



Form 21 [r. 19H]

Workers' Compensation and Injury Management Act 1981

Notice of Dispute

To: Chief Executive Officer
WorkCover WA

Name of Worker: _____

Address of Worker: _____

Name of Employer: _____

Address of Employer: _____

I hereby notify WorkCover WA that I wish to dispute the results of the audiometric test conducted on ___/___/20___.*(date)* and request that you arrange a re-test in accordance with Regulation 19H.

Name of Applicant *(please print)*

Signature of Applicant

Date

*Strike out whichever does not apply