



Workers' Compensation and Injury Management Procedure

1. Purpose

WA Country Health Service (WACHS) has an Injury Management System in accordance with statutory obligations of the [Workers' Compensation and Injury Management Act 1981](#) (WA) (the Act) and the transitional arrangements to the incoming [Workers Compensation and Injury Management Act 2023](#) (WA). This Injury Management System supports injured and ill workers to return to work.

WACHS is committed to supporting injured workers' progress towards maximising the injured workers' return to work capacity and achieving their return-to-work goals.

2. Procedure

This Procedure applies to injuries where a Workers' Compensation (WC) claim is to be lodged or anticipated to be lodged.

2.1 Initial Actions

As soon as practicable after the occurrence of a work-related injury, disease or illness these steps are to be followed (the sequential order may vary according to circumstances):

The injured worker is to report the incident to a supervisor or line manager.



First aid is to be provided and/or medical attention is to be sought promptly.
The line manager is to arrange transport to medical practitioner, if required.



The injured worker is to obtain a WorkCover WA First Certificate of Capacity (First Certificate) from a Medical Practitioner or a Dentist, or as indicated in the new Act.



The injured worker is to complete and lodge a Safety Risk Report Form (SRRF) in accordance with the Hazard/Incident Management Procedure.



When the worker is unable to complete the SRRF within 48 hours of the incident, the form should be initiated by the line manager in conjunction with the Health and Safety Representative, or the Work Health and Safety (WHS) team and submitted to the WHS team within 48 hours.

Injured workers must provide WorkCover WA Certificates of Capacity from their treating medical and health practitioners that verify the injury or illness was work-related. Here is the continuation of the initial actions to undertake when the First Certificate of Capacity (First Certificate) has been provided.

The injured worker is to provide a copy of the First Certificate to their line manager.



The line manager must contact the WHS team when a First Certificate and/or claim form is received from an injured worker. This includes when a SRRF or report of an injury occurs, the WHS team will provide support and advise the Injury Management Coordinator (IMC).



The WHS team will contact the injured worker to provide guidance and support with lodging a claim. WHS team will complete all data entry into relevant WHS data systems. Note: The *First Certificate* may not contain any restrictions, but the injured worker may require further medical treatment. This is classified as a non-Lost Time Injury (non-LTI).

2.2 Claim Lodgement

Workers have the opportunity to lodge a claim for workers compensation should they choose to do so. The insurer will determine the claim liability and advise both the worker and WACHS.

The Work Health and Safety (WHS) team is to provide guidance and support to the injured worker to enable them to lodge a claim as follows:

- The line manager is to update the injured worker's roster or schedule with the correct absence coding. HSS provide a coding guide available from the WHS teams.
- Until claim liability is accepted by the Insurer, the injured worker is to submit a leave application form to apply to access accrued leave benefits and entitlements.
- The Regional WHS team is responsible for:
 - ensuring all claim documentation is fully and correctly completed prior to sending it to the Insurer
 - ensuring First Certificate (Medical) has been signed by the worker and the claim form has been signed and witnessed. If not, the forms are returned to the worker requesting signing, received and correct.
 - submitting the claim to the Insurer within three business days of WACHS' receipt of completed claim documents, that is from when the line manager receives the completed documents as evidenced by the Employer's Report Form (1B)
 - sending a Claim Lodged letter to the injured worker
 - entering all claim data into SOLV-Injury, indicating Injury Management Coordinator (IMC) delegated for notifications. The delegated IMC will be copied into all insurer contacts/emails.
- Following liability determination by the Insurer, the IMC is responsible for informing the line manager of the liability decision.
- The Insurer provides written notice of the claim liability status to the injured worker and WACHS usually within 17 days of the date the completed claim documents are first

received by WACHS. Workers may be notified by SMS if selected in the e-claim submission process. Alternatively, the insurer will advise if liability cannot be determined during that time and the claim will be pended, while they determine liability.

- The WHS Team are responsible for sending the following completed forms to Health Support Services (HSS) at HSS.WorkersCompensation@health.wa.gov.au:
 - Request for Rate of Pay (ROP) calculations.
 - Leave credits authority and overpayment deduction authority.
 - Declaration of other employment.
 - Request to Suspend Weekly Compensation Payments, for the duration of the claim.
- This email should be copied to the regional generic WHS inbox and delegated IMC.
- Injuries or conditions that are not accepted Workers' Compensation claims are to be managed under the WACHS [Fitness for Work Policy](#), where applicable.

2.3 Injury Management

Injury Management activities are to commence as soon as practicable, as WACHS recognises the health benefits of good work in recovery. Early liaison with key parties is essential, these being the injured worker, line manager, treating medical practitioners, and insurer with the WACHS IMC.

The IMC is to be advised of injuries to workers as soon as possible after the incident. This is achieved by entering the SRRF on Solv-Injury under 'New Injury', for those incidents where a worker has identified an injury.

The injured worker is responsible for participating in treatment as indicated by treating medical practitioners and allied health providers. Where treatment efficacy is questioned, it is the injured worker's responsibility to discuss this with the treatment provider and/or referring practitioner.

The injured worker is responsible for providing consecutive and continuous Progress Certificates after every medical practitioner consultation.

Critical injury management tasks will be coordinated with the establishment of a return-to-work goal. In most cases, this will be a return to the worker's pre-injury duties and hours (usually their substantive position).

A written Return to Work Program (RTWP) is required when the worker's capacity has indicated restricted duties and/or hours are required. A RTWP assists with remaining or returning to work as soon as possible.

A RTWP may incorporate a return to suitable duties, which may be modification to the usual role, part of the usual role and/or alternate duties depending on the workers certified capacity. The preferred RTWP for the worker is to recommence in the same role. The return-to-work program is developed by the IMC in consultation with the Injured Worker, line manager and Certificate of Capacity. Workers should keep their Certificates of Capacity current throughout the duration of their claim by regular attendance with the treating medical/health practitioner. The RTWP must not include on-call duty, night shift, weekends or public holiday shifts, until full capacity for work has been achieved.

In some circumstances the injured worker may be unable to resume the full duties and contracted hours of their pre-injury role. Where medically indicated, an alternative goal may be supported, subject to the return-to-work hierarchy, as follows:

- same employer, same job
- same employer, modified job
- same employer, new job
- new employer, same job
- new employer, new job.

Alternative and restricted duties will be provided, where operationally viable, for a limited period, subject to medical advice. WACHS may withdraw these duties where medical evidence indicates that an injured worker is unlikely to be able to resume the inherent requirements of their pre-injury role.

Supernumerary work may be available for injured workers once a claim has been submitted on an agreed short-term basis and facilitated by the IMC in liaison with key parties. This arrangement is not available if a claim has been declined. Any supernumerary arrangements will have demonstrated agreement of key parties, be documented with a specified limited duration.

An IMC will indicate if a Workplace Rehabilitation Provider (WRP) is required and will liaise with key parties. Case conferences will be arranged by the Injury Management Coordinator at various times during the claim to ensure all key parties are involved in the resolution of barriers.

WACHS will endeavour to keep a worker's position available during the worker's incapacity for a minimum period of 12 months from the date the worker becomes entitled to receive weekly Worker's Compensation payments. WACHS may undertake an assessment of the circumstances pertaining to the worker after the minimum 12-month period.

If at any time during the claim, an injured worker wants to change jobs, they must apply and compete for advertised positions in the usual merit select recruitment process.

Termination of worker's contract does not impact on the Insurer's assessment regarding liability of the claim or affect WC payments or benefits as provided under the Act.

Line managers must advise the WHS team and IMC if the worker resigns or leaves the employment of WACHS.

2.4 No Capacity

This section applies to workers who have no capacity to complete the inherent duties of their job:

- The IMC is to establish contact with the injured worker within 48 hours of WACHS receiving notification of the workers' injury with an initial assessment scheduled as appropriate for their recovery and as determined by the IMC.
- IMC to contact treating medical and health practitioners to provide advice and support for return to work and recovery at WACHS.
- The IMC is to liaise with the line manager regarding contact with the injured worker and treating medical practitioner.

- The line manager or delegated manager is to contact the injured worker regularly on a weekly basis or as otherwise agreed, until the claim is finalised.
- If the period of incapacity is, or is likely to be, 10 days or more from the date of injury, the IMC is to liaise with key parties to regarding return to work options.
- A RTWP may be developed and implemented by the IMC in consultation with the line manager, treating medical practitioner and injured worker.
- Where a claim liability is pending, the IMC may, in certain circumstances, commence RTW activities and/or instigate assistance from a WRP on a Without Prejudice/Without Acceptance of Liability (WOP/WAL) basis, following discussion with key parties.
- It is preferable that the following are made available to the treating medical practitioner, for discussion at the case conference:
 - details of the injured worker's usual duties or a Job Hazard Analysis (JHA)/worksite assessment, including Job Description Form (JDF)/Job task description
 - a proposed RTWP with some identified suitable duties.
- Where appropriate, the treating medical practitioner may:
 - certify the injured worker with some capacity
 - approve a RTWP
 - appoint a WRP.

2.5 Some Capacity

This section applies to accepted claims and claims that are expected to be accepted:

- The IMC initiates a RTW meeting with the injured worker and line manager. Consideration is given to the consultative process:
 - injury status and current capacity
 - treatment/diagnostic requirements
 - other support required
 - RTW planning – role, restrictions, duties, hours.
- All stakeholders are to contribute to identification and discussion of suitable and/or alternative duties.
- The IMC compiles the RTWP. A clear goal, supported by medical evidence, is to be documented. All activities are to be directed, and relevant to, that goal.
- The injured worker has an obligation to participate in the RTWP.
- Injured workers on a RTWP must have adequate supervision and support whilst certified with restricted capacity.
- The IMC is to review and amend/update the injured worker's RTWP following receipt of each Progress Certificate. RTWPs are to be progressive and gradually increase the injured worker's range of duties, as per medical advice.
- Where recovery progress plateaus, a case conference may be convened; consider broader discussion with Insurance Commission of WA (ICWA) and Senior Injury Management Coordinator (SIMC).
- WACHS reserves the right to review the RTW goal – with the ICWA and SIMC, if significant recovery is not achieved. If the worker is non-compliant with the agreed RTWP, consultation with ICWA will determine claim direction.
- If a WRP is appointed, they are to maintain regular contact with WACHS IMC for day-to-day RTW activities. Reporting lines are to the IMC, GP, worker and line manager where appropriate.

The IMC is to maintain contact with the WRP to ensure appropriate activities are performed and reporting is carried out in a timely manner. The IMC may assist the injured worker with selection of a WRP, with reporting lines back to the IMC.

2.6 Full Capacity

This section applies to workers who are able to complete all inherent duties of their job.

- The injured worker may resume their full range of duties as a fully productive employee in their pre-injury role.
- Where an injured worker obtains full capacity following a period of incapacity, they have the opportunity to resume the full range of their pre-injury duties.
- If there are safety concerns around the injured worker's ability to perform their pre-injury duties, further medical certification or assessment may be required.
- Once certified to return to full capacity, the injured worker resumes their full duties and hours, weekly compensation payments cease; and usual pay is resumed. The injured worker can then return to the roster or normal hours.
- The injured worker may receive further treatment and payment of reasonable medical expenses under the claim, as certified.

2.7 Leave

This section applies to accepted claims:

- An injured worker must be available to participate, and actively engage in, a RTWP when they are certified with some capacity.
- If an injured worker needs to be absent from the workplace for reasons unrelated to their workplace injury, they should apply to access accrued leave entitlements.
- The injured worker and line manager are to discuss all leave requests with the IMC.
- An injured worker has the option to temporarily suspend their weekly WC payments, whilst on leave, to preserve their entitlements and manage financial implications. Medical expenses will still be available whilst WC is suspended. The Injured Worker will be provided with the information and Request to Suspend WC Payments at claim lodgement, or as required.

2.8 Claim Closure

This section applies to claims that require closing:

- After an injured worker has been certified with full capacity, they will continue to be monitored for around four weeks. After which time, they may receive a WorkCover WA Final certificate.
- Once a Final Certificate of Capacity has been received, the insurer may close the claim. Note: in some cases, further medical assessments may be required before the claim is finalised.
- The Insurer will liaise with stakeholders including the IMC and SIMC in relation to claim settlements.
- The IMC is to forward WorkCover WA non-disapproval documents and workers' resignation letters to line managers. WHS will forward resignation letters to line managers for action. The termination date to be used on the T1 form will be advised by the IMC.
- The IMC is to review the employment termination progress and if applicable settlement payment at 3 weeks from date of settlement agreement; and note this on the HSS WC spreadsheet.

- The Insurer will close its claim file once all invoices and if applicable, settlement monies are paid. WACHS' claim file is to be closed.

2.9 Queries and Disputes

In the first instance, an injured worker is to discuss and seek resolution of any issues with their:

- IMC - in relation to RTW programming, certification and progress
- WHS Team - in relation to submitting reimbursements and other claim related administration.
- Insurer's Case Officer - in relation to liability, reimbursements and claim management matters.
- Line manager - in relation to rostering, leave and pay queries.

The Insurer has an Internal Dispute Resolution Process (IDRP) available to injured workers. Injured workers can seek information from WorkCover WA or obtain independent legal advice. Where an injured worker lodges an application for Conciliation or Arbitration at WorkCover WA, the IMC/SIMC is to liaise with key stakeholders and will relay the outcome of any proceedings to the WHS Manager.

3. Roles and Responsibilities

Research shows that support from the immediate supervisor and line manager to be one of the most influential factors in injured workers' success in attaining the return to work goal. The line manager can seek support from the IMC.

The **line manager** is responsible for

- ensuring first aid is offered and/or medical attention is sought when an injury is reported
- ensuring transport is made available for the injured worker to attend a medical practitioner
- referring the injured worker to WHS team for assistance with claim lodgement
- establishing and maintain regular contact with the injured worker, even when the injured worker is totally unfit (no capacity); and assure them of confidentiality
- being the injured worker's first point of contact; and offer support throughout the claim
- receiving WorkCover Certificates of Capacity from the injured worker and forward these to the IMC/WHS Administrator (WHSA) as soon as practicable
- engaging in RTW planning with the IMC and injured worker
- identifying and providing suitable or alternative duties in line with medical restrictions, where practicable
- monitoring the injured worker's progress and challenges; liaise closely with the IMC/WRP to ensure the injured worker is well supported and progressing as medically appropriate
- encouraging the injured worker's colleagues to be supportive and maintain contact with the injured worker while the injured worker is absent from work
- liaising with Health Support Services (HSS) and ensuring the roster or schedule on the HR Rostering solution reflect the correct codes for Workers' Compensation payments and productive duties, as per the RTWP
- ensuring mandatory Workers' Compensation and Injury Management training is completed

- reviewing SRRFs and initial investigation implementing corrective actions, providing feedback to the worker.

The **injured worker** is responsible for:

- reporting their injury to their supervisor/line manager as soon as practicable
- seeking appropriate first aid and/or medical attention preferably from the injured worker's own general practitioner (Emergency Department doctors should only be consulted if medically necessary)
- obtaining a First Certificate and providing it to the line manager.
- completing and submitting a SRRF, within 48 hours and provide to the line manager
- completing Workers' Compensation claim documents and return to the WHS team
- attending their treating medical practitioner for regular review to access treatment as required and obtaining Progress Certificates of Capacity; until a Final Certificate of Capacity has been provided (Emergency Departments should be used for emergency situations only, with subsequent appointments scheduled with a General Practitioner)
- providing regular Certificates of Capacity to their line manager and informing their line manager of review, diagnostic and treatment appointment dates, and times
- participating in the injury management process to achieve return to work goal
- discussing progress and challenges with the line manager and IMC.

The **Senior Injury Management Coordinator** is responsible for:

- overseeing the WACHS process
- providing information and advice on all aspects of claim and injury management
- providing strategic direction across WACHS' claims portfolio
- participating in claim review meetings with the IMCs, regional staff and the Insurer
- reviewing and approving Insurer's settlement recommendations
- liaising with the Insurer, IMC, and regional staff in relation to disputed matters
- attending WorkCover conferences and other legal meetings where required and provide outcome reports to the relevant IMC and regional staff as appropriate
- reviewing policies and supporting documents for WACHS' Injury Management system.

The **Injury Management Coordinator** is responsible for:

- day-to-day management of WC cases
- acting as first point of contact for line managers following claim lodgement by an injured worker and providing information and support as required
- liaising with line managers, injured workers and treatment providers in respect to medically appropriate return to work duties and options
- attending medical case conferences (where possible), case management meetings and claim reviews
- collaborating with key stakeholders on RTW goals and claim strategies
- coordinating and monitoring RTWPs
- providing support and guidance to injured workers and line managers throughout the claim duration
- monitoring and overseeing WRP activities for reporting purposes
- In consultation with line managers and WHSA, advise on HSS Recoup Spreadsheet for submission
- receiving notification via SOLV-Injury regarding claim submission and progress.

The **Work Health and Safety Team** is responsible for:

- providing administrative support and assistance for WC claims and injury management processes.
- following up on SRRFs and ensuring the WHS investigation is completed and provided to the IMC and following liaison with the IMC, to ICWA.
- liaising with the IMC for non-LTI cases that are claiming treatment, if required
- checking completed claim documentation and submitting claims to the Insurer as part of the consultative process
- ensuring a claim record is created in the claim management system in accordance with current practice
- assisting with maintaining claim records within SOLV-Injury and TRIM
- sending Certificates of Capacity and other medical certificates, RTWPs, claim-related invoices and reimbursement claims to the Insurer
- In consultation with line managers and the IMC, completing and sending fortnightly recoup spreadsheet to HSS
- ensuring Recoups are reconciled
- coordinating the receipt of all claim-related documentation and distribute as appropriate to the injured worker, service providers, IMCs and the Insurer
- data entry of newly submitted SRRF indicating injury (under New Injury policy) and claims (under New Claims policy) to SOLV-Injury.

4. Monitoring and Evaluation

4.1 Monitoring

Monitoring of this policy will be undertaken by the WACHS WHS Injury Management team, Central Office. It is to be measured by:

- established KPI and success of RTW goals
- feedback from stakeholders indicating program efficiency
- audits of compliance with relevant legislative, policy and procedure requirement.

4.2 Evaluation

Evaluation of this procedure is to be carried out by the WACHS WHS Injury Management team utilising a collaborative approach with the Insurer.

5. Compliance

This procedure has been developed as required by sections 155B and 155C of the [Workers' Compensation and Injury Management Act 1981](#) (the Act) and in accordance with Part 2 and 3 of the [Workers' Compensation Code of Practice \(Injury Management\) 2005](#).

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

[Workers' Compensation and Injury Management Act 1981](#)

[Workers Compensation and Injury Management Act 2023](#)

[Workers' Compensation and Injury Management Regulations 1982](#)

[Workers' Compensation Code of Practice \(Injury Management\) 2005](#)

7. Definitions

Term	Definition
Alternative duties	Duties outside the scope of a worker's pre-injury role, provided to enable them to resume meaningful and productive work, facilitate work hardening and allow them to re-engage with the workplace after a period of incapacity or injury.
Capacity	Workers ability to perform activities of work.
Case Conference	A meeting between the stakeholders of a claim to discuss the injured worker's ability to progress their Return to Work Program (RTWP). Usually involves injured worker, treating medical practitioner and Injury Management Coordinator (IMC) or Workplace Rehabilitation Provider (WRP).
Claims Review	A meeting held between the Insurer and the employer to discuss all open (active) Workers' Compensation (WC) claims.
Insurance Commission of Western Australia (ICWA)	A government agency providing motor vehicle injury insurance for Western Australian drivers and vehicles and self-insurance arrangements for Government.
Injury Management Coordinator (IMC)	The WACHS Injury Management Coordinator (IMC) has day-to-day responsibility for management Workers' Compensation (WC) cases.
Lost Time Injury (LTI)	An injury resulting in an accepted claim that has caused the worker a period of absence from the workplace and/or a period of restricted capacity, as stipulated by a WorkCover WA Certificate of Capacity. For the purposes of WHS reporting, the Non-Lost Time Injury definition is in accordance with AS1885.1
Medical Practitioner	A person who is resident in Western Australia and who is registered under the Health Practitioner Regulation National Law (Western Australia) in the medical profession; or a person who is not resident in a State or Territory of the Commonwealth but who is recognised as a medical practitioner for the purposes of the Act by WorkCover WA.
Non-LTI	An injury resulting in an accepted claim where the injured worker has not required any absence from work nor had any periods of restricted capacity, as stipulated

Term	Definition
	by a WorkCover WA Certificate of Capacity. Also referred to as medical expenses only claim (Mexes only). For the purposes of WHS reporting, the Non-Lost Time Injury definition is in accordance with AS1885.1.
Return to Work (RTW)	The process of an injured worker progressively increasing work duties.
Return to Work Meeting	Review of an injured worker's return to work progress. Usually includes the worker, line manager and Injury Management Coordinator (IMC).
Return to Work Program (RTWP)	A document setting out the agreed duties and working conditions for an injured worker who: <ul style="list-style-type: none"> • has less than full capacity • is temporarily medically restricted to performing a reduced range of duties and/or is medically restricted to working reduced hours and/or temporarily requires alternative duties • has an accepted Workers' Compensation claim (but it may also be offered to injured workers whose claim is pended) and is to resume their full range of pre-injury duties as soon as medically appropriate, by gradually and continuously increasing their work activities.
Senior Injury Management Coordinator (SIMC)	The Senior Injury Management Coordinator (SIMC).
SOLV-Injury	Injury, Insurance and Claims Management Data System
Suitable duties	Limited work duties within the scope of a worker's pre-injury role, provided to an injured worker who does not have full capacity for work.
Supernumerary	Medically appropriate temporary duties, as an additional member of the team, to facilitate a Return to Work Plan (RTWP). Not to be used to cover other staff leave.
WOP/WAL	Without prejudice and without admission of liability. In limited circumstances, WACHS or the Insurer may agree to pay certain claim-related costs to support a return to work when a claim is pended.
WorkCover WA	The governing body for Workers' Compensation (WC) in Western Australia.
WorkCover WA Certificate of Capacity (First Certificate, Progress Certificate, Final Certificate)	A medical certificate for the purposes of a Workers' Compensation (WC) claim. It provides detailed information about an injured worker's injury/condition, how much work (hours and days) they can perform, restrictions they must adhere to at work, what treatment they need and the date of their next medical review appointment. Also referred to as WorkCover Certificate or Certificate of Capacity.
Workplace Rehabilitation Provider (WRP)	An organisation external to WACHS who provides services to assist workers return to work. Services may include return to work planning, external work trial, job-seeking assistance, worksite assessment.

8. Document Summary

Coverage	WACHS wide
Audience	All staff
Records Management	Non-Clinical: Corporate Recordkeeping Compliance Policy
Related Legislation	<ul style="list-style-type: none"> • Workers Compensation and Injury Management Act 2023 (WA) • Workers' Compensation and Injury Management Regulations 1982 (WA) • Workers' Compensation Code of Practice (Injury Management) 2005 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0180/23 Work Health and Safety Management Policy • Employment Policy Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Hazard-Incident Management Procedure • Fitness for Work Policy • Work Health and Safety Policy
Other Related Documents	Nil
Related Forms	<ul style="list-style-type: none"> • Safety Risk Report Form • Employer's Report Form (1B) • Request for Rate of Pay (ROP) calculations • Leave credits authority and overpayment deduction authority • Declaration of other employment • Request to Suspend Weekly Compensation Payments
Related Training Packages	<ul style="list-style-type: none"> • Worker's Compensation and Injury Management (WCM EL1)
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3109
National Safety and Quality Health Service (NSQHS) Standards	1.1a, 1.7c
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
1.01	15 April 2024	26 April 2020	Minor review: <ul style="list-style-type: none"> legislative updates. clarification and expansion on procedure.

10. Approval

Policy Owner	Executive Director People, Capability and Culture
Co-approver	Nil
Contact	Director Work Health Safety Wellbeing
Business Unit	Work Health and Safety
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