

NORTHERN TERRITORY OF AUSTRALIA

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Regulations 1987, No. 48\*

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Regulations under the *Work Health Act*

I, ERIC EUGENE JOHNSTON, the Administrator of the Northern Territory of Australia, acting with the advice of the Executive Council, hereby make the following Regulations under the *Work Health Act*.

Dated 23 December 1987.

E.E. JOHNSTON  
Administrator

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AMENDMENTS OF THE WORK HEALTH REGULATIONS

1. NEW REGULATION

The Work Health Regulations are amended by inserting after regulation 3 the following:

"3A. DEFINITION OF 'WORKER'

"For the purposes of paragraph (j) of the definition of 'worker' in section 3 of the Act -

- (a) a member of the crew of a fishing vessel who is remunerated wholly or mainly by a share in the profits or gross earnings from the working of the vessel; and
- (b) a person operating as a direct selling agent under an agency agreement approved by the Authority for the purposes of this regulation,

are prescribed persons who are not workers within the meaning of that definition."

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\* Notified in the *Northern Territory Government Gazette* on 23 December 1987.

*Work Health Regulations*

2. FUNERAL BENEFIT AND APPLICATION FOR DETERMINATION OF ENTITLEMENT TO AN AMOUNT OF DEATH BENEFIT

Regulation 6 of the Work Health Regulations is amended by omitting subregulation (2).

3. MINIMUM RATE OF COMPENSATION - LONG-TERM INCAPACITY

Regulation 7 of the Work Health Regulations is amended by omitting "12 months" and substituting "2 years".

4. CLAIM

Regulation 10 of the Work Health Regulations is amended by omitting "Form 3" and substituting "The relevant Form 2 or Form 3".

5. NEW REGULATION

The Work Health Regulations are amended by inserting after regulation 17 the following:

"17A. PRESCRIBED INTEREST

"For the purposes of section 131(3) of the Act 20% per annum is the prescribed rate of interest."

6. SCHEDULE

The Schedule to the Work Health Regulations is amended -

- (a) by omitting from Form 2 "Regulation 6(2)" (wherever occurring) and substituting "Regulation 10"; and
  - (b) by omitting Form 4 and substituting the form in the Schedule to these Regulations.
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Work Health Regulations

SCHEDULE

FORM 4

Regulation 12(1)

Work Health

Medical Certificate  
for Workers Compensation

Practice/Hospital/Health Centre

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I have examined

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In my opinion this person is suffering / has suffered from

*Please  
give a  
precise  
diagnosis*

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The injury or illness was stated to be caused by

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was fit full  
He/she will be unfit for part-time duties on/for .....  
alternative

first  
This progress certificate covers the period 

/ /
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 to 

/ /
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final *inclusive*

Is the incapacity likely to last more than 6 weeks?

No  Yes

Is it likely that rehabilitation (e.g. physiotherapy) will be required?

No  Yes

If yes, to which  
services referred  
and commencement  
date

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Signature  
& Qualifications

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Name and date  
*please print*

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