



NOTES FOR APPLICANT

- Complete this form if there is more than one respondent to the dispute and attach to the 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.
- Exempt applicants can lodge this form 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

SECTION A - APPLICATION DETAILS

1. Applicant

2. Respondent

(state the Applicant and Respondent as stated on the Application for Arbitration)

SECTION B - ADDITIONAL RESPONDENT DETAILS

3. Additional respondent details

Name					
Contact person					
Postal address					
City/Suburb		State		Postcode	
Reference no.					
Phone				Mobile	
Email					

4. Respondent's representative 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					

5. Insurer/Self-insurer details

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

6. Insurer/Self-insurer's representative 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					