



NOTES FOR REPRESENTATIVE

- Complete this form if you are a legal practitioner or an authorised agent wishing to notify the Workers Compensation Arbitration Service of an appointment or cessation of representation pursuant to rule 23 of the *Workers Compensation and Injury Management Arbitration Rules 2024*.
- You must give notice within 3 working days of appointment or cessation of representation.
- 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.
- Completed forms can be lodged by either:

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 - CASE DETAILS

1. Case number
2. Applicant
3. Respondent

SECTION B - REPRESENTATIVE CONTACT DETAILS

4. Representative's details

Company name				
Name of solicitor or authorised agent				
Postal address				
City/Suburb		State	Postcode	
Phone			Mobile	
Email				

5. Representing the (*tick relevant box*)

Worker

Employer

Dependant

Other (*please specify*)

SECTION C - REPRESENTATION DETAILS

(*complete relevant box*)

6. Appointment as representative

Effective date

Previous representative (*if applicable*)

7. Cessation as representative

Effective date

SECTION D - SIGNATURE OF REPRESENTATIVE

Signature

Name

Date