

24 NOVEMBER 2022

GU-10 Arbitration Book Guide

For WorkSafe



Workplace Injury Commission



What is an Arbitration Book?

WorkSafe Agents or Self-insurers must provide the Workplace Injury Commission (WIC) with an Arbitration Book containing all the documents in their possession, custody or power which relate to the dispute and are reasonably available to them. These will include documents referred to during conciliation and obtained after the conciliation ended - regardless of which party provided them at conciliation or which party they support.

We will notify WorkSafe Agents and Self-insurers when we accept a valid referral for arbitration and will request the Arbitration Book within 5 business days. Once we receive the Arbitration Book in its approved form, we will confirm this with the WorkSafe Agent or Self-insurer and their representative and exchange it with the Worker and their representative.

At an arbitration hearing, the Arbitration Officer will confirm with the parties that they have received a copy of the Arbitration Book. The Worker and WorkSafe Agent or Self-insurer are expected to have a copy of the Arbitration Book with them at the hearing.

Format

The Arbitration Book must:

- Be ordered by document type, in accordance with the headings set out in **Documents to be included** below.
- Contain a table of contents, which includes each document:
 - Being numbered.
 - Titled, following the naming convention set out in **Table of Contents** below.
 - Dated, using the date specified below in **Documents to be included** below.
 - page count or page range.
- Have pages numbered in the bottom-right corner.
- Be in electronic format (PDF), and capable of being printed.

Guidance is provided in the sample Arbitration Book below. WorkSafe Agents and Self-insurers may use the sample cover at page 9 of this document as a template Arbitration Book cover.

Documents to be included

Unless we request specific documents, we do not advise parties which documents they should provide. Whilst the sample Arbitration Book below contains a list of documents for many types of disputes, parties only need to provide documents relevant to the determination of the dispute at arbitration. Relevant documents should be ordered as follows:



TYPE OF DOCUMENT	DESCRIPTION IN TABLE OF CONTENTS	DATE OF DOCUMENT
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Arbitration and Claim documents

Genuine Dispute Certificate	Genuine Dispute Outcome Certificate	Date of certificate
WorkSafe Agent’s or Self-insurer’s Notice of Decision	Decision Notice	Date of notice
WorkSafe Agent’s or Self-insurer’s Senior Review Notice	Senior Review notice	Date of notice
Worker claim form	Worker claim form	Date signed by Worker
Employer claim form	Employer Claim Report	Date signed by Employer
Request for treatment (invoices) Or Request for reinstatement (weekly payments)	[Requesting Treating Health Practitioner Name] or [Worker] request for [treatment, service, reinstatement, payments (weekly payments or invoices)]	Date of request
Referral for Arbitration and supporting documents	Referral for Arbitration	Date signed
Other material produced at arbitration	Worker’s submission or WorkSafe Agent’s submission or Self-insurer’s submission	Date of document

Medical Documents

WorkSafe Agent or Self-insurer Medical Reports

Independent Medical Examiner report (and any supplementary reports) in date order	Dr [Surname] – Initial report or Dr [Surname] – Supplementary report	Date of report
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WorkSafe Agent or Self-insurer referral letter to Independent Medical Examiner	[WorkSafe Agent or Self-insurer name] letter to Dr [Surname] – referral for Independent Medical Examination	Date of letter
Clinical Panel recommendation	WorkSafe Clinical Panel Review	Date of recommendation
Medical Advisor recommendation	Medical Advisor Recommendation	Date of recommendation
ADL assessment reports	Activities of Daily Living Assessment	Date of report

Worker Medical Reports

Treating Health Practitioner reports (GP, specialists, allied health)	Dr [Surname] - Report	Date of report
Referrals for medical treatment, investigations	[Author], referral to [Treating Health Practitioner name]	Date of referral
Medical diagnostic reports (For example, scans)	[Name of provider], [Type of investigation]	Date of report
Certificates of Capacity (Most recent first. If more than one, include them together in date order)	Certificate of Capacity	Issue date(s) i.e. the date signed by Medical Practitioner
Medical Certificates	Medical Certificate	Date of certificate
Clinical notes	Clinical Notes – Dr [Surname] or [Practice name]	Date range of notes

Vocational (Rehabilitation and Return to work)

New Employment Service Report	New Employment Service Report	Date of report
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Original Employment Service Report	Original Employment Service Report	Date of Report
Capacity Support Service Report	Capacity Support Service Report	Date of report
Job Seeking Service Report	Job Seeking Service Report	Date of report
Job Seeking Review	Job Seeking Review	Date of report
Transferrable Skills Analysis	Transferrable Skills Analysis	Date of report
Job Seeking Analysis	Job Seeking Analysis	Date of report
Occupational Rehabilitation Report	Occupational Rehabilitation Report	Date of report
130 Week Vocational Assessment Report	130 Week Vocational Assessment Report	Date of report
Labour Market Analysis	Labour Market Analysis	Date of report
Return to Work Arrangements	Return to Work Arrangements [Note: if more than one, number each one e.g No. 1]	Date of report
Investigations		
Circumstance Investigation Report	Circumstance Investigation Report	Date of report
Employer Internal Investigation	Employer Internal Investigation	Date of report
Employer Incident Report	Employer Incident Report	Date of report
Worker - Photo/ Audio/ Footage	Worker – [Photo/Audio/Footage]	Date of photo/audio/footage
Employer - Photo / Audio / Footage / CCTV	Employer – [Photo/Audio/Footage/CCTV]	Date of photo/audio/footage
Surveillance Report	Surveillance Report	Date of report
Surveillance Footage	Surveillance Footage - [Length of footage]	Date/s of footage
Correspondence e.g., a letter or an email	[Sender name], [purpose of correspondence]	Date of correspondence



Income - Employment Records

PIAWE calculations	Pre-injury average weekly earnings calculations	Date of document
Payroll records	Payroll records	Date range of records
Payslips	Payslips	Date range of records
Bank Statements	Bank Statements - [Account Name]	Date range of statements
Tax returns	ATO Notice of Assessment - [Name]	Date of tax return
Worker Award or industrial agreement	[Name of Award or Agreement]	Date of award or agreement
Invoices and receipts for work performed by the Worker	[Issuer of invoice], [product or service] or [Issuer of receipt], [type of work]	Date of invoice
Record of payments of compensation by employer, deemed employer, WorkSafe Agent or Self-insurer	Record of payment made by [entity]	Date of records
Worker personnel file	Personnel file - [Name of Worker]	Date range of file
Timeline of events from employer	Employer Timeline - [Author]	Date of document
Contract of employment or supply agreement	[Contract or Agreement Name]	Date of contract or agreement
Financial Statements	Financial Statements	Date of statement
Work-related expenses or non-pecuniary benefits	[Name of document showing expense or non-pecuniary benefit]	Date of document



Costs Records

Invoice/receipts for treatment, services, equipment, reports	Invoice by [Issuer of invoice], [product or service]	Date of invoice/receipt
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Case notes of WorkSafe Agent or Self-insurer

Contact note or case note	[Method e.g., email] – [Author]	Date of note
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Other correspondence/submissions

Party or representative submissions	Worker submission or WorkSafe Agent/Self-insurer submission	Date of submission
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Correspondence	[Sender Name], [type of correspondence, purpose of correspondence]	Date of correspondence
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Prior decisions relevant to the dispute

WIC Determination	WIC Determination [Arbitration reference number]	Date of Determination
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Medical Panel Opinion	Medical Panel Opinion - [MP Ref]	Date of opinion
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Previous outcome certificates	Outcome Certificate	Date of certificate
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WorkSafe Review	WorkSafe Review	Date of Review
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Court judgements	Case Name, Citation	Date of judgement
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WCIRS decision	WCIRS Decisions	Date of decision
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Witness Statement	Witness Statement - [Witness name]	Date of statement
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Multiple disputes

If there are multiple disputes at arbitration and we have notified the parties that the disputes will be heard together, documents relating to the arbitration of the dispute may be produced in a single Arbitration Book. However, if we have notified the parties that the disputes will be heard separately, the WorkSafe Agent or Self-insurer should produce a separate Arbitration Book for each dispute. If disputes are heard together



after the Arbitration Book in the first dispute has been lodged, the WorkSafe Agent or Self-insurer will need to provide a further Arbitration Book(s) for subsequent disputes.

Further information lodged after the Arbitration Book

If you provide further evidence to us after lodging the Arbitration Book, we will exchange those documents with the other party and compile an additional electronic bundle of documents named, 'Schedule B to the Arbitration Book', and send it to the WorkSafe Agent or Self-insurer and the Worker (and any representatives) prior to a hearing.



**ARBITRATION
REFERENCE
NUMBER:** [Reference number]

PARTIES

WORKER: [Worker's first name and surname]

**WORKSAFE
AGENT/SELF-
INSURER:** [WorkSafe Agent/Self-insurer Name]

EMPLOYER: [Employer]

[SAMPLE] Arbitration Book

Prepared by: [WorkSafe Agent/Self-insurer]

Date prepared:



Table of Contents

	Document name	Date	Page number
	Arbitration and claim documents		
1.	Genuine Dispute Outcome Certificate	dd/mm/yyyy	[e.g.] 1
2.	Decision Notice	dd/mm/yyyy	[e.g.] 2-10
3.	Senior Review Notice	dd/mm/yyyy	
4.	Worker Claim Form	dd/mm/yyyy	
5.	Employer Claim Report	dd/mm/yyyy	
6.	[Requesting Treating Health Practitioner Name] or [Worker] request for [treatment, service, reinstatement, payments (weekly payments or invoices)]	dd/mm/yyyy	
7.	Referral for Arbitration	dd/mm/yyyy	
8.	Worker's submission or WorkSafe Agent's submission or Self-insurer's submission	dd/mm/yyyy	
	Medical documents		
	WorkSafe Agent or Self-insurer Reports		
9.	Dr [Surname] - Initial report or Dr [Surname] - Supplementary report	dd/mm/yyyy	
10.	[WorkSafe Agent or Self-insurer name] letter to Dr [Surname] – referral for Independent Medical Examination	dd/mm/yyyy	
11.	WorkSafe Clinical Panel Review	dd/mm/yyyy	
12.	Medical Advisor Recommendation	dd/mm/yyyy	
13.	Activities of Daily Living Assessment	dd/mm/yyyy	
	Worker Reports		
14.	Dr [Surname] - Report	dd/mm/yyyy	
15.	[Author], referral to [Treating Health Practitioner name]	dd/mm/yyyy	
16.	[Name of provider], [type of investigation]	dd/mm/yyyy	
17.	Certificate of Capacity	dd/mm/yyyy or dd/mm/yyyy to dd/mm/yyyy	
18.	Medical Certificate	dd/mm/yyyy	



19.	Clinical Notes - Dr [Surname] or [Practice name]	dd/mm/yyyy to dd/mm/yyyy	
	Vocational (Rehabilitation and Return to work)		
20.	New Employment Service Report	dd/mm/yyyy	
21.	Original Employment Service Report	dd/mm/yyyy	
22.	Capacity Support Service Report	dd/mm/yyyy	
23.	Job Seeking Service Report	dd/mm/yyyy	
24.	Job Seeking Review	dd/mm/yyyy	
25.	Transferrable Skills Analysis	dd/mm/yyyy	
26.	Job Seeking Analysis	dd/mm/yyyy	
27.	Occupational Rehabilitation Report	dd/mm/yyyy	
28.	130 Week Vocational Assessment Report	dd/mm/yyyy	
29.	Labour Market Analysis	dd/mm/yyyy	
30.	Return to Work Arrangements [No. 1]	dd/mm/yyyy	
	Investigations		
31.	Circumstance Investigation Report	dd/mm/yyyy	
32.	Employer Internal Investigation	dd/mm/yyyy	
33.	Employer Incident Report	dd/mm/yyyy	
34.	Worker – [Photo/Audio/Footage]	dd/mm/yyyy	
35.	Employer – [Photo/Audio/Footage/CCTV]	dd/mm/yyyy	
36.	Surveillance Report	dd/mm/yyyy	
37.	Surveillance Footage - [Length of footage]	dd/mm/yyyy	
38.	[Sender Name], [purpose of letter]	dd/mm/yyyy	
	Income - Employment Records		
39.	Pre-injury average weekly earnings calculations	dd/mm/yyyy	
40.	Payroll records	dd/mm/yyyy - dd/mm/yyyy	



41.	Payslips	dd/mm/yyyy - dd/mm/yyyy	
42.	Bank Statements - [Account Name]	dd/mm/yyyy - dd/mm/yyyy	
43.	ATO Notice of Assessment - [Name]	dd/mm/yyyy	
44.	[Name of Award or Agreement]	dd/mm/yyyy	
45.	[Issuer of invoice], [product or service] or [Issuer of receipt], [type of work]	dd/mm/yyyy	
46.	Record of payment made by [entity]	dd/mm/yyyy	
47.	Personnel file - [Name of Worker]	dd/mm/yyyy – dd/mm/yyyy	
48.	Employer Timeline - [Author]	dd/mm/yyyy	
49.	[Contract or Agreement Name]	dd/mm/yyyy	
50.	Financial Statements	dd/mm/yyyy	
51.	[Name of document showing expense or non-pecuniary benefit]	dd/mm/yyyy	
	Costs Records		
52.	Invoice by [Issuer of invoice], [product or service]	dd/mm/yyyy	
	Case notes of WorkSafe Agent or Self-insurer		
53.	Contact note or case note – [Method e.g. email] – [Author]	dd/mm/yyyy	
	Other correspondence/submissions		
54.	Worker submission or WorkSafe Agent/Self-insurer submission	dd/mm/yyyy	
55.	[Sender Name], [type of correspondence], [purpose of correspondence]	dd/mm/yyyy	
	Prior decisions relevant to the dispute		
56.	WIC Determination [Arbitration reference number]	dd/mm/yyyy	
57.	Medical Panel Opinion - [MP Ref]	dd/mm/yyyy	



58.	Outcome Certificate	dd/mm/yyyy	
59.	WorkSafe Review	dd/mm/yyyy	
60.	Case Name, Citation	dd/mm/yyyy	
61.	WCIRS Decisions	dd/mm/yyyy	
62.	Witness Statement - [Witness name]	dd/mm/yyyy	

Questions about this Guide

If you have any questions about this guide, please contact the Principal Arbitration Officer.

Review

This guide will be reviewed annually, or more frequently if there is a change in business or legal requirements.