

USER'S GUIDE

This guide will help you fill in the form called:
A PART XII (12) APPLICATION
Approved DRD Form 4

When should you use this form?

Use the Part XII Application form when applying for:

- Weekly compensation payments for up to 12 weeks (10 weeks if you are also seeking past payments);
- Payment of medical, hospital or related expenses of not more than 5% of the prescribed amount
(the prescribed amount is the maximum amount of weekly compensation payments available to a worker for the duration of a claim); or
- Both of the above;
- Interim suspension or reduction of weekly payment orders;
- When you want copies of documents held by a respondent (the other person or parties involved).

The Dispute Resolution Directorate (DRD) fast-tracks applications for interim payment orders and minor claims and may call you and the other people or groups named in your claim, shortly after your application is lodged.

You should note that decisions may be made entirely on the information in your application and the attached documents.

Completing the application form

For the DRD to accept your application you must:

- Complete all relevant questions;
- Attach and list all supporting documents and information; and
- Sign the application form.

If there isn't enough space on the form to provide an answer, write the words "see attachment" in the space provided and include the information on a separate piece of paper. Make sure you include the attachment with your application.

To indicate a choice from two or more options, mark the relevant box.

If you have questions about any of the forms, or you are not sure of the correct procedures for resolving disputes, call Advisory Services on Freecall 1300 794 744 during office hours. This service can also assist you in completing application forms, however you **must make an appointment** by contacting Advisory Services on 1300 794 744.

WorkCover WA produces the following resources that provide more information about these matters:

- *Guide to Dispute Resolutions* brochure explains procedures, your rights of appeal, costs, implications for Centrelink and tax, and the use of agents or legal representatives; and
- a DVD titled *Understanding Dispute Resolution: Information for Injured Workers*. This DVD follows four injured workers through the stages of the WorkCover WA dispute resolution process.

Copies can be obtained by phoning Advisory Services on 1300 794 744 or downloading them from the WorkCover WA website at www.workcover.wa.gov.au. Additional information that may be useful can also be found at this site.

The information provided in these guides is not legal advice. If you need help from a solicitor about a workers' compensation claim or dispute, please call the Law Society of WA on (08) 9322 7877 for a referral.

FRONT PAGE

Applicant/Respondent

The Applicant can be either a worker or an employer. If you are a worker, make sure you include your full name. If you are an Employer, write down your correct legal entity.

A Respondent is a person or group other than the applicant. For example, if the applicant is a worker, the respondent is usually the Employer.

Please ensure you also tick the relevant boxes to indicate if the applicant or respondent is a worker, employer or insurer.

Filed by

Tick the option that best describes who is lodging the application.

PART A

Application type/reason for application

Tick the box, which describes why you are applying. You can tick more than one box if necessary.

Related applications

If an application has already been made to the DRD regarding this injury, (either a Part XI or Part XII Application form) please state the application number and date it was filed.

Parties' names

Name everyone involved in any related applications if they are different from those in the Part XII (12) application.

Parties Details

Make sure you fill in the details of everyone involved in the application, regardless of whether you are a worker or an employer.

Worker details

Interpreters

Please specify if either the worker or dependant needs an interpreter by ticking the appropriate box. If they do, state what language is needed and if there is a specific dialect the interpreter should be aware of. The DRD arranges and pays for interpreters if needed.

Phone contact

You must provide a number where the DRD can contact the worker directly. Do not provide the number of a representative or agent in this section.

Address for service of documents

Write down where you want documents relating to this application to be sent to you. Please make it clear if this is your home or a business address. If you are represented, you can include your representative's address. If you choose this option, all correspondence will go to that address only.

Injury details

Date of Injury

Indicate the exact date (if known) that you were injured. If there is more than one date, clearly provide all the relevant dates. If you have more than one injury, clearly indicate this in the section marked "nature of injury". If the injury happened over a period of time, you need to specify when you first experienced or suspected problems.

*When was the employer given **notice** about the injury?*

Provide the date the employer was first notified about the injury.

*Date a compensation **claim** was made on employer*

Specify the date the worker first gave the employer a completed workers' compensation claim form. **If you are an injured worker wanting weekly payments and/or statutory expenses, you must complete this section**

Worker's representative or registered agent details

Complete this section if the worker has a representative or registered agent. A registered agent is a person that WorkCover WA has approved to act as a representative in proceedings before the DRD. You can check with WorkCover WA for clarification and/or more details.

Employer Details

This section must be completed by all parties, regardless of who is making the application,

Phone

Provide the employer's phone number or a number where the DRD can contact the employer directly.

Multiple Employers

If the claim involves more than one employer:

- Tick the box for more than one employer; and
- Complete and attach an additional employer cover sheet (Form IA) for each additional employer.

Insurer Details

If you are a worker and don't know the name of your employer's insurer, it is your responsibility to contact them and ask for it.

Claim number

Provide the insurer's claim number in this field. If you are a worker and don't know the claim number, it is your responsibility to contact the insurer and ask for it.

Multiple insurers

If the claim involves more than one insurer:

- Tick the box for more than one insurer; and
- Complete and attach the additional insurer cover sheet (Form IB) for each additional insurer.

Employer/insurer representative or registered agent details

Complete this section if the employer or insurer has a representative or registered agent.

PART B

Orders Sought

Type of orders sought

Tick the box which describes the types of orders you are applying for. It is important you give us the exact details of what you want.

You can tick more than one box if you are seeking more than one type of order, but make sure you give the exact details for each.

Remember, it may not be possible to amend this application once you have submitted it so any changes may mean you also have to re-apply.

A decision may be made on the application only, without further consultation. Therefore, it is important to provide full details.

- *Interim orders for weekly payments*
You need to give the exact period of weekly payments you are seeking.
You must also attach a medical certificate verifying your incapacity.
- *Interim orders for statutory expenses (medical or hospital expenses)*
The expenses claimed must be clearly itemised in the section provided.
You must also attach copies of the accounts you are claiming. If there is not enough room on the form to list all your expenses, please write “see attachment” in the space provided and list them on a separate piece of paper. Attach the paper and all the copies of your accounts to your application.
- *Interim orders for suspension or reduction of weekly payments*
If you are seeking to have weekly payments suspended or reduced you must outline the exact grounds for seeking such orders and include documents which support your case.
- *Order for production of documents*
If you want copies of documents which are held by the respondent(s) named in your application, list those documents here.

PART C

Supporting documents and information

All supporting documents and information must be listed with your application and **include copies**. You need to ensure you provide sufficient copies of the documents to serve on each party. If you don't include any relevant document or statement, or the right number of copies with your application, it will be rejected.

If there isn't enough space to list all your documents, write, "see attachment" and list the supporting documents and information on a separate piece of paper. Remember to attach the list and supporting documents, including the correct number of copies needed.

Supporting documents should include such things as:

- all relevant doctors' reports and certificates that you will rely on at arbitration;
- any other documents you will rely on at arbitration;
- statements by witnesses that you will rely on at arbitration; and/or
- videotapes, recordings, films or photographs.

Please note: Do not send any x-ray, CT, ultrasound or MRI films.

Documents and information attached to the application

All the documents and information attached to the application must be listed in the table. For a list of the minimum supporting information and documents, refer to the section at the end of this guide headed Document Checklist for a Part XII Application.

PART D

Signature

To avoid your application being rejected, make sure you or your representative have **signed** and **dated** it before lodgment.

Lodging the application and checklist

Before lodging the application with the DRD, check you have:

- Completed all relevant questions.
- Attached copies of all supporting documents.
- Included all of the attachments you refer to in your application.
- Made the right number of copies of the application (including all documents and attachments).

Do not send originals to the DRD other than the application itself

You must file with DRD:

- the original application; and
- a copy for each respondent (including any insurers).

For example, If the applicant is a worker, you need to file:

- the original application;
- a copy for the applicant;
- a copy for each employer; and
- a copy for each insurer.

You can lodge the completed application with the DRD by:

Hand: 2 Bedbrook Place
SHENTON PARK WA 6008

Post: 2 Bedbrook Place
SHENTON PARK WA 6008

Fax: Only if the application is no more than 20 pages
including attachments and cover sheet.
(08) 9388 5690 (Registry)

E-mail: YOU CANNOT LODGE A DOCUMENT BY EMAIL

Serving the application

If your application is accepted, all copies to be served on other parties will be returned with DRD's seal stamped on the first page and an application number nominated.

It is your responsibility to serve a sealed copy on each other party within **(five) 5 days**. If the applicant is a worker, the employer and employer's insurer(s) must also be served.

Certificate of Service

When the sealed copies are returned to you, the DRD will include a Certificate of Service and note outlining what you need to do next. It is the responsibility of you or your representative to serve the sealed papers to the respondents. You or your representative must then file the Certificate of Service with the DRD within **(seven) 7 days** of serving the papers.

DOCUMENT CHECKLIST FOR A PART XII APPLICATION

Action	Minimum documentary requirements
Application for weekly payments s.232	<input type="checkbox"/> A copy of the claim form lodged on the employer <input type="checkbox"/> All relevant medical certificates <input type="checkbox"/> A statement signed by you confirming the claim form and medical certificates have been served on the employer <input type="checkbox"/> Any other relevant information
Application for statutory expenses s.233 (Schedule 1 Clause 17)	<input type="checkbox"/> A copy of the claim form <input type="checkbox"/> All relevant medical certificates <input type="checkbox"/> A statement signed by you confirming you have served the claim form and medical certificates on your employer <input type="checkbox"/> A list of outstanding expenses, making sure you include date incurred, the service provider and costs involved <input type="checkbox"/> Regulated Form 7 – Certification by a Doctor confirming the expenses you are claiming were as a result of your injury. <input type="checkbox"/> Any other relevant information
Application for interim suspension or reduction orders s.238	<input type="checkbox"/> Details of any other current or related applications regarding this matter including the application number. <input type="checkbox"/> All relevant medical evidence to support your application <input type="checkbox"/> Any relevant rehabilitation evidence to support your application
Application for minor claim – weekly payments s.241	<input type="checkbox"/> A copy of the claim form <input type="checkbox"/> All relevant medical certificates and any supporting medical certificates <input type="checkbox"/> All relevant medical reports <input type="checkbox"/> A statement signed by the applicant confirming service of the claim form and medical certificates on the employer <input type="checkbox"/> Any other relevant information
Application for minor claim – statutory allowances s.241 (Schedule 1 Clause 17)	<input type="checkbox"/> A copy of the claim form <input type="checkbox"/> All relevant medical certificates <input type="checkbox"/> A statement signed by the applicant confirming service of the claim form and medical certificates on the employer <input type="checkbox"/> List of outstanding expenses including date incurred, service provider and cost involved <input type="checkbox"/> Regulated Form 7 – Certification by a Doctor confirming the expenses you are claiming were as a result of your injury. <input type="checkbox"/> Any other relevant information