Workers Compensation and Injury Management Act 2023

Permanent Impairment Assessment — Consent to provision of information

## To

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

Under section 191 of the *Workers Compensation and Injury Management Act 2023* the person named above is required to indicate consent to the person with relevant information named below providing the documents and information listed which are relevant to the assessment of the degree of permanent impairment of the worker.

## Person with relevant information

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

## Worker

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Date of birth: |  |
| Phone number: |  |
| Email address: |  |

## Employer

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| ABN: |  |
| Contact person: |  |
| Phone number: |  |
| Email address: |  |

## Claim

|  |  |
| --- | --- |
| Insurer: |  |
| Insurer claim number: |  |

## Injury

|  |  |
| --- | --- |
| Date of injury: |  |
| Description of injury: |  |

## The following documents and/or information are required by the Approved Permanent Impairment Assessor:

|  |
| --- |
|  |

## Purpose of assessment

|  |  |
| --- | --- |
| Permanent impairment compensation: |  |
| Common law: |  |
| Special increase in the medical and health expenses general limit: |  |

Please forward the document/s and information required to the address below:

|  |  |
| --- | --- |
| Approved permanent impairment assessor: |  |
| WorkCover WA APIA registration number: |  |
| Address: |  |
| Phone number: |  |
| Email address: |  |

**PLEASE NOTE: You have seven days to arrange consent with the person named above in order to comply with this requirement.**