| Application for permanent impairment reassessment |
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| 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):**

|  |  |
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| **[ ]**  | **Copy of initial Permanent Impairment Assessment Report** |
| **[ ]**  | **Copy of letter sent with the report from the Insurer** |

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|  |
| Signature:  |  | Date: |  |
| **Please return this form to:** |
| **Hand deliver:**NT WorkSafeFirst floor, Building 3Darwin Corporate Park631 Stuart HighwayBerrimah NT 0828 | Or | **Post:**Request for Permanent Impairment ReassessmentGPO Box 1722Darwin NT 0801 | or | **Email:**DataNTWorksafe.DOJ@nt.gov.auor**Fax:**(08) 8999 5141 |