

IMPAIRMENT APPLICATION FORM: IMPAIRMENT ASSESSMENT PROTOCOLS

Submitting this form

Send your completed form to lss@tac.vic.gov.au

Important notes

This form is to be used by lawyers requesting an impairment assessment on behalf of a client under Part 3 of the *Transport Accident Act 1986* (TAA) and pursuant to the Impairment Protocols 2016.

Please complete this form and provide all information and material in support of the application (not previously provided).

Client details

Client name

Claim number

Date of birth

 / /

Date of accident

 / /

Does the client have any other TAC claims?

☐ Yes ☐ No ☐ Not known

If more than one claim, please detail other TAC claim numbers.

TAC claim number	Is this claim relevant to the JME request?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Client's lawyer

Firm name

Firm address

Postcode

Practitioner

Reference number

Fax number

Phone number

Email address

Client's injuries

Please list your client's injuries or conditions and indicate which TAC claim number they relate to.

Injury	TAC claim number for this injury

Supporting documentation

Please provide the following list of documents relied upon in the application (where appropriate), **only attaching copies where not previously provided to the TAC.**

Treating practitioner reports and material

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Medico-legal and JME reports

Please list all JME/ IME reports and/ or any other medico-legal reports that will be relied upon (attach where not previously provided).

Medico-legal reports

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

JME reports

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Other (e.g. list of documents relied upon)

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Summary and analysis of impairment

The client's lawyer's suggested whole person impairment percentage based on the current evidence, including reference to the relevant AMA Guides section and any other relevant information:

Injury or condition	Rating (WPI)	Table (AMA Guides reference)	Other relevant matters (e.g. apportionment, stability, pre-existing, causation etc)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL WPI RATING			

More information

Do you intend on providing any further information to support this application? ☐ Yes ☐ No

If yes, please provide details:

Please list and describe all the information you will supply	When will you supply this information?
1.	
2.	
3.	
4.	
5.	

Guardian/Administrator

Has the client had an administrator appointed? ☐ Yes ☐ No

If yes, please provide supporting material.

The form is completed on a without prejudice basis to promote the efficient administration of the Protocols and cannot be relied upon in any later Court or Tribunal proceedings (unless otherwise agreed).

The TAC's privacy policy

The TAC respects the privacy of clients. The TAC will retain any information provided to the TAC as part of the JME process, and may use or disclose that information to make further inquiries or assist in the ongoing management of the client's TAC claim. The TAC may also be required by law to disclose any information provided to the TAC.

If you require further information about the TAC's privacy policy, please call the TAC on 1300 654 329 or visit our website at tac.vic.gov.au/yourprivacy