PC7b

REQUIREMENT TO PRODUCE INFORMATION FOR AN IMPAIRMENT ASSESSMENT

Police (Compensation Scheme) Regulations 2021 r.6

TO: MEMBER, MEDICALLY RETIRED MEMBER

PD NUMBER

P D

SURNAME

GIVEN NAME

ADDRESS

SUBURB

STATE POST CODE

Under regulation 6 of the *Police (Compensation Scheme) Regulations 2021*, you are required to provide the relevant information detailed below for an impairment assessment as follows:

DATE OF BIRTH

/ /

INJURY DATE

/ /

INJURY DESCRIPTION

CONTACT NUMBER

EMAIL ADDRESS

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

The following 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

/ /

Please forward the 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