

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

**APPROVED FORM [s. 496]**

**Permanent Impairment Assessment – Consent to Provision of Information**

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for giving notice of the requirement to consent to another person who has any relevant document to produce any relevant document or provide any relevant information to the assessor under section 191(1)(c) of the Act and regulation 91(3) of the *Workers Compensation and Injury Management Regulations 2024* is **Permanent Impairment Assessment – Consent to Provision of Information** in Appendix 1.

**Permanent Impairment Assessment – Consent to Provision of Information** in Appendix 1 is effective 1 July 2025 and registered as WorkCover WA Approved Form APIA5 – v2 [D2025/26323].

**Permanent Impairment Assessment – Consent to Provision of Information** in Appendix 1 replaces WorkCover WA Approved Form APIA5 – v1 [D2024/36854] 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 — 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:**

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### 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.**