



Workers Compensation  
 Arbitration Service  
 2 Bedbrook Place  
 Shenton Park WA 6008  
 workcover.wa.gov.au

Switchboard **9388 5555**  
 Advice and Assistance **1300 794 744**

# Application for Arbitration Workplace Fatality Compensation

## NOTES FOR APPLICANT

- Complete this application for a workplace fatality claim to be determined by the Workers Compensation Arbitration Service under s140.
- If the worker's death occurred before 1 July 2018, you must complete an Application for Conciliation.
- 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 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.

NON-EXEMPT APPLICANT (insurer, self-insurer employer and/or dependant represented by a legal practitioner or authorised agent)

The **Application for Arbitration Workplace Fatality Compensation** must be lodged using the EDS in accordance with the *Workers Compensation and Injury Management Arbitration Rules 2024*.

EXEMPT APPLICANT (unrepresented dependant or uninsured employer)

- You can register to lodge your Application for Arbitration Workplace Fatality Compensation using WorkCover WA Online or you can download and complete this form digitally or print this form, complete and sign manually.
- Once you have completed your application, we advise that you keep a copy including any supporting information for your records.
- If you are lodging your application in person or via post, you must lodge the original application and attachments for arbitration with the Workers Compensation Arbitration Service, plus a copy for each party.
- Sealed copies will be returned to you to give to the other parties.
- Exempt applicants can lodge the 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

## NOTES FOR RESPONDENT

- If liability for the claim for compensation has been accepted, a reply is not required to be lodged unless an Arbitrator or the Registrar order otherwise.
- If liability for the claim for compensation has not been accepted, a reply to this application outlining what is admitted and/or disputed, along with all supporting documents must be lodged within 14 days of the date this application is given unless the time is abridged or extended by order of an Arbitrator or the Registrar.

## SECTION A - APPLICATION DETAILS

1. Applicant (*party who is making application, e.g. dependant's name*)

2. Respondent (*party who application is against, e.g. employer's name*)

(Note: If there is more than one respondent the Notice of Multiple Respondents form is to be completed)

3. Lodged by (*tick relevant box*)

Dependant

Employer

Insurer

Dependant's representative

Employer representative

Insurer representative

Other (please specify)

4. All notices from the Workers Compensation Arbitration Service are sent to exempt applicants by email.

Indicate if the applicant's preference is to receive notices by mail.

## SECTION B - SUPPORTING DOCUMENTS AND INFORMATION

5. Attach the following documents to this application:

The Workplace Fatality Compensation Claim form

Insurer's notice of liability (*if received*)

If you have not been sent a notice of liability from the insurer/employer, this application can only be made 30 days after you lodged the claim. Please contact WorkCover WA's Advice and Assistance line on 1300 794 744 for further information before lodging your application if required.

Where applicable attach to this application copies of the documents referred to in Part 4 of the Guidelines for Claimants under the following categories:

(*Part 4 of the Guidelines for Claimants can be found on our website*)

- a) Documents about or establishing cause of death
- b) Documents about or establishing relationship of each dependent to the worker
- c) Documents about or establishing financial dependency of each dependent
- d) Documents about funeral expenses
- e) Documents about medical expenses
- f) Documents relevant to application where death did not result from the injury
- g) Documents about other potential claimant dependents.

5.1 **And** list the documents you intend to attach and rely on for determination of the claim as per above:

Type/Category of Document ( <i>refer above</i> )	Author	Specialty/Position	Document Date
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5.2 **And** List the documents you intend to rely on for determination of the claim as per above but do not yet have:

Type/Category of Document ( <i>refer above</i> )	Author	Specialty/Position	Reason not Available	Expected Date
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## SECTION C - CONTACT DETAILS

### 6. Applicant details

Title	Given names	Surname
Gender	Date of birth	Relationship to worker
Postal address		
City/Suburb	State	Postcode
Phone		Mobile
Email		
Interpreter required? Yes/No	Language/dialect	

### 7. Applicant representative's details (if represented by a legal practitioner or authorised agent)

Company name	
Contact person	Reference (if known)
Phone	Mobile
Email	

### 8. Employer details

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

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

Company name	
Contact person	Reference (if known)
Phone	Mobile
Email	

### 10. Insurer/self-insurer details

Company name	
Contact person	Reference (if known)
Phone	Mobile
Email	

### 11. Insurer/self-insurer representative's details (if represented by a legal practitioner or authorised agent - complete if known)

Company name	
Contact person	Reference (if known)
Phone	Mobile
Email	

12. Other party details (i.e. any other adult dependant)

Name			
Postal address			
City/Suburb	State		Postcode
Phone		Mobile	
Email			
Interpreter required? Yes/No	Language/dialect		

13. Other party representative's details (if represented by a legal practitioner or authorised agent)

Company name		
Contact person		Reference (if known)
Phone		Mobile
Email		

**SECTION D - SIGNATURE OF APPLICANT**

Signature

Name

Date