



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

Switchboard 9388 5555 Advice and Assistance 1300 794 744

### **Notice of Representation**

#### NOTES FOR REPRESENTATIVE

- 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 Conciliation Service** and can be found on our website or by contacting WorkCover WA's Advice and Assistance line on 1300 794 744.

If WorkCover WA Online is available for use, legal practitioners and authorised agents are required to lodge a Notice of Representation via use of WorkCover WA Online rather than using this form. If WorkCover WA Online is unavailable during the normal business hours of the Conciliation Service, this form may be lodged via email to conciliation@workcover.wa.gov.au

	SECTIO	N A -		DETAILS
--	--------	-------	--	---------

1		Case	number	
---	--	------	--------	--

- 2. Applicant
- 3. Respondent

#### SECTION B - REPRESENTATIVE CONTACT DETAILS

4. Representative details

Company n	name											
Name of lega practitioner of authorised a	or											
Postal addr	ess											
City/Suburb	)					;	State		Postco	de		
Phone								Mobile				
Email								•				

5.	Represen	ting	the	(ticl	k rei	levant	box)
----	----------	------	-----	-------	-------	--------	------

Worker Employer Dependant Other (please indicate)

# SECTION C - REPRESENTATION DETAILS

Complete whichever is relevant

6. Type of representative (tick relevant box)

Legal practitioner Authorised agent pursuant to s 303(a)

7. Appointment as representative Previous representative

Effective date (if applicable)

8. Cessation as representative

Effective date

## SECTION D - SIGNATURE OF REPRESENTATIVE

Signature

Name

Date