

# Application for permanent impairment reassessment

To assist in the administration of the *Return to Work Act 1986* (the Act), this form must be used to apply to the Authority for a permanent impairment reassessment pursuant to section 72(3) of the Act.

If the worker or the insurer is dissatisfied with the percentage level of permanent impairment from an initial permanent impairment assessment, either may apply to NT WorkSafe for a reassessment using this form.

NT WorkSafe must receive an application for a reassessment within 28 days of the insurer or worker being notified of the result of the initial assessment.

I,					
request that NT WorkSafe arrange a permanent impairment reassessment.					
<b>Injured worker details</b>					
Surname			Given names		
Date of birth			Date of injury or disease		
Postal address					
Suburb			State	Postcode	
Home number			Work number		
Mobile number			Email address		
Name of employer					
Name of insurer			Claim number		
Date of initial assessment			Date report received from initial assessment		
<b>Injured workers accepted injury/s for this application for permanent impairment reassessment</b>					
Type of injury/s					
<b>Documents required (attached)</b>					
Copy of email providing the initial Permanent Impairment Assessment Report and attachments (Permanent Impairment Assessment Report, Letter)					<input type="checkbox"/>
<b>Injured worker signature</b>					
Signature				Date	

Please return this form to:

**Post:**

Request for Permanent Impairment Reassessment  
NT WorkSafe Rehabilitation and Compensation  
GPO Box 1722  
DARWIN NT 0801

OR

**Email:**

[DataNTWorksafe.DOJ@nt.gov.au](mailto:DataNTWorksafe.DOJ@nt.gov.au)