

Arbitration Witness Statement Form



Workplace Injury Commission

This form may be completed by a witness and sent to the Workplace Injury Commission by email to arbitration@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 full statement or further information. A guide to completing a witness statement is on page 4.

Arbitration Reference Number(s)

Name of WorkSafe Agent / Self-insurer (If known)

Worker's First Name(s)

Last Name(s)

Section 1: Witness Information

Witness First Name(s)

Last Name(s)

Gender (optional) – Man/ Woman/Self-described

Pronouns (optional)

Address

Phone Number

Email Address

Witness's Employer / Job Title / Relationship to the Worker



Section 2: Statements

I state that:

1.

2.

3.

4.

5.

6.

7.

Note: The Workplace Injury Commission is obliged to provide a copy of any statement it receives to the WorkSafe Agent or Self-insurer and to the Worker; and / or any of their representatives.



Section 2: Statements cont.

I state that:

8.

9.

10.

11.

12.

13.

14.

Note: The Workplace Injury Commission is obliged to provide a copy of any statement it receives to the WorkSafe Agent or Self-insurer and to the Worker; and/or any of their representatives.



Section 3: Declaration and Submission

This statement made by me is true and accurate to the best of my knowledge and belief. I understand I may be asked to give evidence as a witness in an arbitration hearing to confirm the contents of this statement. I understand that I may be questioned by the Workplace Injury Commission, the Worker and / or the WorkSafe Agent or Self-insurer (and / or any of their representatives) about this statement. I also understand that this statement may be given to a party and / or other witnesses giving evidence in an arbitration hearing.

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 (electronic signature is acceptable)

Date (DD/MM/YYYY)

Full Name

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.

Guide to Completing a Witness Statement

A party wishing to submit witness statements can do so using this Witness Statement template or by preparing their own statement on A4 paper.

The statement should include:

- the witness's name, postal address, email address, and phone number. If it's relevant to the dispute, it should also include the name of the witness's employer, job title and relationship to the Worker;
- a detailed list of what the witness saw, heard or did in relation to the issue in dispute. Each event listed should begin with the date it happened (or a date range if the witness is uncertain of the specific dates). Note: Please ensure the evidence is listed in the same order the events happened;
- numbered paragraphs and pages;
- quotation marks around all words spoken by another person that the witness refers to (for example, He said: "I just fell over in the staff room."); and
- an attached copy of each document the witness refers to, marked with a letter or number so it can be identified easily (for example, mark the documents A, B, C in the top right hand corner).



Guide to Completing a Witness Statement cont.

At the bottom of the statement's last page, the witness must sign and date their statement, and confirm:

- they understand they may be asked to give oral evidence as a witness in an arbitration hearing to confirm the contents of the statement;
- they understand that they may be questioned by the Workplace Injury Commission, the Worker and / or the WorkSafe Agent or Self-insurer (and/or any of their representatives) about the statement;
- they understand that their statement may be provided to the Workplace Injury Commission and the other party and/or other witnesses giving evidence in an arbitration hearing; and
- that their statement is true and accurate to the best of their knowledge and belief.

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.

Guide to Completing Worker's Statement

If the witness is the Worker, in addition to the items above, they should state:

- the nature of their claimed injury;
- their usual hours of work;
- their usual work duties;
- how and when their claimed injury or injuries happened, identifying:
 - the date(s) of the claimed injury or injuries or period(s) within which the claimed injury or injuries occurred;
 - the nature of the injury;
 - details of the acts, events or circumstances of the employment which the Worker says contributed to their injury;
 - the details of any possible witnesses;
 - the details of any treatment they have received, or that has been recommended; and the details of the relevant treating health practitioner;
 - whether their claimed injury has affected their capacity to work, and if so, they should explain:
 - which specific duties they believe they are unable to perform; and
 - how long they expect to be unable to perform those particular duties.

If the claim involves the recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury, they should:

- state the nature of the pre-existing injury;
- state the date(s) or period(s) in which the pre-existing injury recurred, was aggravated, accelerated, exacerbated or deteriorated; and
- describe the acts, events or circumstances of the employment which the Worker says significantly contributed to the recurrence, aggravation, acceleration, exacerbation or deterioration of the pre-existing injury.

Guide to Completing Worker's Statement cont.

If the WorkSafe Agent or Self-insurer has rejected a Worker's claim for a mental or psychological injury because it says that the injury arose wholly or predominantly as a result of reasonable management action(s) carried out in a reasonable manner, the Worker should also state:

- whether they agree that injury arose wholly or predominantly as a result of management action(s) and if so, specify the management action; and
- whether, in their view, the management action(s) were reasonable and carried out in a reasonable manner. If they say they were not reasonable or carried out in a reasonable manner, the Worker should give reasons for having that view.

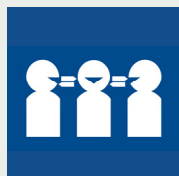
If the dispute is about the payment of medical and like expenses, the Worker should state:

- the medical and like expense(s) for which payment is sought;
- the cost of the medical and like expense(s); and
- the reasons the Worker states that they are entitled to the payment of the medical and like expense(s).

If the claim concerns the calculation of weekly payments, or the calculation of the Worker's pre-injury average weekly earnings, the Worker should state:

- the period the Worker is claiming weekly payments;
- the Worker's calculation of the payments to which the Worker states they are entitled;
- the basis on which they dispute the WorkSafe Agent or Self-insurer's calculations; and
- provide supporting documentation for the Worker's calculations (if not already supplied).

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.

131450 .ب لاصتالالى جريفي، ج ذومن ل اذه مهف ع طت ست م اذ ا
 و ا 1800635960 م ق رلا ى ل ع WIC .ب ل اصتالالى م ج رت م ل ا ن م ب ل ط ا
 ج ذومن ل ا اذه ح ر ش ل 03 99401111

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.