



REQUIREMENT TO UNDERGO TEST, EXAMINATION OR ASSESSMENT

Police (Compensation Scheme) Regulations 2021 r.5

TO: MEMBER OR MEDICALLY RETIRED MEMBER

PD NUMBER

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DATE OF BIRTH

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SURNAME

GIVEN NAMES

ADDRESS

SUBURB

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STATE

POST CODE

CONTACT NUMBER

EMAIL ADDRESS

INJURY DATE

		/			/				
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INJURY CLAIM NUMBER

INJURY DESCRIPTION

EMPLOYER DETAILS

FULL NAME

ORGANISATIONAL UNIT

Police Separation and Transition

ADDRESS

9th Floor, Westralia Square, 141 St George's Terrace

SUBURB PERTH

STATE

W A

POST CODE

6 0 0 0

CONTACT NUMBER

(08) 6229 5166

EMAIL ADDRESS

PoliceSeparationandTransitionSMAIL@police.wa.gov.au

TEST, EXAMINATION OR ASSESSMENT

You are required to attend before

FULL NAME

ADDRESS

SUBURB

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STATE

POST CODE

CONTACT NUMBER

EMAIL ADDRESS

REQUIRED ON:

DATE

		/			/				
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TIME

		:		
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EVALUATION REQUESTED BY

SURNAME

GIVEN NAMES

COMPANY NAME (IF APPLICABLE)

ADDRESS

SUBURB

STATE

POST CODE

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*.

SIGNATURE OF APPROVED MEDICAL SPECIALIST

DATE

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