

Reply to Referral for Arbitration Form



Workplace Injury Commission

To be completed by a WorkSafe Agent or Self-insurer; or their representative 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 answers or further information.

Section 1: Parties and Claim Details

Worker's First Name(s)

Last Name(s)

Name of WorkSafe Agent / Self-insurer

Employer Business Name

Claim Number(s)

Arbitration Reference Number(s)

Name of the WorkSafe Agent / Self-insurer Contact for arbitration

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

Pronouns (optional)

Phone Number

Email Address



Section 2: Representation

The Workplace Injury Commission may communicate with any external representative the Worksafe Agent or Self-insurer nominates and send them a copy of documents and correspondence. If the WorkSafe Agent or Self-insurer has an external representative for arbitration, please give us their details.

Full Name

Business Name (If applicable)

Address

Phone Number(s)

Email Address

If the WorkSafe Agent or Self-insurer wants a legal practitioner to represent it at an arbitration hearing, we must agree. If the WorkSafe Agent or Self-insurer wants a legal practitioner to represent it at a hearing, please tell us why:

Section 3: Dispute Details

Please outline the issues to be determined by the Workplace Injury Commission, according to the WorkSafe Agent / Self-insurer.

Please explain in detail why the WorkSafe Agent / Self-insurer believes its decision is correct. Please include details of any events, facts, circumstances or dates relevant to the claim that the WorkSafe Agent / Self-insurer considers support its case and which the Workplace Injury Commission should consider.



Section 3: Dispute Details cont.

Please provide the WorkSafe Agent's or Self-insurer's views of any documents or information provided after the decision was made, which are related to the issues in dispute.

Please outline the WorkSafe Agent / Self-insurer's arguments about facts and law, referring to the documents upon which it relies to support its arguments. Note: the parties may provide more detailed submissions at a hearing and / or request to provide them in writing at a later date if required.

What outcome does the WorkSafe Agent / Self-insurer seek at arbitration (if anything other than a determination that the decision be affirmed).



Section 4: Declaration and Submission

I understand that by submitting this form, I am replying to the Worker's referral for arbitration of the dispute(s) on behalf of WorkSafe Agent or Self-insurer. 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)

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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 وأ 1800635960 مقرلا یلع WIC .ب لاصتالای مجرت مل انم بلطا
 ج ذوم نلا اذه حرشل 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

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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.