| 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):**   |  |  | | --- | --- | |  | **Copy of initial Permanent Impairment Assessment Report** | |  | **Copy of letter sent with the report from the Insurer** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 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 | | | |