

## ***Workers Compensation and Injury Management Act 2023***


### **APPROVED FORM [s. 496]**

#### **Permanent Impairment Assessment – Requirement to Attend**

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for a notice to a worker about the requirement to attend at a specific place for the purpose of conducting an assessment of the worker's degree of permanent impairment under section 191(1)(a) of the Act and regulation 91(1) of the *Workers Compensation and Injury Management Regulations 2024* is **Permanent Impairment Assessment – Requirement to Attend** in Appendix 1.

The **Permanent Impairment Assessment – Requirement to Attend** in Appendix 1 is effective 1 July 2025 and registered as WorkCover WA Approved Form APIA3 – v2 [D2025/26302].

The **Permanent Impairment Assessment – Requirement to Attend** in Appendix 1 replaces WorkCover WA Approved Form APIA3 – v1 [D2024/36852] approved on 26 March 2024 and effective from 1 July 2024.



CHRIS WHITE  
CHIEF EXECUTIVE OFFICER

9 May 2025

*Workers Compensation and Injury Management Act 2023*

**PERMANENT IMPAIRMENT ASSESSMENT — REQUIREMENT TO ATTEND**

**To**

Name:

.....

Address:

.....

Date of birth:

.....

**Employer**

Name:

.....

Address:

.....

ABN:

.....

Contact person:

.....

Phone number:

.....

Email address:

.....

**Claim**

Insurer:

.....

Insurer claim number:

.....

Phone number:

.....

**Injury**

Date of injury:

.....

Description of injury:

.....

## Assessment appointment

Approved permanent  
impairment assessor:

Address:

Phone number:

Email address:

Appointment date:

Appointment time:

## Assessment requested by

Name:

Company name:  
(if applicable)

Address:

Phone number:

Email address:

## Purpose of assessment

Permanent impairment compensation: ☐

Common law: ☐

Special increase in the medical and health  
expenses general limit: ☐