the referral is under subregulation (8) or (9), the medical practitioner or audiologist completes the audiometric test, or if the worker is further referred, the medical practitioner registered in the speciality of otorhinolaryngology determines the percentage of noise induced hearing loss.

[Regulation 19C inserted in Gazette 26 February 1991 pp.935-7; amended in Gazette 3 April 1992 pp.1541-2; 24 December 1993 p.6845.]

19D. Notice of audiometric test and testing arrangements

- (1) The employer of a worker who is required, or who makes a request, to undergo an audiometric test under clause (2) shall give written notice of the test to the worker in the form of Form 18 in Appendix I.
- (2) The employer of a worker given a notice under subregulation (1) shall ensure that the worker is not knowingly exposed in the workplace, and the worker shall not knowingly

permit himself to be exposed, to noise levels above 80dB(A) during the 16 hours preceding an audiometric test.

- (3) A worker given a notice under subregulation (1) shall not, without reasonable excuse, proof of which is on the worker, fail to submit himself for testing so notified.

[Regulation 19D inserted in Gazette 26 February 1991 p.937.]

19E. Calculation of loss of hearing

- (1) In section 24A(2) of the Act, loss of hearing means loss of hearing calculated in accordance with the hearing loss tables RB and EB published in Appendices 3 and 7 of Report No. 118 of the National Acoustic Laboratories as annexed in Appendix III.
- (2) The method of determining percentage loss of hearing occurring during the interval between 2 audiometric tests shall be by subtraction.

[Regulation 19E inserted in Gazette 26 February 1991 p.937.]

19F. Report on audiometric test and storage of results

- (1) A person who carries out an audiometric test shall ensure that the results are prepared and delivered to the Commission and the worker in the form of Form 19 in Appendix I.
- (2) The Commission shall, on the written request of the worker tested, communicate the results of an audiometric test delivered to it under clause 4(2) to any person specified by the worker in that request.
- (3) A person who receives the results of an audiometric test under subregulation (2) shall ensure that the results of the test, and any information derived from those results are not communicated to any person other than the worker except at the written request of the worker tested.
- (4) The Commission shall store the results of audiometric tests delivered to it under clause 4(2) for a period ending the day after the 70th birthday of the worker to whom the results relate.

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[Regulation 19F inserted in Gazette 26 February 1991 pp.937-8.]

19G. Reference to medical assessment panel

A worker or employer requesting a reference to a medical assessment panel under clause 6(1)(b) shall —

- (a) request the reference in the form of Form 20 in Appendix I; and
- (b) pay to the Director a fee of \$50.

[Regulation 19G inserted in Gazette 26 February 1991 p.938; amended in Gazette 24 December 1993 p.6845.]

19H. Retest of person's hearing

- (1) A worker or employer who disputes the results of an audiometric test shall give notice in the form of Form 21 in Appendix I to the Commission.
- (2) A retest of a worker's hearing under clause 7(1) shall be carried out in the manner prescribed under regulation 19C by —
 - (a) an approved medical practitioner;
 - (b) an audiologist; or
 - (c) a medical practitioner registered in the speciality of otorhinolaryngology,
nominated in writing by the Executive Director.
- (3) A retest of a worker's hearing under clause 7(1) may include —
 - (a) a physical examination; and
 - (b) any other appropriate investigation the approved medical practitioner or audiologist considers necessary to determine —
 - (i) whether the worker's hearing loss is noise induced;

- (ii) whether the worker's hearing loss is due, or partly due, to ear disease;
 - (iii) whether the worker's hearing loss is due, or partly due, to a hearing loss which is noise induced but of a type which is not due to the nature of any employment in which the worker was or is engaged; and
 - (iv) any other causes of the hearing loss.
- (4) Having regard to the results obtained under subregulation (3), the medical practitioner registered in the speciality of otorhinolaryngology may determine the noise induced hearing loss of the worker as a binaural noise induced hearing loss expressed as a percentage loss of hearing.

[Regulation 19H inserted in Gazette 26 February 1991 pp.938-9.]

19I. Prescribed workplaces

- (1) For the purposes of clause 10 a prescribed workplace is a workplace or part of a workplace where a worker is receiving, or is likely to receive, noise above the action level specified in subregulation (2).

- (2) For the purposes of this regulation —

“action level” means —

- (a) an L peak of 140dB (lin); or
- (b) a representative LAeq,8h of 90dB(A);

“L peak” means the maximum unweighted sound pressure level recorded with an instrument equipped for measuring peak values in accordance with AS 1259.1-1990;

“representative LAeq,8h” means an 8 hour equivalent continuous A weighted sound pressure level, determined from the assessment of worker exposures that is typical of the operation, work pattern or process being assessed as described in AS 1269-1989 Clause 1.4.7.

Workers' Compensation and Rehabilitation Regulations 1982

Part 3 Noise induced hearing loss

r. 19I

[Regulation 19I inserted in Gazette 26 February 1991 p.939.]

Part 3A — Constraints on awards of common law damages

[Heading inserted in Gazette 15 October 1999 p.4890.]

19J. Assessment of degree of disability

- (1) A referral under section 93D(5) of the Act —
 - (a) is to be made in the form of Form 22 in Appendix I; and
 - (b) is to nominate in the Form 22 one, and only one, relevant level of disability in respect of which the referral is made.
- (2) A notification under section 93D(7) of the Act is to be —
 - (a) made in the form of Form 23 in Appendix I; and
 - (b) accompanied by a copy of the medical evidence produced to the Director under section 93D(6) of the Act.
- (3) A notification under section 93D(8) of the Act is to be made in the form of Form 23 in Appendix I.

[Regulation 19J inserted in Gazette 15 October 1999 pp.4890-1; amended in Gazette 14 December 1999 p.6147.]

19K. Agreement as to degree of disability

- (1) An agreement as to the degree of disability for the purposes of section 93E(3)(a), (4) or (9) of the Act is to be made in the form of Form 24 in Appendix I and lodged with the Director.
- (2) On receipt of the agreement the Director is to —
 - (a) record the agreement in a register kept for that purpose; and
 - (b) complete the relevant section of the agreement form and give a copy of it to the worker and the employer.

[Regulation 19K inserted in Gazette 15 October 1999 p.4891.]

r. 19L

19L. Determination of degree of disability

- (1) The Director is to be notified as soon as practicable after a dispute resolution body determines a question referred to it under section 93D(10) of the Act.
- (2) On receipt of the notification the Director is to —
 - (a) record the determination in a register kept for that purpose; and
 - (b) give a copy of the determination to the worker, the employer and the employer's insurer.

[Regulation 19L inserted in Gazette 15 October 1999 p.4891.]

19M. Election to retain right to seek common law damages

- (1) An election under section 93E(3)(b) of the Act —
 - (a) is to be made in the form of Form 25 in Appendix I (the “**election form**”) and lodged with the Director; and
 - (b) cannot be made unless —
 - (i) it is agreed that the degree of disability is not less than 16%; or
 - (ii) it is determined that the degree of disability is not less than 16%.
- (2) If it is agreed that the degree of disability is not less than 16% the election form is to be accompanied by Form 24 in Appendix I unless an agreement as to the degree of disability for the purposes of section 93E(3)(a), (4) or (9) of the Act was recorded under regulation 19K before the lodgment of the election form.
- (3) If it is determined that the degree of disability is not less than 16% the election form is to be accompanied by evidence of the determination unless a determination of a dispute as to the degree of disability was recorded under regulation 19L before the lodgment of the election form.

- (4) Subject to subregulation (5), on the day on which the Director receives the election form the Director is to —
 - (a) record —
 - (i) under regulation 19K(2)(a) the agreement (if any) accompanying the election form; or
 - (ii) under regulation 19L(2)(a) the determination (if any) accompanying the election form;
 - (b) register the election in a register kept for that purpose; and
 - (c) complete the relevant section of the election form and give a copy of it to the worker and the employer.
- (5) The Director may decline to register an election if the Director is satisfied that the worker does not fully understand the consequences of the registration of the election.
- (6) This regulation applies to an election under section 93E(3)(b) of the Act that is commenced on or after the day on which the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 11) 1999* come into operation ¹.

[Regulation 19M inserted in Gazette 14 December 1999 pp.6147-8.]

19N. Extension of time to make election under s. 93E(3)(b)

- (1) In this regulation —

“extension period” means the period of time that ends 6 months after the termination day;

“termination day” has the meaning that it has in section 93E of the Act.
- (2) For the purposes of section 93E(7) of the Act, the circumstances in which the Director may extend the period of time within which an election can be made under section 93E(3)(b) of the Act are if the Director is satisfied that —
 - (a) the worker will require major surgery in respect of the disability in the extension period;

r. 19N

- (b) medical evidence that the worker will require major surgery in respect of the disability in the extension period has not been obtained from a medical practitioner who is a specialist in a relevant field of medicine despite all reasonably practicable steps having been taken by or on behalf of the worker to obtain that evidence; or
 - (c) a medical panel under section 36 of the Act has determined that the worker's disability is of a kind mentioned in section 33 or 34 of the Act.
- (3) An application for an extension of time under subregulation (2)(a) is to be —
 - (a) made in the form of Form 26 in Appendix I;
 - (b) accompanied by medical evidence from a medical practitioner who is a specialist in a relevant field of medicine; and
 - (c) lodged with the Director at least 21 days before the termination day.
- (4) An application for an extension of time under subregulation (2)(b) is to be —
 - (a) made in the form of Form 27 in Appendix I;
 - (b) accompanied by such evidence, in addition to that provided in the Form 27, as may be requested by the Director about —
 - (i) the requirement for the worker to have the surgery mentioned in subregulation (2)(b); or
 - (ii) the action taken by or on behalf of the worker to obtain the medical evidence mentioned in subregulation (2)(b);
 - and
 - (c) lodged with the Director at least 21 days before the termination day.
- (5) An application for an extension of time under subregulation (2)(c) is to be —

- (a) made in the form of Form 26 in Appendix I;
 - (b) accompanied by evidence of the medical panel's determination; and
 - (c) lodged with the Director at least 21 days before the termination day.
- (6) Within 14 days of receiving the application the Director is to —
- (a) decide whether to extend the period within which the election can be made;
 - (b) set the extension period in accordance with section 93E(7); and
 - (b) complete the relevant section of the application form and give a copy of it to the worker and the employer.
- (7) This regulation applies to an application for an extension under section 93E(7) of the Act of the period within which an election may be made that is lodged with the Director on or after the day on which the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 11) 1999* come into operation ¹.

[Regulation 19N inserted in Gazette 14 December 1999 pp.6149-50.]

190. Application for compensation

An application for compensation under section 93E(11) of the Act is to be made and dealt with in accordance with the *Workers' Compensation (Conciliation and Review) Rules 1994* as if it were an application referring for conciliation a dispute as to the amount of compensation.

[Regulation 190 inserted in Gazette 15 October 1999 p.4892.]

19P. Notification to workers about elections as to common law damages

- (1) The employer of a worker who has an unfinalized claim for compensation under the Act is to give the worker written notice of —

r. 19P

- (a) the requirement under section 93E(3)(b) of the Act for the worker to elect to retain the right to seek damages; and
 - (b) the date by which the election is to be made.
- (2) The employer is to give the notice mentioned in subregulation (1) —
- (a) if a dispute resolution body orders that weekly payments of compensation are to commence, within 7 days of the day of the order; or
 - (b) in any other case, 3 and 5 months from the day on which weekly payments commenced.

[Regulation 19P inserted in Gazette 14 December 1999 pp.6150-1.]

Part 4 — Miscellaneous

[Heading inserted in Gazette 26 February 1991 p.939.]

20. Offence and penalty

Any person who —

- (a) does any act or thing which by these regulations he is forbidden to do;
- (b) fails or omits to do any act which by these regulations he is required to do,

commits an offence.

Penalty: \$1 000.

[Regulation 20 amended in Gazette 15 October 1999 p.4905.]

Appendix I

Appendix I

Form 1

Workers' Compensation and Rehabilitation Act 1981

ELECTION FOR SCHEDULE 2 INJURIES

(Section 24B)

I,
(name in full block letters)

of
(address)

suffered personal injury by accident in the employment of
.....
(name of employer)

on the day of 19

The injury/injuries suffered by me was/were:

(state nature of injury and percentage loss of use or loss of efficient use of a part or faculty of the body)

*Before that disability was suffered I had previously suffered compensable personal injury by accident to that part or faculty of the body resulting in % loss of use of that part or faculty.

I elect to receive compensation under Schedule 2 of the *Workers' Compensation and Rehabilitation Act 1981* which I anticipate should be the sum of \$..... representing % loss of item being
(state the part of the body affected)

In making this election and upon an agreement being registered under Division 7 of Part 3 of the Act or an award being made by a dispute resolution body, I acknowledge that after registration or the making of the award:

- (1) I shall have no further entitlement to compensation under the Act for weekly payments arising out of that disability;
- (2) I shall have no further entitlement in respect of that disability subsequent to the date of this election, to payment of expenses under clauses 9, 17, 18 and 19 of Schedule 1 (that is, in general terms, medical or surgical, dental, physiotherapy or chiropractic advice or treatment, first aid and ambulance expenses, medical requisites, charges for attendance and treatment by way of rehabilitation, charges for hospital treatment and maintenance, cost of artificial aids and travelling expenses);

- (3) I shall have no entitlement to further moneys upon any increase to the prescribed amount for this percentage loss of the part or faculty of the body the subject of this election.

Dated the day of 19 .

.....
(Signature)

in the presence of:

.....
(Signature and full names
and address of witness)

*Delete if not applicable.

Appendix I

Form 2

Workers' Compensation and Rehabilitation Act 1981

MEDICAL PANEL

(Sections 36 and 38)

Particulars of Claimant

Surname
Christian Names
Address
Date of Birth

DETERMINATION

1. Is, or was, the worker suffering from pneumoconiosis, mesothelioma or lung cancer?
2. If so, is, or was, the worker thereby disabled from earning full wages?
3. To what extent if any does, or did —
 - (i) pneumoconiosis;
 - (ii) mesothelioma;
 - (iii) lung cancer,cause impairment of his ability to undertake physical effort?
4. What other, if any, disease or physical condition is, or was, contributing to the worker's disablement or death and to what extent?
5. Is, or was, the worker fit for work? If so, at what level — light, moderate, or heavy?

Signed:

.....
(Chairman)

.....
(Member)

.....
(Member)

Date

Attendance of Medical Practitioner.

I hereby certify that
of
a Medical Practitioner, attended the examination of the above claimant.

.....
(Chairman)

[Form 2A deleted]

Form 2B

[r.6AA]

Workers' Compensation and Rehabilitation Act 1981
(Section 84I(1)(b))

WORKERS' COMPENSATION CLAIM FORM

Employer Details

(To be completed by employer after receipt from the worker)

Name of policy holder:	
.....	
Address:	
.....	
.....	
Suburb/town:	Postcode:
.....	
Trading name of employer:	
(e.g. Browns Pharmacy;	
E.J.Imports)	
Address of worker's usual	
workplace or base:	
..... Postcode:	
Major activity of workplace:	
(e.g. sheep or grain farming;	
aluminium window screen	
manufacturing)	
<i>Office Use only</i>	ANZSIC CODE -
Insurance Co. Policy No.	
WorkCover No. W C Claim No.	
<i>Insurer/Self Insurer to complete</i>	

EMPLOYER: Forward to your insurer within 3 full working days of receipt from the Worker

Appendix I

Injured worker details

Surname: <i>Mr/Mrs/Miss/Ms.</i>			
Other names:			
Address:			
.....		Postcode:	
Phone No.:			
Date of birth:/...../.....		Age:	Sex Male/Female
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> If you have difficulty understanding English, what is your preferred language? </div>			
Occupation (e.g. first class welder; accounts clerk)			
Main tasks or duties performed? (e.g. welding of			
high pressure steam pipes; recording and paying			
accounts)			
At the time of the occurrence			
were you working as a:			
— direct employee?		<input type="checkbox"/> 1	Full-Time <input type="checkbox"/> F
— working director?		<input type="checkbox"/> 2	
— contractor?		<input type="checkbox"/> 3	Part-Time <input type="checkbox"/> P
— employee of contractor?		<input type="checkbox"/> 4	
— sub-contractor?		<input type="checkbox"/> 5	
— other?		<input type="checkbox"/> 6	
			ASCO

Occurrence details

Day of occurrence: Date/...../..... Time: am/pm
 At what address did the occurrence occur?

When did you have to stop working?		Date/...../..... Time: am/pm	
Were you - on duty? <input type="checkbox"/> 1		- travelling between home and work? <input type="checkbox"/> 4	
- on duty & in a road traffic accident? <input type="checkbox"/> 2		- doing something else, if so what? <input type="checkbox"/> 5	
- on a work break? <input type="checkbox"/> 3		
		

What actually happened and what caused the occurrence?

Include:

(i) what action was involved, e.g. fall, caught between, struck by moving object

.....

(ii) what object/machine was involved, e.g. petrol fumes, wooden door frame

.....

Describe:

(i) the most serious injury or disease caused by the occurrence, e.g. fracture, burn, cut, abrasion

.....

(ii) bodily location of the injury or disease, e.g. upper arm, ankle, eye

.....

Mechanism

Agency

Nature

Bodily
Location

Occurrence report

Where did the occurrence occur? (e.g. store room, machinery shop)

.....

What were you doing at the time of the occurrence?

.....

What were the normal working hours for that day?

Starting time

.... ..am/pm

Finishing time

.... ..am/pm

When did you first report the occurrence?

Date:/...../.....

Time:/...../.....

To whom did you report the occurrence?

Name / Title

If the occurrence was not reported immediately, state the reason:

.....
.....

Name and address of witness(es) to the occurrence:

.....
.....

Medical attention/history – this event

1. When did you first seek medical attention?

Date:/...../..... Time:/...../.....am/pm

2. If not immediately, state reason:

.....
.....

3. Was the part of the body affected or injured by this occurrence healthy before the occurrence? If not, give details:

.....
.....

Appendix I

Medical attention/history – similar or related previous events

4. Is the present injury or disability totally attributable to this occurrence? If not, give details:
5. Give details of any similar injury or disability prior to this occurrence:
6. Name & address of usual medical practitioner, and any person who has treated you for a similar disability:

Other or previous claims

1. Is compensation being claimed Yes/No If so, from whom?
 from any other source?

2. Give details of similar or related previous workers' compensation claims

Name & address of employer	Name of insurer (if known)	Nature of injury, disease or other claim

Injured worker's declaration

I solemnly and sincerely 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 59(2) of the *Workers' Compensation and Rehabilitation Act 1981*, I am required to notify my employer in writing within 7 days if I commence work with another employer after making a claim, or while receiving weekly payments of workers' compensation.

I also understand that I can only claim damages at common law for my injury if it is agreed or determined that I am at least 16% disabled and I lodge an election within the time specified in the *Workers' Compensation and Rehabilitation Act 1981* (which in most cases is 6 months after the commencement of weekly compensation payments).

Dated this day of Year

Signature of worker Signature of witness

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

I authorize any doctor who treats me (whether named in this certificate or not) 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.

Dated this day of Year

Signature of worker Signature of witness

IMPORTANT:
FAILURE TO PROVIDE YOUR SIGNATURE ON EITHER THE DECLARATION OR THE AUTHORITY ABOVE MAY DELAY A DECISION BY YOUR EMPLOYER ON YOUR CLAIM.

Insurer/Self-insurer to complete		Insurer/Self-insurer's Date Stamp
Estimated time off work — - less than one day..... <input type="checkbox"/> - 1-4 work days (inclusive)..... <input type="checkbox"/> - 5-9 work days (inclusive)..... <input type="checkbox"/>	- 10-20 work days (inclusive).... <input type="checkbox"/> - more than 20 work days..... <input type="checkbox"/> - fatality..... <input type="checkbox"/>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

Front

Employer please complete
If the First Medical Certificate indicates the injured worker will be absent from the workplace for more than 3 working days and/or is unable to return to normal duties please complete the section overleaf and fax to the medical practitioner who provided the worker's First Medical Certificate **within 2 working days.**

✂=====

Employer, please provide the information overleaf to the injured worker.

Appendix I

Reverse

ATTENTION Dr. _____ **Fax No.** _____

DETAILS TO BE PROVIDED TO MEDICAL PRACTITIONER

Please complete all sections of this form

WORKER'S DETAILS

Name in full:
Address:
Telephone: Date of birth/...../.....
Occupation:

INSURER'S DETAILS

Name of insurer:
Contact person: Telephone:

EMPLOYER'S DETAILS

Trading name:
Address of worker's usual workplace:
.....

ALTERNATIVE DUTIES FOR WORKER

Name of contact for liaison with medical practitioner:
Role within organization:
Telephone: Fax:

The above nominated contact is willing to discuss alternative duties and / or appropriate return-to-work options with the medical practitioner.

This organization can provide alternative duties which are attached. Yes No
This organization has a return-to-work / rehabilitation program for injured workers. Yes No

Signature Date/...../.....

✂=====

INFORMATION TO BE PROVIDED TO THE INJURED WORKER

EMPLOYER please ensure this section is given to the injured worker.

Workers' Compensation Information for Injured Worker

- WorkCover WA is the government authority that administers the workers' compensation system in Western Australia. WorkCover WA is available as an independent third party to help answer your

questions about how the workers' compensation system works. Contact WorkCover WA's Infoline if you need any information about the system.

- You should be notified by your employer's insurance company if your claim is accepted or not within three weeks of submitting your claim to your employer.
- You have the right to choose your doctor and vocational rehabilitation provider.
- Provide your employer with all medical certificates from your doctor as quickly as possible.
- Under section 59(2) of the *Workers' Compensation and Rehabilitation Act 1981* you must notify your employer in writing within 7 days if you commence work with another employer after making a claim, or while receiving weekly payments of workers' compensation.
- Regular contact between you, your doctor and employer is important and will assist the overall management of your claim. Make sure your doctor gives you a WorkCover WA brochure. This outlines what you should know about the system.
- An injury management system is in place and it is important you understand your rights and responsibilities in relation to your return to work. Contact WorkCover WA's Infoline to find out more.
- WorkCover WA runs free information seminars aimed at helping you understand the workers' compensation system. Contact WorkCover WA to arrange your attendance.

**For workers' compensation information or assistance contact
WorkCover WA's Infoline: 08 9388 5555 Country callers: 1 800 670 055**

Appendix I

Form 2C

[r.6AA]

Workers' Compensation and Rehabilitation Act 1981

(Section 84I(1)(b))

**WORKER'S CLAIM AND ELECTION FOR LUMP SUM COMPENSATION
FOR NOISE INDUCED HEARING LOSS**

WORKER'S DETAILS — (Worker to complete)

Surname Mr/Mrs/Miss/Ms Other Names Address Postcode	Date of Birth / /	Age	Sex M/F	
	If you have difficulty understanding English what is your preferred language?			
	TYPE 32 AGENCY 991 ICD 250 LOCN 130 office use only ASCO			
	Phone No. (H) (W)			
	Occupation (e.g. boiler maker, underground miner)			
	Main tasks or duties performed (e.g. welding, drilling)			

ELECTION FOR SCHEDULE 2 INJURY — item 6

NIHL FILE No. (Office Use Only)	
Date of compensable test/...../.....	
Compensable noise induced hearing loss% (of item 6)	Entitlement \$
Employer at time of test	
Address Post Code	
Previous settlement date/...../.....	PLH

WORKER'S DECLARATION

I elect to accept under Schedule 2 of the *Workers' Compensation and Rehabilitation Act 1981* the sum of \$ representing% of loss of item 6, being loss of hearing. In making this election I declare that I have not received nor am I eligible to receive compensation in respect of the noise induced hearing loss under any law of the Commonwealth, another State or Territory of the Commonwealth, or country other than Australia. In making this election and upon an agreement being registered at the Conciliation and Review Directorate WorkCover WA, I acknowledge that after registration or making an award:

1. I shall have no further entitlement to compensation under the Act for the percentage loss of hearing which is the subject of this election;
2. I shall have no entitlement to further monies upon any increase to the prescribed amount for the percentage loss of hearing which is the subject of this election.

DATED the day of 19.....
(Signature of worker)

in the presence of :
(Signature and full name and address of witness)

WorkCover No.

EMPLOYER DETAILS — (Employer to complete)

Trading name of employer
(e.g. Browns Welding;
E.J. Drilling Service)

Local Gov.

Insurance Co.

Address of worker's usual
workplace or base

Policy No.

Appendix I

Name of Policy Holder <hr/> Address Suburb/Town Post Code	Claim No: Insurer/self insurer to complete
Major activity or workplace (e.g. metal fabrication; gold mining, engineering.)	Insurer/self insurer's date stamp <hr/>
	office use only ANZSIC

WORKER'S EMPLOYMENT HISTORY FROM MARCH 1, 1991

To be completed by WorkCover WA:

Name of worker File #

Name of insurer Period of insurance Policy No.

Name of insurer Period of insurance Policy No.

Name of insurer Period of insurance Policy No.

Name of insurer Period of insurance Policy No.

Employer at March 1, 1991:
 (Name)

Address

 (Postcode)

Telephone Number (.....)

Type of work engaged in Prescribed Yes No

Baseline Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> /	NO BASELINE TEST
(if worker has had a Full Audiological Baseline Test use the date and PLH of the full audiological test)			please circle if applicable
Subsequent Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	
Subsequent Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	
Subsequent Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	
Subsequent Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	
Subsequent Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>	

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Subsequent Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
Subsequent Full Audio Test	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
Otorhinolaryngological assessment	Date...../...../.....	NIHLPLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
Number of years with this employer since the baseline test/March 1, 1991		<input type="checkbox"/> <input type="checkbox"/>
		Termination Date...../...../.....
Subsequent test at termination	Date...../...../.....	PLH <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
NIHL Claims Officer check:	Date...../...../.....	Signature
NIHL Manager check:	Date...../...../.....	Signature

Appendix I

Form 2D

Workers' Compensation and Rehabilitation Act 1981

**WORKERS' COMPENSATION CLAIM FORM FOR DEPENDANTS OF
DECEASED WORKERS**

[r.6AA]

If insufficient space attach relevant details. If you can't fill in this form yourself you may ask someone to help you. If the deceased had no dependants this form can be used to claim for statutory allowances only (e.g. funeral expenses). Please complete all questions except for the details requested on dependants (see below).

Applicant's Details

Full Name of Applicant	Surname	Other Names
	<input type="text"/>	<input type="text"/>
Occupation	Relationship to deceased worker	
	<input type="text"/>	
i.e. Executor, Wife/defacto, Son, Daughter		
Residential Address	<input type="text"/>	
	Postcode	Telephone No.

Deceased Worker's Details

Full Name of deceased worker	Surname	Other Names
	<input type="text"/>	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
		<input type="text"/>
Worker's Occupation	<input type="text"/>	
Period of Employment	<input type="text"/>	
Residential Address immediately prior to death	<input type="text"/>	

Employer's Details

Full Name of Employer, including trading name	<input type="text"/>
Address of worker's usual workplace or base	<input type="text"/>
	Postcode Telephone No.
Major activity of workplace (e.g. footwear manufacturing, sheep farming)	<input type="text"/>

Deceased Worker's Dependant/s Details

Do not complete the following question if you are claiming for statutory allowances only. Give full details of deceased worker's dependants as at the date of death:

Name of Dependant	Date of Birth	Residential Address	Occupation	Relationship to deceased worker	Dependency	
					Wholly	Part
					✓ Tick Box	
					Y	Y
					Y	Y
					Y	Y

Details of Fatality

Was the death the result of a work-related injury and/or disease? Yes No

What was the cause of death?

--

--

--

What were the main tasks/duties of the deceased's employment when he/she suffered the injury and/or contracted the disease?

--

--

--

--

--

In the case of personal injury, when did it occur?

Day of the week	Time	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

Date of death if different. Date

Where did the injury occur? (e.g. Workshop floor, Hay Street, Cloverdale)

--

--

--

In the case of a disease, what was the date of death?

Date	Date of diagnosis	Date
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

If known, when was the deceased first incapacitated

Date	Don't know
<input type="text" value="/ /"/>	<input type="checkbox"/>

Workers' Compensation and Rehabilitation Regulations 1982

Appendix I

by the disease?

Prior to this application, have any workers' compensation payments been received or applied for in respect of the deceased (i.e. weekly payments, medical expenses, lump sums).

YES

NO

Have you attached a copy of any official notice of the deceased's death?

YES

NO

If yes, please attach as much information as you can

Declaration

I, the undersigned, do hereby warrant the truth of the foregoing statements. I hereby authorize any medical practitioner to disclose to the deceased worker's employer or his/her insurer and WorkCover WA any information regarding the deceased worker's medical history.

Signature	_____	Date	<input type="text" value="/ /"/>
Signature	_____	Date	<input type="text" value="/ /"/>

INSURER/SELF-INSURER DETAILS	
Insurer/self-insurer to complete then detach and forward the duplicate of this notice to WorkCover WA, 2 Bedbrook Place, Shenton Park, WA 6008:	
Name of insurer/self-insurer: _____	Date stamp of insurer/self-insurer _____
Policy number: _____	
Claim number: _____	
WCN: _____	
Occurrence Details	
Mechanism: _____	
Agency: _____	
Nature: _____	
Body Locn: _____	

Form 3

Workers' Compensation and Rehabilitation Act 1981

(Sections 57A(1)(b), 57B(1)(b) & 61(1))

FIRST MEDICAL CERTIFICATE

1. Worker's Details

First name(s): Surname:

Address:

Telephone: Date of birth:/...../..... Occupation:

I have provided a WorkCover WA Injury Management brochure to the worker.

2. Employer Details

Name & address of worker's employer:

.....

3. Consent Authority (to be signed at the option of the worker)

I authorize any doctor who treats me (whether named in this certificate or not) 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.

Worker's Signature Date

IMPORTANT: FAILURE TO PROVIDE YOUR SIGNATURE ON THE AUTHORITY ABOVE MAY DELAY A DECISION BY YOUR EMPLOYER ON YOUR CLAIM.

4. Details from Worker Date of injury/disease, etc:

Workplace location where incident occurred:

Worker's description of the injury/disease, etc:

.....

Worker's description of how it occurred:

.....

.....

5. Medical Assessment

Clinical findings / diagnosis (include possible complications, effect of prior injury or medical condition):

.....

.....

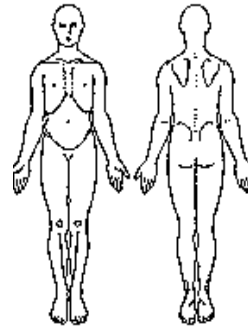
.....

.....

In my opinion the above diagnosis does / does not correlate with the injury/disease, etc. described to me by the worker.

INJURY MANAGEMENT

AFFECTED AREA



Appendix I

6. Fitness for Work It is my opinion that as from the date of this certificate the worker is:

FIT

- Fit to return to pre-disability duties, no further treatment required First and Final certificate
[See reg. 7 and s. 61(1) of the Act]
- Fit to return to pre-disability duties, but requires further treatment
- Fit for restricted return to work from to
 - restricted hours (*please specify*):
 - restricted days (*please specify*):
 - restricted duties.
- Work restrictions:
 - No lifting anything heavier than kg. Other restrictions:
 - Avoid repetitive bending / lifting.
 - Avoid repetitive use of body part:
 - Avoid prolonged standing/ walking / sitting.
 - Keep injured area clean and dry.

UNFIT

- Totally unfit for work for days from to (inclusive).

7. Medical Management

- Medication:
 - Physiotherapy / Chiropractor *No. sessions recommended*: Imaging
 - Referred to hospital/specialist (*name*)
 - Other treatment:
 -
 -
- Next appointment** (*unless "First & Final Certificate"*) **Date** **Time**

If the worker is not reviewed within 14 days, the worker may be required, under section 64 or 65 of the Act, to submit to a medical examination by a medical practitioner provided by the employer, on a day chosen by the employer.

8. Medical Practitioner / Employer Contact

- I have made contact with the employer and discussed alternative work options.
- The worker will be off work for more than 3 working days and/or is unable to return to normal duties.
Employer please fax your contact details as I will contact you to discuss return to work options.
- The worker is able to return to normal duties. Contact with employer not necessary at this stage.

9. Medical Practitioner's Details

Name Registration No.
Address.....
Telephone Signature

Fax Time & Date of examination

**For workers' compensation information or assistance contact
WorkCover WA's Infoline: 08 9388 5555 Country callers: 1 800 670 055**

Form 3A

[r. 6B]

Workers' Compensation and Rehabilitation Act 1981

(Section 57A(3)(a))

INSURER'S NOTICE THAT LIABILITY IS ACCEPTED

To:

1.
[name and address of worker to whom the claim relates]

2.
[name and address of employer]

From:
[name and address of insurer]

* Claim number:.....

Date of accident:

Nature of incapacity:

Date claim made by employer:

In respect of the above claim you are notified that liability is accepted in respect of the weekly payments claimed by the worker.

Date on which weekly payments are proposed to commence:

[Insurer to liaise with employer to ascertain the commencement date]

Signed on behalf of the insurer:

Date:

* Please provide this claim number to your general practitioner at your next appointment in relation to this claim

Appendix I

Form 3B

[r.6C]

Workers' Compensation and Rehabilitation Act 1981
(Section 57A(3)(b))

INSURER'S NOTICE THAT LIABILITY IS DISPUTED

To:

1.
[name and address of worker to whom the claim relates]

2.
[name and address of employer]

From:
[name and address of insurer]

Claim number:

Date of accident:

Nature of incapacity:

Date claim made by employer:

In respect of the above claim you are notified that liability is disputed in respect of:

- * all the weekly payments claimed by the worker.
- * the following weekly payments claimed by the worker.

[provide details]

The reasons why liability is disputed are as follows:

Signed on behalf of the insurer:

Date:

[*delete if appropriate]

NOTE THAT if you wish you may, under section 84N of the Act, refer a dispute to the Director of Conciliation and Review for conciliation. You may obtain advice from the Workers' Compensation and Rehabilitation Commission.

Form 3C

[r.6D]

Workers' Compensation and Rehabilitation Act 1981

(Section 57A(3)(c))

INSURER'S NOTICE WHERE NO DECISION ABOUT LIABILITY

To:

1.
[name and address of worker to whom the claim relates]

2.
[name and address of employer]

3. Director of Conciliation and Review

From:
[name and address of insurer]

Claim number:

Date of accident:

Nature of incapacity:
.....

Date claim made by employer:

In respect of the above claim you are notified that a decision as to whether or not liability is to be accepted in respect of the weekly payments claimed by the worker is not able to be made within the time allowed by section 57A(3) of the Act.

The reasons why the decision is not able to be made are as follows:

.....
.....
.....

Signed on behalf of the insurer:

Date:

NOTE THAT if you wish you may, under section 84N of the Act, refer a dispute to the Director of Conciliation and Review for conciliation. You may obtain advice from the Workers' Compensation and Rehabilitation Commission.

Appendix I

Form 3D

[r.6E]

Workers' Compensation and Rehabilitation Act 1981

(Section 57B(2) (b))

**UNINSURED OR SELF-INSURED EMPLOYER'S NOTICE
THAT LIABILITY IS DISPUTED**

To:
[name and address of worker to whom the claim relates]

From:
[name and address of uninsured or self-insured employer]

Claim number:

Date of accident:

Nature of incapacity:

Date claim made by worker:

In respect of the above claim you are notified that liability is disputed in respect of the weekly payments claimed by you.

The reasons why liability is disputed are as follows:

Signed on behalf of the uninsured or self-insured employer:

Date:

NOTE THAT if you wish you may, under section 84N of the Act, refer a dispute to the Director of Conciliation and Review for conciliation. You may obtain advice from the Workers' Compensation and Rehabilitation Commission.

Form 3E

[r.6F]

Workers' Compensation and Rehabilitation Act 1981

(Section 57B(2) (c))

UNINSURED OR SELF-INSURED EMPLOYER'S NOTICE
WHERE NO DECISION ABOUT LIABILITY

To:

1.
[name and address of worker to whom the claim relates]

2. Director of Conciliation and Review

From:
[name and address of uninsured or self-insured employer]

Claim number:

Date of accident:

Nature of incapacity:

Date claim made by worker:

In respect of the above claim you are notified that a decision as to whether or not liability to make the weekly payments claimed by the worker is not able to be made within the time allowed by section 57B(2) of the Act.

The reasons why the decision is not able to be made are as follows:

Signed on behalf of the uninsured or self-insured employer:

Date:

NOTE THAT if you wish you may, under section 84N of the Act, refer a dispute to the Director of Conciliation and Review for conciliation. You may obtain advice from the Workers' Compensation and Rehabilitation Commission.

Appendix I

Form 4

Workers' Compensation and Rehabilitation Act 1981
(Section 61(1))

FINAL MEDICAL CERTIFICATE

Claim No.
(if known)

To (name and address of worker's employer)

.....
.....

WORKER'S DETAILS

First name(s): Surname:

Address:
.....

Telephone:

Date and place of occurrence of disability:/...../.....

MEDICAL ASSESSMENT

Having examined the worker, it is my opinion that as from/...../.....

- the worker has total capacity for work.
- the worker has partial capacity for work.
- the worker's incapacity is no longer a result of the disability.

It is also my opinion that as from/...../..... the worker is

- fit.
- fit for alternative duties with the following limitations:

.....
.....
.....

Grounds for the opinion in medical assessment

.....
.....
.....
.....

MEDICAL PRACTITIONER'S DETAILS

Name: Registration No.:
Address:
Telephone:
Fax:
Signature: Time & Date of examination:

**For workers' compensation information or assistance contact
WorkCover WA's Infoline: 08 9388 5555 Country callers: 1 800 670 055**

Form 6

Workers' Compensation and Rehabilitation Act 1981

(Section 69)

DECLARATIONS IN RESPECT OF WORKER NOT RESIDING IN W.A.

[= tick where appropriate. * = delete where appropriate]

To: (name and address of employer or employer's insurer
.....
.....

A. WORKER'S SECTION

I,
(full name of worker)

of
(residential address)

..... Postcode:

Occupation: Date of birth:/...../19.....

*being duly sworn, say that/do solemnly and sincerely affirm that —

- 1. The above details about me are correct.
- 2. I reside at the above address.
- 3. On/...../19..... I suffered a disability when employed by
.....
(name and address of employer)

*Sworn/affirmed at)
in (State or country))
this day of 19)

Before me:
(a person having authority
to administer an oath)

B. DOCTOR'S SECTION

I,
(full name of medical practitioner)

of
(address)

..... Postcode:

*being duly sworn, say that/do solemnly and sincerely affirm that —

Appendix I

1. I am a duly qualified medical practitioner.
2. On/...../19..... I examined the above person and am of the opinion that he/she is —

- (a) Fit.
- (b) Fit for alternative duties with the following limitations:
.....
- (c) Totally unfit for work.

*Sworn/affirmed at)
in (State or country))
this day of 19)

Before me:
(a person having authority
to administer an oath)

**IF A WORKER RESIDES OUTSIDE THE STATE, PROOF OF THE
WORKER'S IDENTITY AND CONTINUING INCAPACITY IS
REQUIRED EVERY 3 MONTHS**

[Forms 7, 8, 9, 10, 11 and 12 deleted]

Form 13

[r.10B(3)]

Workers' Compensation and Rehabilitation Act 1981
**REQUIREMENT TO ATTEND BEFORE A MEDICAL
ASSESSMENT PANEL**

You are required to attend before a medical assessment panel at
.....
at the hour of
on the day of 19.....
* and at that time to produce to the panel
.....
(specified documents)
* *delete if inapplicable*
Dated

.....
CHAIRMAN
Medical Assessment Panel

Appendix I

Form 14

Workers' Compensation and Rehabilitation Act 1981

ELECTION TO RECEIVE REDEMPTION AMOUNT

(Schedule 5, clause 3)

I,of
(name of worker) (address)

having attained the age of 65 years on the day of19.....,
having suffered from pneumoconiosis/mesothelioma/lung cancer and being entitled to
weekly payments of compensation in accordance with Schedule 1 of the Act, elect to
receive the redemption amount of \$
as a lump sum.

I acknowledge that, by making this election: —

1. I shall have no other claim to redemption of weekly payments.
2. I shall have no claim after the date of this election to weekly payments of compensation.
3. I shall have no further entitlement from the date of this election, to payment of expenses under clauses 9, 17, 18 and 19 of Schedule 1 (that is, in general terms, medical and other expenses, hospital charges and travelling costs).
4. Upon my death the provisions of clauses 1, 2, 3, 4, 5 and 17(2) of Schedule 1 shall not apply: that is, in general terms dependants of mine, whether totally or partially dependent, shall have no entitlement to payment, benefit, allowance or expenses (funeral or otherwise).

Dated the day of 19 .. .

Signed by the worker
in the presence of:

.....
.....
.....
(Signature and full names of witness).

Form 15

Workers' Compensation and Rehabilitation Act 1981

ELECTION TO RECEIVE SUPPLEMENTARY AMOUNT

(Schedule 5, clause 3)

I,of

(name of worker)

(address)

having attained the age of 65 years on the day of 19.....
having suffered from pneumoconiosis/mesothelioma/lung cancer and being entitled to
weekly payments of compensation in accordance with Schedule 1 of the Act, elect to
receive the supplementary amount having *a/*no dependant spouse, being currently the
sum of \$.....

I acknowledge that, by making this election: —

- 1. I shall have no other claim to redemption of weekly payments.
2. I shall have no claim after the date of this election to weekly payments of
compensation.
3. If my death results from that disability and a dependant spouse survives
me then that spouse is entitled to a lump sum calculated in accordance
with clause 6 of Schedule 5 and the supplementary amount at the rate for
a worker without a dependant spouse.
4. Upon my death the provisions of clauses 1, 2, 3, 4, 5 and 17(2) of
Schedule 1 shall not apply: that is, in general terms, dependants of mine,
whether totally or partially dependent, shall have no entitlement to any
payment, benefit, allowance or expense (funeral or otherwise).

Dated the day of 19 .. .

Signed by the worker
in the presence of:

.....
.....
.....

(Signature and full names of witness).

* Delete whichever is inapplicable.

Appendix I

Form 15A

[r.12(4)]

Workers' Compensation and Rehabilitation Act 1981

NOTICE OF MEMORANDUM HAVING BEEN RECEIVED

Ref.

TAKE NOTICE

1. That a Memorandum, copy of which is hereto annexed, has been sent to me for registration. The Memorandum appears to affect you.
2. I therefore request you to inform me within 7 days from this date whether you admit the genuineness of the Memorandum, or whether you dispute it, and if so, in what particulars, or object to its being recorded, and if so, on what ground.
3. If the Memorandum is recorded it is enforceable as an award or order.
4. If you have any doubts as to the effect of the agreement, or your rights to compensation generally you should contact me immediately.

Dated this day of 19.....

.....
Director of Conciliation and Review

Form 15B

[r.12(5)]

Workers' Compensation and Rehabilitation Act 1981

NOTICE OF RECORDING OF MEMORANDUM OF AGREEMENT

Ref.

YOU ARE NOTIFIED

That a memorandum of the agreement entered into between

.....

and

.....

the abovenamed parties, and dated the day of 19.....
has now been recorded in the Register under section 76 of the *Workers' Compensation and Rehabilitation Act 1981*.

The Agreement has been numbered

You may, without fee, obtain a certificate of the memorandum and its recording.

Dated this day of 19.....

.....
Director of Conciliation and Review

Appendix I

Form 15C

Workers' Compensation and Rehabilitation Act 1981

MEMORANDUM OF AGREEMENT

(Section 76 & 67(2))

TO: the Director, Conciliation & Review Directorate,
Perth, Western Australia

In the matter of an Agreement made the _____ day of _____ (year)

Between _____ (Employer)

of (address)
(WCN Number)

and

(Worker)

of (address)

Claim No:

Upon the Agreement being recorded pursuant to section 76 of the *Workers' Compensation and Rehabilitation Act 1981* ("the Act") the worker's claims referred to in this Agreement are finalised and the employer shall pay to the worker, and the worker shall accept, the lump sum of \$ _____, upon the terms and conditions as set out in the following —

1. Date of disability (injury)

Which occurred by:

- * a personal injury by accident arising out of or in the course of the employment, or whilst the worker was acting under the employer's instructions;
- * a disabling disease to which Part III Division 3 applies;
- * a disease contracted by a worker in the course of his/her employment at or away from his/her place of employment and to which the employment was a contributing factor and contributed to a significant degree;
- * the recurrence, aggravation, or acceleration of any pre-existing disease where the employment was a contributing factor to that recurrence, aggravation, or acceleration and contributed to a significant degree; or

- * a disabling loss of function to which Part III Division 4 applies.
2. When the disability occurred —
- (a) the worker was _____ years of age. Date of Birth
 - (b) the worker was employed by the employer as a
.....
 - (c) his or her weekly earnings were
3. The nature of the disability was:
and now is:
and it occurred in the following circumstances —
4. The worker has received from the employer prior to the date of this Agreement:
- (a) weekly payments in respect of that disability totalling \$
 - (b) expenses payable under Clauses 9, 10, 17, 18 and 19 of Schedule 1
- Totalling \$
=====
5. The lump sum is made up as follows:
- * (a) weekly payments of compensation:
 - (i) by way of redemption of liability to make future weekly payments as for permanent total incapacity; \$
 - (ii) by way of redemption of liability to make future weekly payments as for permanent partial incapacity; \$
 - (iii) otherwise; \$
 - * (b) expenses as are provided for in Clauses 9, 10, 17, 18 and 19 of Schedule 1 namely;
\$

Appendix I

* (c)	the worker having elected under s. 24 of the Act by a form of election dated _____, compensation payable under Schedule 2, representing _____ % loss of Item being for the permanent loss of the efficient use of the	
		Totalling: \$
* (d)	redemption amount under Schedule 5 Clause 2 or 3(2) (3) or (4)	\$
* (e)	supplementary amount under Schedule 5 Clause 2 or 3(2), (3) or (4)	\$
	TOTAL LUMP SUM	\$ =====

6. The employer warrants that to the date of this Agreement it has paid all compensation due to the worker and all expenses in respect of the matters contained in Clauses 9, 10, 17, 18 and 19 of Schedule 1 (which includes medical and travelling) and, to the extent that these have not been paid, undertakes to pay them.
7. The worker warrants that he/she is not aware of any expenses due but unpaid in respect of the matters contained in Clauses 9, 10, 17, 18 and 19 of Schedule 1.
8. The worker hereby releases and forever discharges the employer from all claims and demands which the worker now has or, but for the execution of this agreement, could or might have had against the employer under the Act in any respect to the disability to the worker referred to in this Agreement.

SIGNED by the worker:
in the presence of:

SIGNED by or on behalf of the employer:
in the presence of-

**Delete if not applicable.*

Form 15D

Workers' Compensation and Rehabilitation Act 1981

**STATEMENT OF THE CONSEQUENCES OF THE RECORDING OF A
MEMORANDUM OF AGREEMENT**

(Section 76(2)(a))

In making an agreement for the purposes of section 67(1) of the *Workers' Compensation and Rehabilitation Act 1981* ("the Act") and upon that agreement being recorded under section 76 of the Act the following will apply;

- (1) The worker will have no further entitlement to compensation under the Act for weekly payments arising out of the disability referred to in the agreement.
- (2) The worker will not have any other claim to redemption of weekly payments arising out of the disability referred to in the agreement.
- (3) The worker will not have any further entitlement in respect of the disability referred to in the agreement (after the date the agreement is recorded) to payment of expenses under clauses 9, 17, 18 or 19 of the Schedule 1 to the Act.
That is, in general terms, medical or surgical, dental, physiotherapy or chiropractic advice or treatment, first aid and ambulance expenses, medical requisites, charges for attendance and treatment by way of rehabilitation, charges for hospital treatment and maintenance, cost of artificial aids and travelling expenses.
- (4) The worker forfeits any entitlement he/she may have to compensation for a permanent disability, arising out of the disability referred to in the agreement under Schedule 2 of the Act.
- (5) The worker forfeits any entitlement he/she may have to pursue common law damages under section 93D of the Act, in respect of the injury referred to in the agreement.
That is, in general terms, the worker forfeits any entitlement they have to sue their employer for civil damages.

I _____, confirm that I have read the above information and I acknowledge that I am aware of the consequences of the recording of a memorandum under section 67(1) of the Act.

Dated the _____ day of _____ (year)

.....
Signature of the worker

Appendix I

Form 15E

Workers' Compensation and Rehabilitation Act 1981

**NOTICE DISPUTING MEMORANDUM OF AGREEMENT, OR OBJECTING
TO ITS BEING RECORDED**

(Section 76)

IN THE CONCILIATION & REVIEW DIRECTORATE OF WESTERN AUSTRALIA

In the matter of an Agreement between

Employer
and
Worker

Ref. AG

TAKE NOTICE that the genuineness of the Memorandum in the abovementioned matter sent to you for registration is disputed by

a party affected by such Memorandum, in the following particulars:

(here state particulars)

(Or that
of _____ a party interested in the
Memorandum in the above mentioned matter sent to you for registration, objects to the
same being recorded, on the following grounds:)

(here state grounds)

Dated this _____ day of _____ (year)

Form 15F

Workers' Compensation and Rehabilitation Act 1981

**NOTICE THAT MEMORANDUM OF AGREEMENT IS DISPUTED, OR OF
OBJECTION TO ITS BEING RECORDED**

(Section 76)

IN THE CONCILIATION & REVIEW DIRECTORATE OF WESTERN AUSTRALIA

In the matter of an Agreement between

Employer
and
Worker

Ref. AG

TAKE NOTICE that the genuineness of the Memorandum in the abovementioned matter left with me (or sent to me) for registration is disputed by

a party affected by such Memorandum, in the following particulars:

(Here state particulars of dispute)

(Or that

a party interested in the Memorandum in the abovementioned matter, left (or sent to) me for registration objects to the same being recorded, on the following grounds:)

(Here state grounds)

The Memorandum will therefore not be recorded, except with the consent in writing of

or by Order of the Compensation Magistrate's Court.

Dated this day of , (year)

Director,
Conciliation & Review

Appendix I

Form 16

Workers' Compensation and Rehabilitation Act 1981

MONTHLY STATEMENT BY APPROVED INSURANCE OFFICES

CONFIDENTIAL

(Section 171(1)(a))

NEW/RENEWED POLICIES/COVER NOTES

Name of approved insurance office

Address

Executive Director, Workers' Compensation and Rehabilitation Commission.

The following are the names, addresses and occupations of each employer who has during the month of 19..... effected or renewed a policy or contract of insurance with the above office against liability under the Act.

Policy/Cover Note No.	New (N) Renewal (R)	Name	Address	Occupation	Effective Date (If Less Than 12 Months Cover)	Expiry Date

Position held by officer Date

.....
Signature of responsible officer

Form 17

Workers' Compensation and Rehabilitation Act 1981

MONTHLY STATEMENT BY APPROVED INSURANCE OFFICERS

CONFIDENTIAL

(Section 171(1)(b))

LAPSED POLICIES

Name of approved insurance office

Address Date approved

Executive Director, Workers' Compensation and Rehabilitation Commission.

The following are the names, addresses and occupations of each employer in respect to whom, during the month of 19..... the above approved insurance office has, in its books, lapsed a policy of insurance under the Act: —

Policy No.	Name	Address	Occupation	Reason

Position held by officer Date

.....
Signature of responsible officer

Appendix I

Form 18

[r.19D]

Workers' Compensation and Rehabilitation Act 1981

NOTICE OF ARRANGEMENT OF AUDIOMETRIC TEST

TO:
(full name of worker)

of:
.....
(full address of worker)

Notice is hereby given that I have arranged for you to undergo an audiometric test to be conducted by

.....
(name of person approved under regulation 19B)

of
(full address at which test is to be conducted)

at a.m./p.m. on

.....
(Signature of person arranging test)

.....
(name of employer)

.....
(date)

NON-ATTENDANCE: A worker shall not, without reasonable excuse, fail to submit himself for an audiometric test of which the worker has notice (regulation 19D(3)).

PERIOD OF QUIET: An employer shall ensure that the worker is not knowingly exposed in the workplace, and the worker shall not knowingly permit himself to be exposed, to noise levels above 80dB(A) during the 16 hours immediately preceding the audiometric test (regulation 19D(3)).

PENALTY: \$200.

Form 19A

[r.19F]

Workers' Compensation and Rehabilitation Act 1981

REPORT OF BASELINE AUDIOMETRIC TEST

TO: EXECUTIVE DIRECTOR, WORKERS' COMPENSATION AND REHABILITATION COMMISSION

Notice is hereby given that I have conducted an audiometric *test/retest of:

WORKER'S DETAILS

[Empty grid for worker details]

GIVEN NAMES (in full)

[Empty box for given names]

SEX

[Empty boxes for sex selection]

SURNAME

[Empty box for surname]

M

F

ADDRESS NUMBER AND STREET

[Empty box for address number and street]

SUBURB OR TOWN

POSTCODE

[Empty boxes for suburb/town and postcode]

DATE OF BIRTH

[Empty box for date of birth]

DAY MONTH YEAR

[Empty box for home phone number]

HOME PHONE NUMBER

[Empty box for work phone number]

WORK PHONE NUMBER

OCCUPATION OF WORKER

[Empty box for occupation]

A.S.I.C. OFFICE USE

[Empty box for A.S.I.C. office use]

EMPLOYED BY:

[Empty box for employer name]

FULL NAME OF EMPLOYER

[Empty box for employer address]

ADDRESS NUMBER AND STREET OF EMPLOYER

[Empty box for employer suburb/town]

SUBURB OR TOWN

POSTCODE

[Empty boxes for employer suburb/town and postcode]

PREDOMINANT INDUSTRY OF EMPLOYER

[Empty box for predominant industry]

A.S.I.C. OFFICE USE

[Empty box for A.S.I.C. office use]

LEVEL OF TEST:

Air-conduction

[Empty box for air-conduction level]

Full audiological

[Empty box for full audiological level]

Medical Panel

[Empty box for medical panel level]

PURPOSE OF TEST:

Baseline

[Empty box for purpose of test]

Appendix I

WAUGH AND MACRAE'S CRITERIA:

(Please tick only if worker fails)

Item 1 Item 2 Item 3

HEARING TEST RESULTS

HERTZ (Hz)		500	1000	1500	2000	3000	4000	6000	8000
AIR CONDUCTION	RT EAR								
	RT EAR **MASKED								
	LT EAR								
	LT EAR **MASKED								
**BONE CONDUCTION	RT EAR								
	RT EAR MASKED								
	LT EAR								
	LT EAR MASKED								

CALCULATED PLH %
OFFICE USE

PERSON CONDUCTING TEST

SURNAME INITIAL REG. NO.

EQUIPMENT REG. NO. BOOTH REG. NO.

I hereby certify, that I have personally conducted an audiometric test in accordance with the *Workers' Compensation and Rehabilitation Act 1981* and to the best of my knowledge and belief the results are true and correct.

SIGNATURE

DATE OF TEST

DAY MONTH YEAR

- * Delete which doesn't apply
- ** Approved Medical Practitioners or Audiologists Only

Form 19B

[r.19F]

Workers' Compensation and Rehabilitation Act 1981

REPORT OF SUBSEQUENT/RETIRING/TURNING 65
AUDIOMETRIC TEST

TO: EXECUTIVE DIRECTOR, WORKERS' COMPENSATION AND
REHABILITATION COMMISSION

Notice is hereby given that I have conducted an audiometric *test/retest of:

WORKER'S DETAILS

GIVEN NAMES (in full)										SEX	
SURNAME								<input type="checkbox"/>	<input type="checkbox"/>		
FORMER SURNAME IF APPLICABLE								M		F	
ADDRESS NUMBER AND STREET											
SUBURB OR TOWN						POSTCODE					
DATE OF BIRTH			HOME PHONE NUMBER				WORK PHONE NUMBER				
DAY	MONTH	YEAR									
OCCUPATION OF WORKER										A.S.I.C. OFFICE USE	

EMPLOYED OR FORMERLY EMPLOYED BY:

FULL NAME OF EMPLOYER											
ADDRESS NUMBER AND STREET OF EMPLOYER											
SUBURB OR TOWN						POSTCODE					
PREDOMINANT INDUSTRY OF EMPLOYER										A.S.I.C. OFFICE USE	

LEVEL OF TEST:

Air-conduction	<input type="checkbox"/>
Full audiological	<input type="checkbox"/>
Medical Panel	<input type="checkbox"/>

PURPOSE OF TEST:

Subsequent	<input type="checkbox"/>
Retired/Turning 65	<input type="checkbox"/>

Appendix I

HEARING TEST RESULTS

HERTZ (Hz)		500	1000	1500	2000	3000	4000	6000	8000
AIR CONDUCTION	RT EAR								
	RT EAR **MASKED								
	LT EAR								
	LT EAR **MASKED								
**BONE CONDUCTION	RT EAR								
	RT EAR MASKED								
	LT EAR								
	LT EAR MASKED								

CALCULATED PLH %
OFFICE USE

***CALCULATED
NOISE INDUCED %
PLH SINCE BASELINE TEST/PREVIOUS ELECTION*

OTORHINOLARYNGOLOGICAL EXAMINATION

Practitioner

Address

Signature Date

PERSON CONDUCTING TEST

SURNAME INITIALS REG. NO.

EQUIPMENT REG. NO. BOOTH REG. NO.

I hereby certify, that I have personally conducted an audiometric test in accordance with the *Workers' Compensation and Rehabilitation Act 1981* and to the best of my knowledge and belief the results are true and correct.

SIGNATURE _____ DATE OF TEST

DAY MONTH YEAR

- * Delete which doesn't apply
- ** Approved Medical Practitioners or Audiologists Only
- *** Registered Otorhinolaryngologist Only

Form 20

[r.19G]

Workers' Compensation and Rehabilitation Act 1981

APPLICATION FOR REFERENCE TO MEDICAL ASSESSMENT PANEL

TO: DIRECTOR OF CONCILIATION AND REVIEW
WORKERS' COMPENSATION AND
REHABILITATION COMMISSION

NAME OF WORKER:

ADDRESS OF WORKER:

NAME OF EMPLOYER:

ADDRESS OF EMPLOYER:

I, being an *employer/worker hereby request that a medical assessment panel be
appointed under Clause 6 of Schedule 7 to enquire into and report on the following
matters —

**

.....

Signature of Applicant

.....

Date

* Strike out whichever does not apply.

** Here insert any question that arises concerning the audiometric testing or hearing
loss of the worker.

Note: The prescribed fee is \$50.00 and must accompany this form.

Appendix I

Form 21

[r.19H]

Workers' Compensation and Rehabilitation Act 1981

NOTICE OF DISPUTE

TO: EXECUTIVE DIRECTOR
WORKERS' COMPENSATION AND
REHABILITATION COMMISSION

NAME OF WORKER:

ADDRESS OF WORKER:

NAME OF EMPLOYER:

ADDRESS OF EMPLOYER:

I, being an *employer/worker hereby notify you that I dispute the results of an audiometric test conducted on the above worker on (date)/...../19..... and request that you arrange a retest of hearing under regulation 19H.

.....

Signature of Applicant

.....

Date

- Strike out whichever does not apply.

Form 22

Workers' Compensation and Rehabilitation Act 1981

REFERRAL OF QUESTION OF DEGREE OF DISABILITY

[r. 19J(1)]

Worker's details

Surname	Other names	
<input type="text"/>	<input type="text"/>	
Date of birth	Sex	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Postcode		
<input type="text"/>		
Telephone no.		
<input type="text"/>		

Employer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Telephone no.	WorkCover no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Title	Telephone no.
<input type="text"/>	<input type="text"/>

Insurer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date weekly payments commenced (if applicable).	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

Appendix I

Disability details

Description of disability

Date disability occurred

Date weekly payments commenced

Degree of disability as assessed
by medical practitioner

Relevant level of disability (see s. 93E(3) of the Act)
Nominate **only one** relevant level of disability.

- not less than 30%
- not less than 16%

Tick if the worker and the employer cannot agree on whether the degree of
disability is not less than the relevant level

The action taken by or on behalf of the worker to obtain the employer's agreement

**Signature
of worker** _____

Date

/ /

Lodging this form

This form should be lodged with —

Director, Conciliation and Review Directorate
WorkCover WA
Perth, Western Australia

You must also give to the Director medical evidence from a medical practitioner indicating that,
in his or her opinion, your degree of disability is not less than the relevant level.

Form 23

Workers' Compensation and Rehabilitation Act 1981

NOTICE OF REFERRAL OF QUESTION OF DEGREE OF DISABILITY

[r. 19J(2), (3)]

Worker's details

Surname	Other names
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Telephone no.	Occupation
<input type="text"/>	<input type="text"/>

Employer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Telephone no.	WorkCover no. (if known)
<input type="text"/>	<input type="text"/>

Disability details

Description of disability	
<input type="text"/>	
Date disability occurred	
<input type="text"/>	
Degree of disability as assessed by medical practitioner	Relevant level of disability
<input type="text"/>	<input type="checkbox"/> not less than 30%
	<input type="checkbox"/> not less than 16%

Appendix I

Question referred

The question of whether the worker's degree of disability is or is not less than the relevant level has been referred to the Director, Conciliation and Review Directorate, for consideration.

Medical evidence

Accompanying this notice is a copy of the medical evidence provided by the worker which indicates that in the opinion of the worker's medical practitioner the worker's degree of disability is not less than the relevant level.

Objection

If you (the employer) consider the worker's degree of disability is less than the relevant level, you should complete the bottom section of this form and return it to the Director within 21 days of receiving this notice.

If you do not notify the Director within 21 days you will be taken to have agreed that the worker's degree of disability is not less than the relevant level

**Signature
of Director** _____

Date

--	--	--

Employer's objection

Employer's assessment of degree of disability		
---	--	--

**Signature of
employer** _____

Date

--	--	--

Form 24

Workers' Compensation and Rehabilitation Act 1981

DEGREE OF DISABILITY AGREEMENT

[r. 19K(1), (2)]

Worker's details

Surname	Other names
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	<input type="text"/>
Telephone no.	Occupation
<input type="text"/>	<input type="text"/>

Employer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	<input type="text"/>
Telephone no.	WorkCover no. (if known)
<input type="text"/>	<input type="text"/>

Insurer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	<input type="text"/>
Date weekly payments commenced (if applicable).	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

Appendix I

Disability details

Description of Disability

Date disability occurred

Agreement

Agreed degree of disability
(insert actual figure e.g. 22%)

%

Agreed degree of disability is —

- not less than 30%
 not less than 16%

Signature of Worker _____	Date	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">/ /</div>
Signature of witness _____	Name of witness	_____

Signature of Employer _____	Date	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">/ /</div>
Signature of witness _____	Name of witness	_____

Recording of agreement

Date of recording

Record no.

Signature of Director _____	Date	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">/ /</div>
------------------------------------	------	--

Form 25

Workers' Compensation and Rehabilitation Act 1981

ELECTION TO RETAIN RIGHT TO SEEK DAMAGES

[r. 19M(1)]

Worker's details

Surname		Other names
<input type="text"/>		<input type="text"/>
Date of birth	Sex	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Postcode		
<input type="text"/>		
Telephone no.		
<input type="text"/>		

Employer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Telephone no.	WorkCover no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Title	Telephone no.
<input type="text"/>	<input type="text"/>

Insurer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date weekly payments commenced	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

Disability details

Appendix I

Description of disability

Date disability occurred

Has a Degree of Disability Agreement (Form 24) already been recorded by the Director?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If yes:date when recorded		
.....record number		
Degree of disability as agreed.....%		

Has the determination of a dispute as to the degree of disability already been recorded under reg. 19L by the Director?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If yes:date when recorded		
.....record number		
Degree of disability as determined.....%		

Signature of Worker _____	Date	<div style="border: 1px solid black; padding: 2px; text-align: center;">/ /</div>
----------------------------------	------	---

Warning

The registration of this election will, in most cases, prevent you from continuing to receive statutory benefits under the *Workers' Compensation and Rehabilitation Act 1981*.

You should seek appropriate independent advice before lodging this form.

Registration of election

Date of registration	Registration no.
<div style="border: 1px solid black; height: 16px;"></div>	<div style="border: 1px solid black; height: 16px;"></div>

Signature of Director _____	Date	<div style="border: 1px solid black; padding: 2px; text-align: center;">/ /</div>
------------------------------------	------	---

Form 26

Workers' Compensation and Rehabilitation Act 1981

APPLICATION FOR EXTENSION OF TIME TO MAKE ELECTION
(MEDICAL EVIDENCE AVAILABLE)

[r. 19N(3)(a) and (5)(a)]

Worker's details

Surname		Other names
<input type="text"/>		<input type="text"/>
Date of birth	Sex	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Postcode		
<input type="text"/>		
Telephone no.		
<input type="text"/>		

Employer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Telephone no.	WorkCover no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Title	Telephone no.
<input type="text"/>	<input type="text"/>

Insurer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date weekly payments commenced	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

Appendix I

Disability details

Description of disability

--

Degree of disability

(as assessed by worker's medical specialist)

Date disability occurred

--

%

--

Extension of time sought

The application for extension of time is made under —

regulation 19N(2)(a)

OR

regulation 19N(2)(c)

Extension sought until

--

**Signature
of Worker**

Date

/ /

Lodging this form

This form should be lodged with —

Director, Conciliation and Review Directorate

WorkCover WA

Perth, Western Australia

If applying under regulation 19N(2)(a) you must also give to the Director medical evidence from a medical practitioner who is a specialist in a relevant field of medicine indicating that you will require major surgery in the extension period (see regulation 19N(1)).

If applying under regulation 19N(2)(c) you must give the Director evidence of the medical panel's determination.

Granting of extension

An extension of time to make an election under section 93E(3)(b) of the Act —

is granted until

/ /

OR

is not granted

The extension of time is granted under —

regulation 19N(2)(a)

OR

regulation 19N(2)(c)

**Signature
of Director**

Date

/ /

Form 27

Workers' Compensation and Rehabilitation Act 1981

APPLICATION FOR EXTENSION OF TIME TO MAKE ELECTION
(MEDICAL EVIDENCE NOT YET AVAILABLE)

[r. 19N(4)(a)]

Worker's details

Surname	Other names	
<input type="text"/>	<input type="text"/>	
Date of birth	Sex	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Postcode		
<input type="text"/>		
Telephone no.		
<input type="text"/>		

Employer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Telephone no.	WorkCover no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Title	Telephone no.
<input type="text"/>	<input type="text"/>

Insurer's details

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Date weekly payments commenced	Claim no. (if known)
<input type="text"/>	<input type="text"/>
Contact person	
<input type="text"/>	
Telephone no.	
<input type="text"/>	

Disability details

Appendix I

Description of disability

Date disability occurred

Extension of time sought

Extension sought until

State grounds on which the worker submits that he or she will require major surgery in respect of the disability in the extension period (see regulation 19N(1))

.....

.....

.....

State the action that has been taken by or on behalf of the worker to obtain medical evidence from a medical practitioner who is a specialist in a relevant field of medicine that the worker will require major surgery in respect of the disability in the extension period

.....

.....

(attach separate sheet if insufficient room)

**Signature
of Worker**

_____ Date

/ /

Lodging this form

This form should be lodged with —

Director, Conciliation and Review Directorate
WorkCover WA
Perth, Western Australia

You must also give to the Director any further evidence that the Director may request in relation to this application.

Granting of extension

An extension of time to make an election under section 93E(3)(b) of the Act —

is granted until / / OR is not granted

Signature of Director	_____	Date	/ /
----------------------------------	-------	------	-----

[Appendix I Corrigendum in Gazette 23 April 1982 p.1384; amended in Gazette 27 August 1982 p.3427; 25 July 1986 pp.2486-7; 26 February 1991 p.939; 8 March 1991 pp.1072-6; 28 June 1991 pp.3291-4; 3 April 1992 pp.1543-5; 5 February 1993 pp.1059-60; 29 October 1993 p.5930; 24 December 1993 pp.6845-50; 18 February 1994 pp.662-4; 24 June 1994 p.2889; 13 April 1999 pp.1533-41 (printer's correction in Gazette 16 April 1999 p.1598); 15 October 1999 pp.4893-8, 4900-2, 4907-12; 14 December 1999 pp.6151-63.]

Appendix III

Appendix III

[r.19E]

Report No. 118 of the National Acoustic Laboratories

Appendix 3

Binaural tables for determining percentage loss of hearing

January, 1988

It is recommended that the following procedure be used to assess binaural percentage loss of hearing.

1. Measure the hearing threshold levels (HTLs) of the person at the audiometric frequencies 500, 1000, 1500, 2000, 3000 and 4000 Hz.
2. Determine the better and worse ears at each of these frequencies. At a particular frequency, the better ear is the ear with the smaller HTL. The better ear at one frequency may be the worse at another.
3. Using the HTLs of the better and worse ears, read the percentage loss of hearing (PLH) at each frequency from the appropriate table (Table RB-500, RB-1000, RB-1500, RB-2000, RB-3000 or RB-4000) and add these 6 values together to obtain the overall binaural PLH.

Example

HEARING THRESHOLD LEVELS					
Frequency	Right Ear	Left Ear	Better Ear	Worse Ear	PLH
500	40	10	10	40	1.7
1000	45	25	25	45	4.2
1500	50	40	40	50	7.1
2000	55	55	55	55	8.4
3000	60	70	60	70	6.5
4000	65	85	65	85	7.1

Overall Binaural PLH = 35.0%

Table RB — 500

Values of percentage loss of hearing corresponding to given hearing threshold levels in the better and worse ears at 500 Hz

		HTL — BETTER EAR																	
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																		
20	0.4	0.6																	H
25	0.6	1.0	1.4																T
30	1.0	1.4	2.0	2.8															L
35	1.3	1.8	2.5	3.4	4.5														
40	1.7	2.2	3.0	3.9	5.1	6.4													W
45	2.0	2.6	3.4	4.3	5.5	6.8	8.1												O
50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7											R
55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2										S
60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6									E
65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0								
70	2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5							E
75	3.0	3.8	4.7	5.7	6.8	8.0	9.2	10.5	11.8	13.1	14.5	15.7	16.9						A
80	3.1	3.9	4.8	5.8	6.9	8.1	9.3	10.6	12.0	13.3	14.7	16.0	17.2	18.2					R
85	3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1				
90	3.4	4.1	5.0	6.0	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7			
≤95	3.4	4.2	5.1	6.1	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	19.7	20.0		

Appendix III

Table RB — 1000
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 1000 Hz

		HTL — BETTER EAR																		
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95		
≤15	0																			
20	0.5	0.8																		
25	0.8	1.2	1.8																	H
30	1.2	1.7	2.5	3.5																T
35	1.7	2.3	3.1	4.3	5.7															L
40	2.1	2.8	3.7	4.9	6.3	8.0														
45	2.5	3.3	4.2	5.4	6.9	8.5	10.2													W
50	2.8	3.6	4.7	5.9	7.3	8.8	10.5	12.1												O
55	3.1	3.9	5.0	6.2	7.6	9.1	10.7	12.4	14.0											R
60	3.3	4.2	5.3	6.5	7.9	9.4	11.0	12.6	14.2	15.7										S
65	3.5	4.4	5.5	6.7	8.1	9.6	11.2	12.8	14.4	15.9	17.5									E
70	3.7	4.6	5.7	6.9	8.3	9.8	11.3	12.9	14.6	16.2	17.8	19.4								
75	3.8	4.7	5.8	7.1	8.5	10.0	11.5	13.1	14.8	16.4	18.1	19.7	21.1							E
80	3.9	4.9	6.0	7.3	8.6	10.1	11.7	13.3	15.0	16.7	18.4	20.0	21.5	22.7						A
85	4.1	5.0	6.2	7.4	8.8	10.3	11.8	13.4	15.1	16.9	18.6	20.3	21.7	23.0	23.9					R
90	4.2	5.2	6.3	7.5	8.9	10.3	11.9	13.5	15.2	17.0	18.7	20.4	21.9	23.2	24.1	24.6				
≤95	4.3	5.3	6.4	7.6	8.9	10.3	11.9	13.5	15.2	17.0	18.7	20.5	22.0	23.3	24.2	24.7	25.0			

Table RB — 1500
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 1500 Hz

		HTL — BETTER EAR																	
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																		
20	0.4	0.6																	
25	0.6	1.0	1.4																H
30	1.0	1.4	2.0	2.8															T
35	1.3	1.8	2.5	3.4	4.5														L
40	1.7	2.2	3.0	3.9	5.1	6.4													
45	2.0	2.6	3.4	4.3	5.5	6.8	8.1												W
50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7											O
55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2										R
60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6									S
65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0								E
70	2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5							
75	3.0	3.8	4.7	5.7	6.8	8.0	9.2	10.5	11.8	13.1	14.5	15.7	16.9						E
80	3.1	3.9	4.8	5.8	6.9	8.1	9.3	10.6	12.0	13.3	14.7	16.0	17.2	18.2					A
85	3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1				R
90	3.4	4.1	5.0	6.0	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7			
≤95	3.4	4.2	5.1	6.1	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	19.7	20.0		

Appendix III

Table RB — 2000
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 2000 Hz

		HTL — BETTER EAR																	
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																		
20	0.3	0.5																	
25	0.5	0.7	1.1																H
30	0.7	1.0	1.5	2.1															T
35	1.0	1.4	1.9	2.5	3.4														L
40	1.3	1.7	2.2	2.9	3.8	4.8													
45	1.5	1.9	2.5	3.3	4.1	5.1	6.1												W
50	1.7	2.2	2.8	3.5	4.4	5.3	6.3	7.3											O
55	1.9	2.4	3.0	3.7	4.6	5.5	6.4	7.4	8.4										R
60	2.0	2.5	3.1	3.9	4.7	5.6	6.6	7.5	8.5	9.4									S
65	2.1	2.6	3.3	4.0	4.9	5.7	6.7	7.6	8.6	9.6	10.5								E
70	2.2	2.7	3.4	4.1	5.0	5.9	6.8	7.8	8.7	9.7	10.7	11.6							
75	2.3	2.8	3.5	4.3	5.1	6.0	6.9	7.9	8.9	9.9	10.8	11.8	12.7						E
80	2.4	2.9	3.6	4.4	5.2	6.1	7.0	8.0	9.0	10.0	11.0	12.0	12.9	13.6					A
85	2.4	3.0	3.7	4.4	5.3	6.1	7.1	8.1	9.1	10.1	11.1	12.1	13.0	13.8	14.3				R
90	2.5	3.1	3.8	4.5	5.3	6.2	7.1	8.1	9.1	10.2	11.2	12.2	13.2	13.9	14.4	14.8			
≤95	2.6	3.2	3.8	4.6	5.4	6.2	7.1	8.1	9.1	10.2	11.3	12.3	13.2	14.0	14.5	14.8	15.0		

Table RB — 3000
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 3000 Hz

		HTL — BETTER EAR																	
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤15	0																		
20	0.2	0.3																	
25	0.3	0.5	0.7																H
30	0.5	0.7	1.0	1.4															T
35	0.7	0.9	1.2	1.7	2.3														L
40	0.8	1.1	1.5	2.0	2.5	3.2													
45	1.0	1.3	1.7	2.2	2.7	3.4	4.1												W
50	1.1	1.4	1.9	2.3	2.9	3.5	4.2	4.8											O
55	1.2	1.6	2.0	2.5	3.0	3.6	4.3	4.9	5.6										R
60	1.3	1.7	2.1	2.6	3.1	3.7	4.4	5.0	5.6	6.3									S
65	1.4	1.8	2.2	2.7	3.2	3.8	4.4	5.1	5.7	6.4	7.0								E
70	1.5	1.8	2.3	2.8	3.3	3.9	4.5	5.2	5.8	6.5	7.1	7.7							
75	1.5	1.9	2.3	2.8	3.4	4.0	4.6	5.2	5.9	6.6	7.2	7.8	8.4						E
80	1.6	2.0	2.4	2.9	3.4	4.0	4.7	5.3	6.0	6.6	7.3	8.0	8.6	9.1					A
85	1.6	2.0	2.5	3.0	3.5	4.1	4.7	5.4	6.0	6.7	7.4	8.1	8.7	9.2	9.5				R
90	1.7	2.1	2.5	3.0	3.5	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.2	9.6	9.8			
≤95	1.7	2.1	2.6	3.0	3.6	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.3	9.6	9.8	10.0		

Appendix III

Table EB — 4000
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 4000 Hz

		HTL — BETTER EAR																
		≤20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95	
≤20	0																	
25	0.1	0.2																H
30	0.2	0.3	0.5															T
35	0.3	0.4	0.6	0.9														L
40	0.4	0.5	0.8	1.0	1.5													
45	0.5	0.7	0.9	1.2	1.6	2.1												W
50	0.6	0.8	1.0	1.4	1.7	2.2	2.6											O
55	0.6	0.8	1.1	1.5	1.8	2.2	2.7	3.1										R
60	0.7	0.9	1.2	1.5	1.9	2.3	2.7	3.2	3.6									S
65	0.7	1.0	1.3	1.6	2.0	2.4	2.8	3.2	3.6	4.0								E
70	0.8	1.0	1.3	1.6	2.0	2.4	2.8	3.2	3.7	4.1	4.5							
75	0.8	1.1	1.4	1.7	2.1	2.5	2.9	3.3	3.7	4.1	4.5	4.9						E
80	0.9	1.1	1.4	1.7	2.1	2.5	2.9	3.3	3.8	4.2	4.6	5.0	5.3					A
85	0.9	1.2	1.4	1.8	2.1	2.5	2.9	3.4	3.8	4.3	4.7	5.1	5.4	5.7				R
90	0.9	1.2	1.5	1.8	2.2	2.6	3.0	3.4	3.8	4.3	4.7	5.1	5.5	5.7	5.9			
≤95	1.0	1.2	1.5	1.8	2.2	2.6	3.0	3.4	3.9	4.3	4.8	5.2	5.5	5.7	5.9	6.0		

Table EB — 6000
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 6000 Hz

		HTL — BETTER EAR																	
		≤25	30	35	40	45	50	55	60	65	70	75	80	85	90	≤95			
≤25	0																		
30	0.1	0.2															H		
35	0.2	0.3	0.4														T		
40	0.3	0.4	0.5	0.7													L		
45	0.3	0.4	0.6	0.8	1.0												 		
50	0.4	0.5	0.7	0.9	1.1	1.3											W		
55	0.4	0.5	0.7	0.9	1.1	1.3	1.5										O		
60	0.4	0.6	0.7	0.9	1.1	1.4	1.6	1.8									R		
65	0.5	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0								S		
70	0.5	0.6	0.8	1.0	1.2	1.4	1.6	1.8	2.0	2.2							E		
75	0.5	0.7	0.8	1.0	1.2	1.4	1.7	1.9	2.1	2.3	2.5								
80	0.6	0.7	0.9	1.1	1.3	1.5	1.7	1.9	2.1	2.3	2.5	2.7					E		
85	0.6	0.7	0.9	1.1	1.3	1.5	1.7	1.9	2.1	2.3	2.5	2.7	2.8				A		
90	0.6	0.7	0.9	1.1	1.3	1.5	1.7	1.9	2.2	2.4	2.6	2.7	2.8	2.9			R		
≤95	0.6	0.8	0.9	1.1	1.3	1.5	1.7	1.9	2.2	2.4	2.6	2.7	2.8	2.9	3.0				

Appendix III

Appendix 7

Binaural extension tables

January 1988

These tables replace Table RB-4000 in the binaural tables given in Appendix 3 when it is necessary to determine binaural PLH over the range 500 to 8000 Hz. The weighting of 10% given to 4000 Hz in Appendix 3 has been split between 4000, 6000 and 8000 Hz, with 4000 Hz receiving 6%, 6000 Hz 3% and 8000 Hz 1%. When determining binaural PLH over the range 500 to 8000 Hz, the appropriate tables from Appendix 3 are used for the frequencies 500, 1000, 1500, 2000 and 3000 Hz and the relevant tables given in this Appendix are used for the frequencies 4000, 6000 and 8000 Hz.

Example

Frequency	Hearing Threshold Levels				PLH
	Right Ear	Left Ear	Better Ear	Worse Ear	
500	40	10	10	40	1.7
1000	45	25	25	45	4.2
1500	50	40	40	50	7.1
2000	55	55	55	55	8.4
3000	60	70	60	70	6.5
4000	65	85	65	85	4.3
6000	55	75	55	75	1.7
8000	45	65	45	65	0.4

Overall Binaural PLH = 34.3%

Table EB — 8000
Values of percentage loss of hearing corresponding to given hearing
threshold levels in the better and worse ears at 8000 Hz

		HTL — BETTER EAR													
		≤30	35	40	45	50	55	60	65	70	75	80	85	≤90	
≤30	0														H
35	0.1	0.1													T
40	0.1	0.2	0.2												L
45	0.1	0.2	0.3	0.3											
50	0.2	0.2	0.3	0.3	0.4										W
55	0.2	0.2	0.3	0.4	0.4	0.5									O
60	0.2	0.2	0.3	0.4	0.4	0.5	0.6								R
65	0.2	0.3	0.3	0.4	0.5	0.5	0.6	0.7							S
70	0.2	0.3	0.3	0.4	0.5	0.5	0.6	0.7	0.7						E
75	0.2	0.3	0.3	0.4	0.5	0.5	0.6	0.7	0.8	0.8					
80	0.2	0.3	0.3	0.4	0.5	0.6	0.6	0.7	0.8	0.8	0.9				E
85	0.2	0.3	0.4	0.4	0.5	0.6	0.6	0.7	0.8	0.8	0.9	0.9			A
≤90	0.2	0.3	0.4	0.4	0.5	0.6	0.6	0.7	0.8	0.8	0.9	0.9	1.0		R

[Appendix III inserted in Gazette 26 February 1991 pp. 947-56.]



Notes

- ¹ This reprint is a compilation as at 25 February 2000 of the *Workers' Compensation and Rehabilitation Regulations 1982* and includes the amendments included in the reprint of 14 February 1995 and other amendments effected by the regulations referred to in the following Table.

Table of Regulations

Citation	Gazettal	Commencement	Miscellaneous
<i>Workers' Compensation and Assistance Regulations 1982</i> (Corrigendum <i>Gazette</i> 23 April 1982 p.1384) (Regulations effecting amendments in the previous reprint are not referred to in this Table)	8 April 1982 pp.1229-50	3 May 1982 (see regulation 2 and <i>Gazette</i> 8 April 1982 p.1205)	Citation subsequently amended (see note under regulation 1) Previous reprint 14 February 1995
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1995</i>	25 August 1995 pp.3885-7	25 August 1995	
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 2) 1995</i>	15 September 1995 p.4358	15 September 1995	
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1996</i>	17 January 1997 p.444	17 January 1997	
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1997</i>	12 August 1997 p.4568	12 August 1997	
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1998</i>	12 June 1998 p.3205	1 July 1998 (see regulation 2)	

Workers' Compensation and Rehabilitation Regulations 1982

Citation	Gazettal	Commencement	Miscellaneous
<i>Workers' Compensation and Rehabilitation Amendment Regulations 1999</i>	13 April 1999 pp.1531-41	3 May 1999 (see regulation 2)	Printer's correction in <i>Gazette</i> 16 April 1999 p.1598
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 3) 1999</i>	22 June 1999 pp.2692-3	1 July 1999 (see regulation 2)	
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 4) 1999</i>	15 October 1999 pp.4890-8	15 October 1999 (see regulation 2)	
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 6) 1999</i>	15 October 1999 pp.4900-2	15 October 1999 (see regulation 2 and <i>Gazette</i> 15 October 1999 p.4889)	
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 7) 1999</i>	15 October 1999 p.4903	15 October 1999 (see regulation 2 and <i>Gazette</i> 15 October 1999 p.4889)	
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 8) 1999</i>	15 October 1999 p.4904	15 October 1999 (see regulation 2 and <i>Gazette</i> 15 October 1999 p.4889)	
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 9) 1999</i>	15 October 1999 p.4905	15 October 1999 (see regulation 2 and <i>Gazette</i> 15 October 1999 p.4889)	
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 10) 1999</i>	15 October 1999 pp.4906-12	15 October 1999 (see regulation 2)	
<i>Workers' Compensation and Rehabilitation Amendment Regulations (No. 11) 1999</i>	14 December 1999 pp.6147-63	14 December 1999	

Note: The amendment in the *Workers' Compensation and Rehabilitation Amendment Regulations (No. 5) 1999* cannot have effect because the form it would have amended was deleted in *Gazette* 13 April 1999 pp.1540-1.

² The *Workers' Compensation and Assistance Act 1981* is now cited as the *Workers' Compensation and Rehabilitation Act 1981*.

Defined Terms

[This is a list of terms defined and the provisions where they are defined.

The list is not part of the law.]

Defined Term	Provision(s)
action level	19I(2)
approved.....	19A
approved medical practitioner	19A
approved person	19A
audiologist.....	19A
audiometric officer.....	19A
Australian Standard.....	19A
clause	19A
L peak	19I(2)
representative LAeq,8h	19I(2)
representatives.....	11(2)