

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

**APPROVED FORM [s. 496]**

**Permanent Impairment Assessment – 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 produce any relevant document or provide any relevant information to the assessor under section 191(1)(b) and regulation 91(2) of the *Workers Compensation and Injury Management Regulations 2024* is **Permanent Impairment Assessment – Provision of Information** in Appendix 1.

The **Permanent Impairment Assessment – Provision of Information** in Appendix 1 is effective 1 July 2025 and registered as WorkCover WA Approved Form APIA4 – v2 [D2025/26314].

The **Permanent Impairment Assessment – Provision of Information** in Appendix 1 replaces WorkCover WA Approved Form APIA4 – v1 [D2024/36853] 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 — PROVISION OF INFORMATION****To**

Name: .....

Address: .....

Under section 191 of the *Workers Compensation and Injury Management Act 2023*, you are required to provide relevant documents and information for an impairment assessment in accordance with the following.

**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: .....

Phone number: .....

## Injury

Date of injury:

.....

Description of injury:

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## Documents and/or information required:

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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 documents and/or information required to the address below:

Approved permanent  
impairment assessor:

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WorkCover WA APIA  
registration number:

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Address:

.....

Phone number:

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Email address:

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**PLEASE NOTE:      You have seven days to comply with this requirement.**