



REQUEST TO ARRANGE ASSESSMENT OF DEGREE OF PERMANENT IMPAIRMENT

Police (Compensation Scheme) Regulations 2021 r.4

ATTENTION TO:

The Police Commissioner
Police Headquarters
2 Adelaide Terrace,
EAST PERTH WA 6004

PURPOSE OF ASSESSMENT

I request that the Police Commissioner arrange for the following Approved Medical Specialist to undertake an assessment of my degree of permanent impairment in accordance with section 33ZW of the *Police Act 1892*.

ASSESSMENT REQUESTER DETAILS

Member or Medically Retired Member

PD NUMBER

P	D						
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DATE OF BIRTH

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SURNAME

GIVEN NAMES

ADDRESS

SUBURB

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EMAIL ADDRESS

CONTACT NUMBER

APPROVED MEDICAL SPECIALIST

SURNAME

GIVEN NAMES

SIGNATURE OF PERSON MAKING THE REQUEST

DATE

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Please complete the form in full and return to:

Police Commissioner
Western Australia Police Force
c/- Police Separation and Transition
Health, Welfare and Safety Division
Locked Bag 35
PERTH BUSINESS CENTRE WA 6849

PoliceSeparationandTransitionSMail@police.wa.gov.au

Telephone: (08) 6229 5166