Application

Application to Resolve a Workplace Injury Management Dispute

This is the approved form for referral of disputes about workplace injury management to the Workers Compensation Commission.

Applicant:

Respondent:

Filed by:

☐ Worker                          ☐ Employer representative  ☐ Self-insurer
☐ Worker representative  ☐ Scheme agent*                        ☐ Insurer/scheme agent representative
☐ Employer                         ☐ Specialised insurer             ☐ icare

*Note scheme agent means scheme agent for the nominal insurer

Service: Date served on other parties: / /  Date served on other parties: / /

Method of service:

Party/person served:

Address of party/person served:

Reason for application:

☐ There is no injury management plan
☐ The injury management plan has not been followed
☐ There is no return to work plan
☐ The return to work plan has not been followed
☐ No suitable duties have been provided
☐ The worker’s capacity to perform work duties is disputed

NOTICE TO PARTIES

The Commission will contact the parties by telephone following lodgment of an Application to Resolve a Workplace Injury Management Dispute.

The Registrar may:

• conciliate the dispute to bring the parties to agreement
• make a recommendation to a party to a dispute
• arrange a workplace assessment
• refer the dispute to WorkCover NSW
PART 1 – Related Claims

Any prior or current related claims for the injuries? □ Yes □ No  If Yes, provide:

Court/tribunal and matter number (if disputed claim):

Parties’ names (if different from these proceedings):

Status of claim:

Details of amounts received or paid (attach copies of any award/order/agreement):

PART 2 – Parties Details

2.1 Worker details

Date of birth: / /

Title: □ Mr □ Ms □ Mrs □ Miss □ Dr □ Other

Surname/Family name:  Given name(s):

Postal address:  Postcode:

Phone number for teleconference:

Email address:

Home phone number:

☐ Cross this box if correspondence and documents are to be sent to or served at address of representative

Indicate language if the worker needs an interpreter:

Indicate any special needs of the worker: (e.g. wheelchair access)

2.2 Worker representative details

Complete this section only if the worker has a representative

Firm or organisation:

Postal or DX address:  Postcode:

Name of representative:

Phone number for teleconference:

Email address:

Phone number:
2.3 Employer details

Name of business/organisation:

ABN:

Postal or DX address:  

Contact person:

Phone number for teleconference:

Email address:

Phone number:

2.4 Insurer/scheme agent details

Claim number:

Name of insurer/scheme agent:

Postal or DX address:  

Contact person:

Phone number for teleconference:

Email address:

Phone number:

2.5 Employer/insurer/scheme agent representative details

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

Firm or organisation:

Postal or DX address:  

Name of representative:

Phone number for teleconference:

Email address:

Phone number:
PART 3 – Injury Details

Date of injury: / / Date of notice of injury: / /

Type of Injury:

Place of injury:

Date of compensation claim: / /

Injury description:

Part 4 – Dispute Details

Issues in dispute (e.g. the worker’s capacity to perform work duties is disputed):

Describe how applicant met / has not met their workplace injury management obligations:

Describe how respondent failed to meet their workplace injury management obligations:

Attempts to resolve dispute:

PART 5 – Supporting Documentation

Refer to Guide to Completing Form 6 for a list of supporting documents and information to include with the application

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PART 6 – Signature

Applicant’s (or representative’s) signature: ____________________________ Date:   /   /

Lodgment Details
Lodge the original application, a copy for each party (including any insurers or scheme agents), plus one extra copy with the Workers Compensation 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

Privacy of Personal Information

The privacy of personal information is important to the Workers Compensation Commission. The Commission collects personal information to register application forms and make decisions about disputes or claims. The NSW workers compensation laws permit the Commission to collect this information.

The Commission may give personal information to another person or agency (e.g. a doctor, a party, State Insurance Regulatory Authority) as required or authorised by law.

Decisions by the Commission will generally be published, including on the Internet, unless there are exceptional circumstances justifying the decision being withheld.

A person has a right to access their personal information and correct any inaccuracies.