

## Form

# Application for permanent impairment reassessment

This form may be used to request a permanent impairment reassessment pursuant to the *Return to Work 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. Such applications must be in writing or by 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.

## My details:

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			

## Documents required (attached):

<input type="checkbox"/>	<b>Copy of initial Permanent Impairment Assessment Report</b>
<input type="checkbox"/>	<b>Copy of letter sent with the report from the Insurer</b>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Please return this form to:

### Hand deliver:

NT WorkSafe  
First floor, Building 3  
Darwin Corporate Park  
631 Stuart Highway  
Berrimah NT 0828

Or

### Post:

Request for Permanent  
Impairment Reassessment  
GPO Box 1722  
Darwin NT 0801

or

### Email:

DataNTWorksafe.DOJ@nt.gov.au  
or

### Fax:

(08) 8999 5141