March 2019

Opposition

Notice of Opposition to Appeal Against Decision of Approved Medical Specialist
This is the approved form to oppose an appeal against a decision of an Approved Medical Specialist.

This opposition, and supporting documentation, must be served on each other party to the appeal prior to lodgement.

Note: The Commission does not return sealed copies of this document.

Appellant:

Respondent:

Filed by:

☐ Worker ☐ Employer ☐ Self-insurer
☐ Worker representative ☐ Employer representative ☐ Insurer/scheme agent representative
☐ Dependant ☐ Insurer/scheme agent* ☐ icare
☐ Dependant representative ☐ Specialised insurer ☐ TMF Agent

*Note scheme agent means scheme agent for the nominal insurer

Date opposition served on other parties: / /

PART 1 – Respondent Details

1.1 Respondent details

Respondent number (if more than one respondent):

Respondent name:

ABN:

Postal or DX address: Postcode:

Contact person: (if respondent is a business or organisation)

Email address:

Phone number:

☐ Cross this box if correspondence and documents are to be sent to or served at address of representative/agent
1.2 Insurer/scheme agent details
Complete only if employer

Claim number:
Name of insurer/scheme agent:
Postal or DX address: Postcode:
Contact person:
Email address:
Phone number:
Period of risk (if more than one insurer/scheme agent): From: / / To: / /

1.3 Respondent representative or agent details
Complete this section only if the respondent has a representative or agent

Firm or organisation:
Postal or DX address: Postcode:
Name of representative or agent:
Email address:
Phone number:

PART 2 – Supporting Documentation

2.1 Where the appeal was lodged outside of the 28 day time limit for lodging an appeal, are submissions attached addressing the special circumstances which the Appellant relies upon to justify an extension of the period for lodging an appeal?

☐ Yes ☐ No

If no, the appeal may be determined solely on the basis of the submissions contained in the application.

2.2 Are submissions attached addressing the submissions made by the Appellant?

☐ Yes ☐ No

If no, the appeal may be determined solely on the basis of the submissions contained in the application.

2.3 Can the appeal be decided by an Appeal Panel solely on the basis of the written application and any written notice of opposition lodged?

☐ Yes ☐ No

If no, attach reasons why the appeal should not be determined by an Appeal Panel on the papers and why a hearing is necessary.
PART 3 – Certification and Signature

Respondent’s (or representative’s) signature: ________________________________ Date: / /

Certification by Legal Practitioner


I certify that there are reasonable grounds for believing on the basis of provable facts and a reasonably arguable view of the law that this opposition to appeal has reasonable prospects of success.

Name of legal practitioner:

Signature: ________________________________ Date: / /

Lodgment Details

- **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.