

# Pre-hearing Information Form



Workplace Injury Commission

To be completed by a Worker, WorkSafe Agent or Self-insurer (or their representative) and sent to the Workplace Injury Commission by email to [arbitration@wic.vic.gov.au](mailto: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](http://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.

Completed by or on the behalf of the:

Worker

WorkSafe Agent

Self-insurer

## Section 1: Dispute Details

Worker's Full Name

Name of WorkSafe Agent / Self-insurer

Arbitration Reference Number(s)

## Section 2: Documents and Information

Have all of the documents and information related to the dispute, which are in your possession or in the possession of the party you represent, been lodged with us for arbitration?

Yes

No

If no, what is yet to be provided and when will it be lodged?

Title / type of document or information

Date to be lodged



## Section 2: Documents and Information cont.

If you believe there are documents or information relevant to the dispute that are held by another party, person or organisation, you should try to obtain them directly. If you are unable to do so, you may request the Workplace Injury Commission to ask the other party, person or organisation for the documents or information.

If you want us to ask another party, person or organisation to provide any documents or information, please complete the table below. We will advise you in writing whether we agree to this request.

Name of person / organisation with the documents or information	Title / type of document or information, including dates or date range	How is this document or information relevant to the issues in dispute?
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### Section 3: People Giving Evidence at Hearings

If you want a person to give evidence at a hearing (which we call a 'witness'), please provide their details below. The Workplace Injury Commission must agree to them giving evidence at a hearing. If we agree to your request, you will need to arrange for the witness to attend.

Note: The Workplace Injury Commission has no power to compel a witness to give evidence.

#### Witness 1

First Name

Last Name

Phone Number

Email Address

Relationship of witness to the party / parties  
(If an expert, state their speciality, for example; surgeon)

Estimated length of time required  
to question the witness (minutes / hours)

#### Dates and times of any witness unavailability

(Note: Workplace Injury Commission will only accommodate where possible).

How is the witness's evidence relevant to the issues in dispute?

Please indicate whether the witness wishes to give evidence in person, by telephone or video conference.

Note: The Arbitration Officer will decide how evidence may be given, taking into account this preference.

In person

Phone

Video conference

Reasons for wanting to give evidence in person / by phone / video conference

If the witness needs an interpreter or needs any additional support at arbitration, please give details of language, dialect or need.



### Section 3: People Giving Evidence at Hearings cont.

#### Witness 2

First Name

Last Name

Phone Number

Email Address

Relationship of witness to the party / parties  
(If an expert, state their speciality, for example; surgeon)

Estimated length of time required  
to question the witness (minutes / hours)

Dates and times of any witness unavailability

(Note: Workplace Injury Commission will only accommodate where possible).

How is the witness's evidence relevant to the issues in dispute?

Please indicate whether the witness wishes to give evidence in person, by telephone or video conference.

Note: The Arbitration Officer will decide how evidence may be given, taking into account this preference.

In person

Phone

Video conference

Reasons for wanting to give evidence in person / by phone / video conference

If the witness needs an interpreter or needs any additional support at arbitration, please give details of language, dialect or need.





### Section 3: People Giving Evidence at Hearings cont.

#### Witness 3

First Name

Last Name

Phone Number

Email Address

Relationship of witness to the party / parties  
(If an expert, state their speciality, for example; surgeon)

Estimated length of time required  
to question the witness (minutes / hours)

Dates and times of any witness unavailability

(Note: Workplace Injury Commission will only accommodate where possible).

How is the witness's evidence relevant to the issues in dispute?

Please indicate whether the witness wishes to give evidence in person, by telephone or video conference.

Note: The Arbitration Officer will decide how evidence may be given, taking into account this preference.

In person

Phone

Video conference

Reasons for wanting to give evidence in person / by phone / video conference

If the witness needs an interpreter or needs any additional support at arbitration, please give details of language, dialect or need.





## Section 4: What to expect at the initial hearing

We have allowed 90 minutes for the initial hearing. If we need more time, we may extend it or arrange a further hearing.

At the initial hearing, the following may occur:

- the Workplace Injury Commission and the parties discuss the evidence, any approved witnesses give evidence and the parties make their arguments. This will only happen if the parties are ready, the witnesses are available and if we agree;
- the Workplace Injury Commission and the parties will plan a further hearing to discuss the evidence, for any approved witnesses to give evidence and for the parties to make their arguments;
- the Workplace Injury Commission and the parties will discuss whether it is appropriate to make a final decision (a 'determination') based only on documents (known as a 'hearing on the papers').

At the initial hearing, will you be ready to discuss the evidence, question any witnesses and make your arguments?

Yes                      No

Please estimate how long you think it will take you to discuss the evidence, question any witnesses and make your arguments at a hearing.

hours /                      days

If you want the Workplace Injury Commission to make a determination based only on documents, please give your reasons below.

## Section 5: Representation and support persons at the hearing

The Workplace Injury Commission may communicate with any representative you nominate and send them a copy of documents and correspondence.

If you haven't already told us who your representative is, please give us their details below.

First Name

Last Name

Address

Phone Number

Email Address

If you want a legal practitioner to represent you at a hearing, you need to request our agreement and engage them yourself. If you have not already requested our agreement, and you wish to do so, please tell us why you want a legal practitioner to represent you.



## Section 5: Representation and support persons at the hearing cont.

You may bring a support person to assist you at a hearing – for example, by providing emotional support. They cannot participate or speak on your behalf.

If you wish to bring a support person to the hearing, please provide their details.

First Name

Last Name

## Section 6: Declaration and Submission

I understand that by submitting this form, I am providing information in preparation for a hearing at the Workplace Injury Commission. I declare that the information 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 (electronic signature is acceptable)

Date (DD/MM/YYYY)

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

Full Name

Business Name (If applicable)

Address

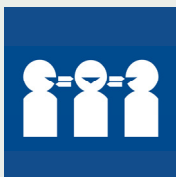
Email Address

Phone Number

## 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 authorised 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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أو 1800635960 م قرلا ی ع WIC . ب لاصتالای م جرت م ل ا ن م ب ل ط ا  
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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.