



NOTES FOR APPLICANT

- This form must be completed if there is more than one respondent to the dispute and should be lodged with the 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 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.

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

A Notice of Multiple Respondents must be lodged using the EDS in accordance with the *Workers Compensation and Injury Management Conciliation Rules 2024*.

EXEMPT APPLICANT (unrepresented worker or uninsured employer)

- You can register to lodge your Notice of Multiple Respondents 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 Notice, we advise that you keep a copy including any supporting information for your records.
- Exempt applicants can lodge your Notice of Multiple Respondents by:

Email
conciliation@workcover.wa.gov.au

In Person
WorkCover WA
2 Bedbrook Place
Shenton Park, WA 6008
(Monday to Friday 8am to 4:30pm)

Post
Workers Compensation Conciliation Service
WorkCover WA
2 Bedbrook Place
Shenton Park, WA 6008

SECTION A - APPLICATION DETAILS

1. Applicant
2. Respondent

State Applicant and Respondent as on the Application for Conciliation

SECTION B - ADDITIONAL RESPONDENT DETAILS

3. Additional respondent details

Name						
Contact person						
Postal address						
City/Suburb		State		Postcode		
Reference no.						
Phone				Mobile		
Email						

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

Company name					
Contact person		Reference (<i>if known</i>)			
Phone				Mobile	
Email					

5. Insurer/Self-insurer details

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

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

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