



# THIRD PARTY CONSENT TO PRODUCE DOCUMENTS OR INFORMATION FOR IMPAIRMENT ASSESSMENT

Police (Compensation Scheme) Regulations 2021 r.6 (1)(b)

## TO: MEMBER, MEDICALLY RETIRED MEMBER OR POLICE COMMISSIONER

NAME

ADDRESS

SUBURB

STATE

POST CODE

Under regulation 6(1)(b) of the *Police (Compensation Scheme) Regulations 2021*, you are required to consent to:

## THIRD PARTY PROVIDER DETAILS

NAME

ADDRESS

SUBURB

STATE

POST CODE

providing the documents and information listed below pertaining to the assessment of the degree of the permanent impairment for:

## MEMBER, MEDICALLY RETIRED MEMBER

DATE OF BIRTH

NAME

ADDRESS

SUBURB

STATE

POST CODE

EMAIL ADDRESS

CONTACT NUMBER

## INJURY DETAILS

INJURY DATE

INJURY DESCRIPTION

## EMPLOYER DETAILS

FULL NAME

ORGANISATIONAL UNIT

ADDRESS

SUBURB

STATE

POST CODE

CONTACT NUMBER

EMAIL ADDRESS

The following documents and/or information are required by the Approved Medical Specialist:

# 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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**The following documents and/or information is required:**

NAME OF APPROVED MEDICAL SPECIALIST

GIVEN NAMES

ADDRESS

SUBURB

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STATE

POST CODE

EMAIL ADDRESS

CONTACT NUMBER

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