



**NOTES FOR APPLICANT**

- Complete this form to apply for an extension of time to lodge an Application for Arbitration.
- WorkCover WA provides an electronic document system (EDS) for the lodgement of applications and documents related to disputes called **WorkCover WA Online**. Unless a party is exempt from using the EDS, all documents must be lodged via WorkCover WA Online. Exempt parties can also use the EDS if they wish. Registration as a user of WorkCover WA Online is easy and can be done via our website.
- Further information is available in the **Guide to the Workers Compensation Arbitration Service** and can be found on our website or by contacting WorkCover WA's Advice and Assistance line on 1300 794 744.
- Attach a separate page(s) to this form if you do not have enough space.
- Exempt applicants can lodge this application by:

Email  
 arbitration@workcover.wa.gov.au

In Person  
**WorkCover WA**  
 2 Bedbrook Place  
 Shenton Park WA 6008  
 (Monday to Friday 8am to 4:30pm)

By Post  
**Workers Compensation Arbitration Service**  
**WorkCover WA**  
 2 Bedbrook Place  
 Shenton Park WA, 6008

- If lodging by post or in person, you must lodge the original application and attachments with the Workers Compensation Arbitration Service, plus a copy for each party to the dispute.
- Sealed copies will be returned to you to give to the other parties.
- A Certificate That Document was Given must then be lodged with the Registrar.

**SECTION A - APPLICATION DETAILS**

- Applicant
- Respondent
- Lodged by (*tick relevant box*)

Worker                       Employer                       Insurer                       Dependant  
 Worker representative       Employer representative      Insurer representative       Service provider  
 Other (*please specify*)

**SECTION B - CONCILIATION PROCEEDINGS**

- These proceedings were not resolved by conciliation. Attached is either (*tick relevant box*)  
 A copy of the Certificate of Outcome (s319(2))      **OR**       A copy of the Certificate of Unsuitability (s313)
- Conciliation certificate reference number
- Workers Compensation Claim Number
- Date or period within which the injury occurred

**SECTION C - SUBMISSIONS JUSTIFYING EXTENSION OF TIME**

- State the reason(s) why the extension ought to be granted

## SECTION D - PARTY DETAILS

### 9. Worker details

Title		Given names		Surname	
Postal address					
City/Suburb		State		Postcode	
Phone				Mobile	
Email					

### 10. Worker representative's details *(if represented by a legal practitioner or authorised agent - complete if known)*

Company name					
Contact person		Reference <i>(if known)</i>			
Phone				Mobile	
Email					

### 11. Employer details

Employer name					
Contact person					
Postal address					
City/Suburb		State		Postcode	
Phone				Mobile	
Email					

### 12. Employer representative's details *(if represented by a legal practitioner or authorised agent - complete if known)*

Company name					
Contact person		Reference <i>(if known)</i>			
Phone				Mobile	
Email					

### 13. Other party details *(if other parties are involved in the dispute)*

Party type <i>(please specify)</i>					
Company name <i>(if applicable)</i>					
Contact person					
Postal address					
City/Suburb		State		Postcode	
Phone				Mobile	
Email					

## SECTION E - SIGNATURE

Signature

Name

Date