



# CERTIFICATE WHERE MEMBER OR MEDICALLY RETIRED MEMBER'S CONDITION NOT STABILISED

Police (Compensation Scheme) Regulations 2021 r.9

## FOR: 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

STATE

			POST CODE				
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CONTACT NUMBER

EMAIL ADDRESS

INJURY DATE

		/			/				
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INJURY CLAIM NUMBER

INJURY DESCRIPTION

## EMPLOYER DETAILS

FULL NAME

ORGANISATIONAL UNIT

ADDRESS

SUBURB

PERTH

STATE

W A

POST CODE

6 0 0 0

CONTACT NUMBER

EMAIL ADDRESS

## PURPOSE OF ASSESSMENT

An assessment of the degree of permanent impairment of the above member or medically retired member for the purposes of 33ZW of the *Police Act 1892*.

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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](mailto:PoliceSeparationandTransitionSMAIL@police.wa.gov.au)

Telephone: (08) 6229 5166

# EXAMINATION DECLARATION

I certify that having assessed the member or medically retired member on:

EXAMINATION DATE

		/			/				
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in accordance with the *Workers' Compensation and Injury Management Act 1981*, the member or medically retired member's condition has not stabilised to the extent required for an evaluation to be made for the above purpose (has not reached maximum medical improvement as required in WorkCover Guides).

## APPROVED MEDICAL SPECIALIST

SURNAME

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CONTACT NUMBER

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GIVEN NAME

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EMAIL ADDRESS

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ADDRESS


SIGNATURE

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SUBURB

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DATE

		/			/				
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STATE

			POST CODE				
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**Note: Copies of this certificate is to be forwarded to both the member or medically retired member and the Western Australia Police Force.**