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

Notice Consenting or Opposing Interlocutory Application

GOVERNMENT OF WESTERN AUSTRALIA

WorkCoverWA

NOTES FOR PARTIES

- This Notice is to be completed in reply to an Interlocutory Application, pursuant to rule 45 of the *Workers Compensation and Injury Management Arbitration Rules 2024.*
- This Notice must be lodged and a sealed copy given to each other party not less than 2 working days prior to the listed hearing.
- 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	In Person	By Post
arbitration@workcover.wa.gov.au	**WorkCover WA,** 2 Bedbrook Place Shenton Park WA 6008 (Monday to Friday 8am to 4:30pm)	**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 the relevant box)*

Worker	Employer	Insurer	Dependant
Worker representative	Employer representative	Insurer representative	Service provider

Other *(please specify)*

SECTION B - CONSENTING OR OPPOSING APPLICATION

5. Please indicate by ticking the relevant box if:

The party replying to the Interlocutory Application consents to the orders sought in the Interlocutory Application

The party replying to the Interlocutory Application opposes the orders sought in the Interlocutory Application

State the grounds on which the Interlocutory Application is opposed

SECTION C - SIGNATURE

Signature

Name

Date