Workers Compensation and Injury Management Act 2023

DUST DISEASE COMPENSATION CLAIM FORM &
REQUEST FOR WPI DETERMINATION – COMMON LAW

Purpose of claim or request

Compensation for dust disease & common law: ☐

Assessment of WPI for common law only: ☐

Diagnosed or suspected dust disease

Pneumoconiosis or silicosis: ☐

Mesothelioma: ☐

Lung cancer: ☐

Diffuse pleural fibrosis: ☐

Worker

Name: ---

Address: ---

Date of birth: ---

Phone number: ---

Email address: ---

Preferred language ---

☐ Male ☐ Female ☐ Unspecified

Worker's representative (*if represented*)

Name: ---

Address: ---

Contact person: ---

Phone number: ---

Email address: ---

Details of last employer where worker was exposed to asbestos or mineral dust

Name: ---

Address: ---

ABN: ---

Contact person: ---

Phone number: ---

Email address: ---

N.B - Employment history table must be completed

Details of current employer

Name: ---

Address: ---

ABN: ---

Contact person: ---

Phone number: ---

Email address: ---

N.B - Employment history table must be completed

Injury occurrence

When and where did the worker first become aware they were suffering from a dust disease?

Date: ---

Place: ---

Other conditions

Is the worker suffering from any other diseases or injuries? ☐ Yes ☐ No

If yes, specify other diseases or injuries: ---

Is the worker under the care of any other specialist(s)? ☐ Yes ☐ No

If yes, specialist(s) name and address: ---

Concurrent claims

Has the worker claimed or received compensation or damages for the dust disease, or does the worker intend to claim compensation or damages from any other source (e.g. another State or Territory, the Commonwealth Government, overseas, common law) for the dust disease, other than by this claim or request?

☐ Yes ☐ No

If yes, details of other claim(s) or payments received for the dust disease: ---

Worker's declaration

I declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself and the occurrence are true both in substance and in fact to the best of my knowledge and belief. I take notice that, under the provisions of section 32(1) of the *Workers Compensation and Injury Management Act 2023*, I am required to give notice to my employer within 7 days if I commence work with another employer after making a claim, or while receiving income compensation.

Worker signature: ---

Print name: ---

Date: ---

Consent authority (to be signed at the option of the worker)

I authorise any doctor who treats me to discuss my medical condition in relation to my claim for workers compensation and return to work options, with my employer and with their insurer.
I consent to my employer's insurer and its appointed service providers collecting personal information, inclusive of sensitive information such as medical information about me and using it for the purpose of assessing and managing my workers compensation claim, including determining liability and whether my claim is true. This consent extends to my employer's insurer disclosing my personal information, inclusive of sensitive information, to other insurers, medical practitioners, investigators, and legal practitioners and other experts or consultants for the purpose of assessing and managing my claim. My personal information, inclusive of sensitive information, may also be disclosed as required or permitted by law. I also consent to my employer's insurer disclosing my personal details to WorkCover WA which is authorised to use this information to fulfil its functions and obligations under the *Workers Compensation and Injury Management Act 2023*. I have read all the information on this form regarding the consent authority, and I consent to the Insurer dealing with my personal information in the manner described.

Worker signature: ---

Print name: ---

Date: ---

Employment History

Employer name, address & location	Occupation and tasks performed	Period of employment		Asbestos exposure	Specific mineral dust exposure (including silica) If yes, specify type of dust exposure
		Year start	Year end		
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---	---	---	---	☐ Yes ☐ No	☐ Yes ☐ No Mineral dust: ---
---	---	---	---	☐ Yes ☐ No	☐ Yes ☐ No Mineral dust: ---
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