



**NOTES FOR APPLICANT**

- Complete this form if you wish to discontinue arbitration of the dispute pursuant to rule 39 of the *Workers Compensation and Injury Management Arbitration Rules 2024*.
- 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

- If lodging by post or in person, you must file the original Notice 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.

**SECTION A - CASE DETAILS**

1. Case Number
2. Applicant
3. Respondent

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

4. Arbitrator (if known)

**SECTION B – DETAILS OF DISCONTINUANCE**

5. Tick the relevant box

Entirety of proceeding discontinued

Part of the proceedings discontinued

Specify which part of the proceedings to be discontinued

6. Tick the relevant box

The parties have not agreed on the terms of discontinuance

*(Note: A party who has not agreed to discontinuance may apply to an Arbitrator for the payment of costs)*

The parties have agreed on the terms of discontinuance

## **SECTION C – SIGNATURES**

Signature of Applicant

Signature of Respondent

Name

Name

Date

Date