Reply to Application to Resolve a Workplace Injury Management Dispute

This is the approved form to reply to an application to resolve a workplace injury management dispute.

**Applicant:**

**Respondent:**

**Filed by:**

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

*Note scheme agent means scheme agent for the nominal insurer

**PART 1 – Service**

Date served on other parties: / /  
Method of service:  
Party/person served:  
Address of party/person served:  

Date served on other parties: / /  
Method of service:  
Party/person served:  
Address of party/person served:  

**NOTICE TO RESPONDENT**

The respondent has 7 days to lodge and serve the Reply to the Application to Resolve a Workplace Injury Management Dispute (Form 6). If you do not respond to the application, the Commission may progress the application in the absence of a reply.

PART 2 – Respondent Details

2.1 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):

Phone number for teleconference:

Email address:

Phone number:

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

2.2 Insurer/scheme agent details

Complete this section only if the respondent is an employer

Claim number:

Name of insurer/scheme agent:

Postal or DX address: Postcode:

Contact person:

Phone number for teleconference:

Email address:

Phone number:

Period of risk (if more than one insurer/scheme agent): From: / / To: / /

2.3 Respondent representative details

Complete this section only if the respondent has a representative

Firm or organisation:

Postal or DX address: Postcode:

Name of representative:

Phone number for teleconference:

Email address:

Phone number:
PART 3 – Dispute details

3.1 Obligations under Ch 3 of the 1998 Act

Do you dispute that you have failed to comply with an obligation imposed under Ch 3?  □ Yes  □ No

Describe how you have met your obligations:

Attempts to resolve:

3.2 Complete ONLY if the dispute concerns the provision of suitable employment

Has suitable employment been provided?  □ Yes  □ No

If suitable employment has not been provided, why not:
PART 4 – Supporting Documentation

*Note:* Supporting documentation is limited to documents that have been exchanged between the parties as and when required by the Workplace Injury Management and Workers Compensation Act 1998 and any regulation or guideline made under that Act, and by the Workers Compensation Commission Rules 2011

Refer to *Practice Direction No. 14 – Workplace Injury Management Disputes and Guide to Completing Form 6* for a list of supporting documents and information to include with the reply.

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PART 5 – Certification and Signature

The Respondent certifies that:

- The Respondent is entitled to lodge this reply because it satisfies the statutory procedural requirements under section 289 and 289A of the *Workplace Injury Management and Workers Compensation Act 1998*

- The dispute is limited to those matters identified in Application to Resolve a Workplace Injury Management Dispute lodged by the Applicant and those identified in Part 3

Respondent’s (or representative’s) 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

**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, the 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.