

Request to Extend Time to Lodge a Referral for Arbitration Form



Workplace Injury Commission

To be completed by a Worker or a person acting on their behalf, within 60 days of the Worker receiving a Genuine Dispute Certificate. It should be sent to the Workplace Injury Commission by email to arbrieferral@wic.vic.gov.au or by mail to GPO Box 251, Melbourne 3001; or delivered in person to Level 1, 215 Spring St, Melbourne. If you have any questions regarding this form, you may call the Workplace Injury Commission on 03 9940 1111 or 1800 635 960 or visit our website www.wic.vic.gov.au

If there is not enough space to answer any of the questions on this form, you may attach an additional document which contains your answers or further information.

Section 1: Worker Details

First Name(s)	Last Name(s)	Preferred Name
Date of Birth (DD/MM/YYYY)	Address	
Phone Number(s)	Email Address	Preferred Contact Method
		Email Post



Workplace Injury Commission will arrange a free interpreter including an Auslan interpreter.

If you need an interpreter, what language do you speak? Any second preference

Do you need special assistance at arbitration due to disability?	Yes (If yes, we will contact you to discuss your requirements)	No
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Section 2: Dispute Details

Name of WorkSafe Agent or Self-insurer

Please attach a copy of the Genuine Dispute Certificate(s) or provide the Conciliation Reference Number(s).

What date do you request the extension until? (DD/MM/YYYY)



Section 2: Dispute Details cont.

Reason for requesting the extension. Attach any supporting information.

Have you commenced court proceedings in regard to the dispute(s)? Yes No

Did your claimed injury occur on or after 1 September 2022? Yes No

Section 3: Representative Information

The Workplace Injury Commission may communicate with any representative you nominate and send them a copy of documents and correspondence. A representative may be a legal practitioner, union representative, Union Assist or WorkCover Assist assistant, or any other person.

If you have a representative, please give us their details below:

Full Name Business Name (If applicable)

Phone Number Email Address

Section 4: Declaration and Submission

I understand that by submitting this form, I am requesting an extension of time to lodge a referral for arbitration of the dispute(s) identified; and I declare that to the best of my knowledge, the information I have provided is true and correct.

Under section 301J of the WIRC Act, it is an offence for a person to make a statement in connection with a dispute referred for arbitration that the person knows to be false or misleading in a material particular, punishable by a fine and / or imprisonment.

Signature of the person requesting an extension of time to lodge a referral for arbitration:

Signature (*electronic signature is acceptable*)

Date (DD/MM/YYYY)

If you are lodging this form on behalf of the Worker, you must have their authorisation and provide your contact information below.

Full Name Business Name (If Applicable)

Address

Section 4: Declaration and Submission cont.

Email Address

Phone Number

I have the Worker's authorisation to:

lodge this form on their behalf; and

communicate with the Workplace Injury Commission in relation to the request.

Collection Statement

Workplace Injury Commission (WIC) is the trading name of Accident Compensation Conciliation Service (ACCS), which is a body corporate established under the current workers compensation legislation. WIC collects personal and health information for the purposes of processing applications for conciliation or referrals for arbitration, and other purposes related to the provision of conciliation and arbitration services, including for its administrative purposes and to evaluate its services. WIC may use and disclose personal and health information, and any documents provided to it, to any party, their representative or to any other person a party has nominated to assist them; to courts and tribunals; to any person or organisation WorkSafe by the party or by law to obtain it; and to WIC's third-party contractors. WIC is subject to secrecy provisions under the current workers compensation legislation, and only discloses information in accordance with that legislation. A person may be required to provide information to WIC under workers compensation legislation. If they do not provide it, it may impact the progression of conciliation or arbitration. A person may access their personal and health information by contacting WIC directly (contact details are at the top of this form). For more information about how WIC manages personal and health data, please refer to our Privacy Policy.

Telephone Interpreter Service



If you cannot understand this form please contact 131 450. Ask the interpreter to contact the Workplace Injury Commission on 1800 635 960 or 03 9940 1111 to explain this form.

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1800635960 م قرلا ىلع WIC .ب لاصتالال م جرت م ا نم بلطا
03 99401111 اذه حرش ل

如果您看不懂这份表格，请拨打 131 450，要求口译员帮忙联系 WIC 来解释此表格，电话 1800 635 960 或 03 9940 1111。

Ako ne razumijete ovaj obrazac, kontaktirajte 131 450. Zamolite tumača da vam nazovu WIC na 1800 635 960 ili 03 9940 1111 kako bi vam se objasnilo za što služi ovaj obrazac.

Αν δεν μπορείτε να καταλάβετε αυτό το έντυπο παρακαλώ επικοινωνήστε με το 131 450. Ζητήστε από τον διερμηνέα να επικοινωνήσει με το WIC στο 1800 635 960 ή 03 9940 1111 για να εξηγήσει αυτό το έντυπο.

Se non riesci a capire questo modulo, contatta il 131 450. Chiedi all'interprete di contattare WIC al 1800 635 960 oppure al 03 9940 1111 per spiegarti questo modulo.

Ако не го разбирате овој формулар, ве молиме јавете се на 131 450. Побарајте од преведувачот да се јави на WIC на 1800 635 960 или на 03 9940 1111 за да ви го објаснат овој формулар.

Jeśli nie rozumiesz tego formularza, zadzwoń pod numer 131 450. Poproś tłumacza o skontaktowanie się z WIC pod numerem 1800 635 960 lub 03 9940 1111 w celu uzyskania wyjaśnienia.

Ако не разумете овај образац, контактирајте 131 450. Замолите преводиоца да вам назову WIC на 1800 635 960 или 03 9940 1111 да би вам се објаснило за шта служи овај образац.

Si no puede comprender este formulario, comuníquese con el 131 450. Pida que el intérprete se ponga en contacto con WIC llamando al 1800 635 960 o al 03 9940 1111 para explicar este formulario

BU FORMU ANLAYAMAZSANIZ 131450 NUMARAYA TELEFON EDİN. BİR TERCÜMAN İSTEYİN VE TERCÜMANA YA 1800 635 960 NUMARAYA YA DA 03 9940 1111 NUMARAYLA TEMAS KURMASINI İSTEYİN BU FORMU SANA ALTMALARI ICIN

Nếu quý vị không hiểu mẫu này, xin gọi 131 450. Yêu cầu thông dịch viên liên lạc WIC qua số 1800 635 960 hoặc 03 9940 1111 để giải thích về mẫu này.