



2 Bedbrook Place
Shenton Park
Western Australia 6008
www.workcover.wa.gov.au

telephone 08 9388 5555
facsimile 08 9388 5550
advisory services 1300 794 744
TTY 08 9388 5537
 @WorkCoverWA

Form 15G

[r. 12AA]

Workers' Compensation and Injury Management Act 1981 Notice of intention to dismiss worker to which Section 84AB of the Act Refers

To:

(insert name of worker or "WorkCover WA", as the case requires)

Take Notice

The employer described below intends to dismiss the worker described below with effect from the following date.

Date dismissal effective:

[Note that the date on which the dismissal is effective cannot be before a period of 28 days has passed after this notice is given to the worker and WorkCover WA (see section 84AB of the *Workers' Compensation and Injury Management Act 1981*).

Worker's details:

Title (Mr,Ms)

Surname

Other names

Date of Birth

Sex(M,F)

Occupation

Address

Postcode

Telephone no.

WorkCover claim number (WCCN)

(if not known, insurer can provide WCCN)

Employer's details:

Name

Address

Postcode

Telephone no.

WorkCover no. (WCN) (if known)

Contact Person

Title (Mr,Ms) Surname Other names

Position Title Telephone

Insurer's details:

Name

Address
 Postcode

Policy no.

Title (Mr,Ms) Surname Other names

Telephone

Injury details:

Description of injury

Date injury occurred
 -- / -- / -- --

Claim no.

Notice given to

Worker	_____	Date	/	/
	(signed on behalf of employer)			
WorkCover WA	_____	Date	/	/
	(signed on behalf of employer)			