



NOTES FOR PARTIES

- This form is to be completed in response to an Application for Order and/or Assessment of Costs, pursuant to rules 54 and 57 of the *Workers Compensation and Injury Management Arbitration Rules 2024*.
- This form must be lodged within 14 days after the Application for Order and/or Assessment of Costs is given.
- 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 the completed notice 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 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.

SECTION A - CASE DETAILS

1. Case number

2. Applicant

3. Respondent

4. Lodged by (*tick relevant box*)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Worker | <input type="checkbox"/> Employer | <input type="checkbox"/> Insurer | <input type="checkbox"/> Dependant |
| <input type="checkbox"/> Worker representative | <input type="checkbox"/> Employer representative | <input type="checkbox"/> Insurer representative | <input type="checkbox"/> Service provider |
| <input type="checkbox"/> Other (<i>please specify</i>) | | | |

SECTION B - CONSENTING OR OPPOSING APPLICATION

5. Please indicate by ticking the relevant boxes if

- The party responding to the Application for Order and/or Assessment of Costs consents to the Order as to costs
- The party responding to the Application for Order and/or Assessment of Costs consents to the Assessment of costs
- The party responding to the Application for Order and/or Assessment of Costs opposes the Order as to costs
- The party responding to the Application for Order and/or Assessment of Costs opposes the Assessment of costs

If the Application is opposed, state the grounds on which the Application for Order and/or Assessment of Costs is opposed.

SECTION C - SIGNATURES

Signature

Name

Date