



REQUIREMENT TO PRODUCE RELEVANT DOCUMENTS OR INFORMATION FOR AN IMPAIRMENT ASSESSMENT

PC7

Police (Compensation Scheme) Regulations 2021 r.6

TO: MEMBER, MEDICALLY RETIRED MEMBER OR POLICE COMMISSIONER

SURNAME

GIVEN NAME

ADDRESS

SUBURB

STATE

			POST CODE				
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Under regulation 6 of the *Police (Compensation Scheme) Regulations 2021*, you are required to provide relevant documents and information for an impairment assessment in accordance with the following:

MEMBER OR MEDICALLY RETIRED MEMBER DETAILS

PD NUMBER

P	D						
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DATE OF BIRTH

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SURNAME

GIVEN NAMES

ADDRESS

SUBURB

STATE

EMAIL ADDRESS

CONTACT NUMBER

INJURY DATE

		/			/						
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INJURY DESCRIPTION

EMPLOYER DETAILS

FULL NAME

ORGANISATIONAL UNIT

ADDRESS

SUBURB

STATE

CONTACT NUMBER

EMAIL ADDRESS

The following documents and/or information is required:

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*.

SIGNATURE OF APPROVED MEDICAL SPECIALIST

DATE

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Please forward the document/s and information required to the address below:

NAME OF APPROVED MEDICAL SPECIALIST

GIVEN NAMES

ADDRESS

SUBURB

STATE

POST CODE

EMAIL ADDRESS

CONTACT NUMBER

PLEASE NOTE: You have 28 days to comply with this requirement