

Timeline Form



Workplace Injury Commission

To be completed by the Worker, 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 complete the timeline on this form, you may attach an additional document which contains the full timeline or further information. A guide to completing a timeline is on page 3.

Arbitration Reference Number(s)

Worker's First Name(s)

Last Name(s)

Name of WorkSafe Agent / Self-insurer

Lodged by or on behalf of the

Worker

WorkSafe Agent / Self-insurer

Claim Events

Date (DD/MM/YYYY) Claim Event

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



Declaration and Submission

This timeline 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 timeline. 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 timeline.

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.

Guide to Completing a Timeline

The Workplace Injury Commission may request a party to prepare a timeline of events to assist in the arbitration of a dispute. The timeline outlines key events relating to the claimed injury and the claim; and when they happened, according to that party. A party may also complete a timeline document of their own accord.

The party should include all events they believe are relevant to the claimed injury and the claim, such as:

- any key dates in the Worker's employment;
- details of the claimed injury;
- the Worker's claim history (including the date(s) of the claim(s));
- WorkSafe Agent / Self-insurer decisions;
- the start and end dates for payments of entitlements; and
- any other relevant dates (such as those of important events or conversations).

The party should submit the timeline to the Workplace Injury Commission prior to the initial hearing or by the requested due date.

As a guide, please see the example timeline below.

Date (DD/MM/YYYY) Claim Event

01/09/2023	Worker starts employment with the employer as a Driver.
13/09/2023	Worker reports injury to their Manager.
16/09/2023	Worker lodges claim for compensation.
20/09/2023	WorkSafe Agents accepts claim for weekly payments and medical and like expenses.
22/11/2023	Worker attends IME with Dr Surname.

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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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.