

Guide to completing Form 7

Application for Assessment by an Approved Medical Specialist

This guide explains how to complete Form 7.

If you have any queries about Form 7, this guide or the Commission's procedures for resolving disputes, please contact the Commission on 1 300 368 040.

Obtaining legal advice

The information in this guide is not legal advice. If you need legal advice about a workers compensation dispute or claim, you need to see a solicitor. If you do not have a solicitor, you can contact the Law Society of NSW for referral to a solicitor by phoning:

- (02) 9926 0300 (if you live in Sydney), or
- 1 800 422 713 (if you live outside Sydney).

When you should use Form 7

Form 7 is the correct form to use for a dispute or claim about:

- assessment as to whether the degree of permanent impairment is more than 20% (section 39, *Workers Compensation Act 1987* – cessation of weekly payments after 5 years)
- assessment as to whether the degree of permanent impairment is more than 20% (section 32A, *Workers Compensation Act 1987* – worker with high needs)
- assessment as to whether the degree of permanent impairment is more than 30% (section 32A, *Workers Compensation Act 1987* – worker with highest needs)
- assessment as to whether the degree of permanent impairment is more than 10% (section 59A, *Workers Compensation Act 1987*)
- threshold dispute for commutation of liability (section 87EA, *Workers Compensation Act 1987*)
- threshold dispute for domestic assistance claim (section 60AA, *Workers Compensation Act 1987*)
- certification that incapacity is likely to be of a permanent nature (section 53, *Workers Compensation Act 1987*)
- medical dispute for bush fire fighter, emergency or rescue worker (section 32, *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*)
- threshold dispute for work injury damages claim (section 313, *Workplace Injury Management and Workers Compensation Act 1998*)
- threshold dispute for offender in custody damages claim (section 26D, *Civil Liability Act 2002*)
- dispute as to employee's condition and fitness for employment (section 96, *Industrial Relations Act 1996*)

This form may only be used for assessment of the degree of permanent impairment of a worker/claimant, or for assessment of an employee's condition and fitness for employment at the request of the Industrial Relations Commission.

If statutory compensation for permanent impairment is also in dispute, use the [Application to Resolve a Dispute \(Form 2\)](#).

A claim for work injury damages may only be made if a lump sum compensation claim is made before or at the same time as the work injury damages claim (section 280A of the *Workplace Injury Management and Workers Compensation Act 1998*).

Liability to pay compensation may only be commuted if the worker has been paid permanent impairment compensation and pain and suffering compensation (section 87EA(1)(b) of the *Workers Compensation Act 1987*).

Completing Form 7

The Commission may decline to register Form 7 if:

- you do not complete all relevant questions
- you do not attach all supporting documents and information
- the incorrect application form has been lodged

To indicate a choice from two or more options, mark the relevant box or circle.

First page

Matter number

If the Commission accepts and registers Form 7, it inserts a unique matter number here.

Application for

Indicate what the application is for by selecting the relevant box(es).

Example

If there is a dispute about whether the degree of permanent impairment of the injured worker is sufficient for an award of damages, select 'threshold dispute for work injury damages claim'.

Part 1 - Medical Dispute Referred for Assessment

This section is to be completed only if the worker/claimant has a threshold dispute for permanent impairment and requires an assessment of the degree of permanent impairment under the NSW workers compensation guidelines for the evaluation of permanent impairment

The body parts to be assessed are to be stated using whole person impairment terminology.

Part 2 - Previous Proceedings, Claims and Assessments by Approved Medical Specialists

You are required to state whether any previous assessment by an Approved Medical Specialist has been undertaken, and provide details in respect of this assessment.

You are also required to provide the details of any awards or settlements for lump sum compensation received for this injury or any other injury or condition. Copies of the awards/consent orders/or section 66A agreements are to be provided.

The Commission uses this information to ensure it:

1. has jurisdiction over the dispute or claim, and
2. deals with any current related claims together

Part 3 - Parties Details

3.1 Worker/Claimant details

Complete this section by giving the worker/claimant's name and date of birth.

Postal address

Insert the worker's or dependant's street address. The Commission does not accept the worker's or dependant's address as 'care of (c/-)' a solicitor's address.

Contact details

Insert a phone number and other contact details for the worker/claimant. These must be contact details on which the Commission can contact the worker/claimant directly.

Language and special needs

Advise the Commission if the worker or dependant requires an interpreter by indicating the language spoken by the worker or dependant. The Commission arranges and pays for interpreters if the worker or dependant requires an interpreter to help the worker or dependant participate in the Commission's proceedings.

Advise the Commission if the worker or dependant has any special needs (eg wheelchair access, portable hearing loops) so that the Commission can make appropriate arrangements.

3.2 Worker/claimant representative details

Complete this section if the worker/claimant has a representative.

3.3 Employer/defendant details

Complete this section by providing all details of the respondent/defendant.

3.4 Insurer/scheme agent* for the nominal insurer details

Complete this section only if the respondent/defendant is indemnified under a policy of insurance. If there is more than one insurer/scheme agent for the nominal insurer on risk, attach a list of the insurers/scheme agents for the nominal insurer and the periods of risk.

* Scheme agent means scheme agent for nominal insurer.

3.5 Insurer/scheme agent* representative

Complete this section only if the insurer/scheme agent has a representative.

Part 4 - Injury Details

Must be completed using Whole Person Impairment terminology for body parts to be assessed

Part 5 - Supporting Documents

List all medical reports and medical investigation reports attached to this Application that the worker/claimant wishes to be considered by the Approved Medical Specialist who is to assess the degree of permanent impairment, and which comply with the *Workers Compensation Act 1987*, *Workplace Injury Management and Workers Compensation Act 1998* and *Workers Compensation Regulation 2010*.

Part 6 - Signature

The completed Form 7 must be signed and dated by the applicant or their representative.

Lodging the application with the Commission

Before lodging Form 7 with the Commission, check you have:

- completed all relevant questions
- attached all supporting documents (only attach copies of documents to Form 7 – **do not send originals** to the Commission)
- made the correct number of copies of Form 7 (including all attachments). You must lodge with the Commission:
 - o the original Form 7
 - o a copy for each party (including any insurers)
 - o one extra copy

Example

If the applicant is a worker, you need to lodge with the Commission:

- the original form 7
- a copy for the applicant
- a copy for each employer
- a copy for each insurer
- one extra copy

You can lodge completed Form 7 with the Commission by:

Hand delivery	Level 20, 1 Oxford Street Darlinghurst NSW 2010
Postal address	PO Box 594 Darlinghurst NSW 1300
Document exchange	DX 11524 Sydney Downtown
Electronic lodgment	registry@wcc.nsw.gov.au
Facsimile	1300 368 018

Responding to Form 7

The employer/defendant must, within 21 days from the date of registration of this application, lodge and serve on the worker/claimant all documents that the employer/defendant wishes to be considered by the Approved Medical Specialist. When lodging documents, the employer/defendant should clearly identify the matter number and party details by way of covering letter.