



Workers Compensation
Arbitration Service
2 Bedbrook Place
Shenton Park WA 6008 Switchboard **9388 5555**
workcover.wa.gov.au Advice and Assistance **1300 794 744**

Reply to an Application for Arbitration

NOTES FOR RESPONDENT

- This form must be lodged within 14 days from the date the Application for Arbitration was given to you unless the time is abridged or extended by order of an Arbitrator or the Registrar.
- 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.

NON-EXEMPT PARTY (insurer, self-insurer, employer and/or worker, represented by a legal practitioner or authorised agent)
The Reply must be lodged using the EDS in accordance with the *Workers Compensation and Injury Management Arbitration Rules 2024*.

EXEMPT PARTY (unrepresented worker or uninsured employer)

- You can register to lodge your Reply to an Application for Arbitration 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.
- Exempt parties 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 reply 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*)

- Worker
 Employer
 Insurer
 Dependent
 Worker representative
 Employer representative
 Insurer representative
 Service provider
 Other (*please specify*)

5. All notices from the Workers Compensation Arbitration Service are sent to EDS exempt parties by email. Tick the box if the respondent's preference is to receive notices by mail.

SECTION B - DATE APPLICATION GIVEN

6. The Application for Arbitration was given to the Respondent on

SECTION C - DISPUTE DETAILS

7. State fully, but concisely, what parts and issues of the Application are admitted

8. State fully, but concisely, what parts and issues of the Application are disputed and the issues for determination
(when replying to a psychological injury related claim particularise in summary form the acts, events or circumstance of any administrative actions that are alleged to have wholly or predominately given rise to the Applicant's alleged injury)

SECTION D - SUPPORTING DOCUMENTATION AND INFORMATION

9. List all documents attached to this reply

| Medical documents | Author/Doctor | Specialty (e.g. Orthopedic) | Date of document |
|-------------------|---------------|-----------------------------|------------------|
| | | | |
| | | | |
| | | | |

| Non-medical documents | Author | Date of document |
|-----------------------|--------|------------------|
| | | |
| | | |
| | | |

10. List documents and information you intend to use but do not yet have

Medical

| Nature of Evidence | Author/Doctor | Specialty | Reason not available | Date of expected availability |
|--------------------|---------------|-----------|----------------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |

Non-medical

| Nature of Evidence | Author | Intended use | Reason not available | Date of expected availability |
|--------------------|--------|--------------|----------------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |

SECTION E - RESPONDENT DETAILS

11. Respondent details

| | | | | | | |
|--------------------------------------|--|-------|--------|----------|--|--|
| Name of business/organisation/worker | | | | | | |
| Contact person | | | | | | |
| Postal address | | | | | | |
| City/Suburb | | State | | Postcode | | |
| Phone | | | Mobile | | | |
| Email | | | | | | |

Indicate by ticking the box if future documents are to be given to the Respondent representative

12. Respondent representative's details *(if represented by a legal practitioner or authorised agent - complete if known)*

| | | | | | |
|----------------|--|--|-----------|--|----------|
| Company name | | | | | |
| Contact person | | | Reference | | |
| Postal address | | | | | |
| City/Suburb | | | State | | Postcode |
| Phone | | | Mobile | | |
| Email | | | | | |

13. Insurer/Self-insurer details *(complete this section only if the Respondent is an employer)*

| | | | | | |
|----------------|--|--|-----------|--|----------|
| Insurer | | | | | |
| Contact person | | | Reference | | |
| Postal address | | | | | |
| City/Suburb | | | State | | Postcode |
| Phone | | | Mobile | | |
| Email | | | | | |

14. Insurer/Self-insurer representative's details *(if represented by a legal practitioner or authorised agent - complete if known)*

| | | | | | |
|----------------|--|--|-----------|--|--|
| Company name | | | | | |
| Contact person | | | Reference | | |
| Phone | | | Mobile | | |
| Email | | | | | |

SECTION F - SIGNATURE OF RESPONDENT

Signature

Name

Date