

USER'S GUIDE

This guide will help you fill in the form called:
APPLICATION TO RESOLVE A DISPUTE – PART XI (11)
Approved DRD Form I

When should you use this form?

Use the Part XI Application form when applying for:

- Weekly payments of compensation;
- Medical, hospital or related expenses;
- Suspending or stopping weekly payments for failing to have medical examinations;
- Suspending or stopping weekly payments for failing to take part in a return to work program;
- Suspending or stopping weekly payments when in custody;
- Disputes between employers and insurers;
- Specialised retraining programs;
- Extensions of the prescribed amount for weekly payments, medical, hospital or related expenses;
- Lump sum settlements for permanent impairments under Schedule 2 of the Act; or
- Compensation for dependants following the death of a worker.

Do not use this form for interim orders, minor claims or when you are requesting copies of documents held by Respondents. For those matters, please fill-in the Part XII Application Form (DRD Approved Form 4).

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 answer a question, write the words "see attachment" in the space provided and include the information on a separate piece of paper.

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 1 300 794 744 during office hours. This service can also assist you in completing application forms, however you **must make an appointment** by contacting Advisory Services on 1 300 794 744.

WorkCover WA produces two 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*, which follows four injured workers through the stages of the WorkCover WA dispute resolution process.

Copies can be obtained by phoning Advisory Services on 1 300 794 744 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

Related application numbers

Insert the numbers of any other current applications between the same parties so all related applications can be dealt with together.

Applicant

The Applicant can be a worker, dependant of a deceased worker, employer or insurer.

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

Respondent

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.

Respondents named in the application must respond by filling in the Reply to Part XI Form (DRD Approved Form 2).

If the application involves more than one employer, or more than one insurer, you will also need to complete either/or both:

- Multiple employer cover sheet (DRD Approved Form 1A)
- Additional insurer cover sheet (DRD Approved Form 1B)

Filed by

Tick the box, which best describes who is lodging the application.

PART A

Details of the parties involved

Make sure you complete the details of everyone involved in your application, regardless of whether you are a worker, employer, a dependant, an insurer or a representative of any of these.

Worker/Dependant Details

Please specify the worker's full name and date of birth.

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.

Phone number for teleconference

It is best for this to be a direct number rather than a mobile phone number. This number is used to organise teleconferences so if it changes, it is important that you notify the DRD. The number of the worker's agent or solicitor is only acceptable if you are present at that number for the teleconference.

Address for service of documents

Provide the best address for documents to be sent to you relating to this application. If you are represented, you can provide your representative's address.

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.

Injury details

This section must be completed in full.

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 **claim** for compensation was made*

Specify the date the worker first gave the employer a completed workers' compensation claim form.

Details of worker's/dependant's representative or registered agent

Complete this section if the worker or dependant 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 or more details.

Phone number for teleconference

It is best to provide a direct landline number rather than a mobile phone number. This number is used to organise teleconferences, so if it changes it is important that you notify the DRD.

Employer details

Phone

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

Phone number for teleconference

It is best to provide a direct landline number rather than a mobile phone number. This number is used to organise teleconferences, so if it changes it is important that you notify the DRD. The number of the employer's agent or solicitor is only acceptable if you will be present at that number for the teleconference.

Multiple Employers

If the claim involves more than one employer:

- Tick the box indicating 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.

Phone

Write down the insurers phone number, which must be a number the Insurer can be contacted directly, rather than that of an agent or representative.

Phone number for teleconference

It is best for this to be a direct landline number rather than a mobile phone number. This number is used to organise teleconferences, so if it changes, it is important that you notify the DRD. The number of the employer's agent or solicitor is only acceptable if you will be present at that number for the teleconference.

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.

Details of employer/insurer representative or registered agent

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

Phone number for teleconference

It is best to provide a direct landline number rather than a mobile phone number. This number is used to organise teleconferences, so if it changes it is important that you notify the DRD.

PART B

NATURE OF APPLICATION

Specify the relevant section of the Act you are applying under in this part of the form. The sections of the Act can be found in the Documents Checklist at the back of this form. For example, weekly payments are listed under section 58.

Tick the box, which describes what type of orders you are seeking, before completing the relevant section. Please note you only need to provide the information that applies to your claim.

You can tick more than one box if you are seeking more than one type of order, however be sure you provide the exact details for each.

Section 1 and 2

Weekly payments

If your claim for weekly payments is ongoing, leave the “to” field blank.

If you are claiming for an increase or reduction in weekly payments, or applying for a rate to be set, you will need to specify the amount and clearly state your reasons for wanting an increase or reduction. If you don't, specify the amount the acceptance of your application could be delayed.

Note

A worker who is not receiving weekly benefits may apply for an interim payment order by asking for weekly benefits for a maximum of 12 weeks.

The DRD can fast-track these applications. To apply for an interim payment order, complete the Part XII Application Form (DRD Approved Form 4).

Section 3

Statutory Expenses – Medical, hospital or related expenses

- The expenses claimed should be clearly identified in this section; and
- If you are seeking an extension of the prescribed amount for statutory expenses, clearly state how much you want and the reason for the extension. You also need to complete a Statement of Financial and Social Circumstances (DRD Approved Form 14).

Note

A worker who has claimed medical, hospital or other related statutory expenses may also apply for an interim payment order seeking up to 5% of the prescribed amount. For details about the prescribed amount, contact WorkCover WA on Freecall 1300 794 744 or go to www.workcover.wa.gov.au

The DRD can fast-track applications for interim payment of statutory expenses. To apply, complete the Part XII Application Form (DRD Approved Form 4).

Section 4

Dependants

Complete this table if the worker is deceased and has dependants. If there is not enough space, write, “see attachment” and provide the details on a separate sheet of paper, remembering to attach it to your application.

If the workers’ dependants are making the application, you need to provide a statutory declaration setting out the nature and extent of dependency. For each dependant, the statutory declaration must include;

- the dependant’s date of birth;
- the dependant’s relationship to the worker;
- a statement that the dependant is either aware or not aware of anyone else who may have been partly or wholly dependant on the worker;
- the names of any other people who may have been partly or wholly dependent on the worker;
- the nature of the dependency on the worker; and
- the extent of the dependency on the worker.

Your claim may fall under Clauses 1-5 of Schedule 1. If you know what clause, indicate this in the space provided. Alternatively, contact WorkCover WA Advisory Service on Freecall 1300 794 744 for assistance.

Section 5

Other

This section allows you to detail the specific nature of any other type of dispute/s. It could include disagreements over the level of any impairment, access to specialised retraining programs or any other type of dispute that does not fall into the category of weekly payments, statutory expenses or dependency.

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 suggested relevant supporting information and documents, refer to the section at the end of this guide headed *Supporting Documents and Information (Part XI Application)*.

Note

Multiple medical reports from one specialty

You may only include the medical reports of one doctor in each specialty, and include reports from three areas of medical specialty. See DRD Rule 9I for more information or clarification.

Witness statements

If you plan to have a witness speak on your behalf but have not included their statement with your application, you must attach a statement outlining who the witness is and what they plan to say. As the applicant, this rule also applies to you if you plan to give evidence in the case.

Documents and information you intend to use but do not yet have

You must list all the documents and information attached to your Application. A checklist is provided at the end of this guide to help you understand the minimum documentation needed to support each of your claims. If you haven't yet received all the documents and/or information you need, list them on the form before filing and serve the material as soon as you receive it. For more information, check DRD Rules 58(3) and 58(4).

Note

If the applicant is an employer or an employer's insurer, and this application is under section 60, 62, 71 or 72A of the Act, you will not be able to rely on documents and information not yet received. Be aware under these sections that all documents and information need to be on hand at the time of making the application.

SIGNATURE

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

LOGGING THE APPLICATION AND CHECKLIST

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

- Completed all relevant questions.
- Attached copies of all supporting documents.
- Include all the attachments you have referred to in your application.
- Ensure you provide the correct number of copies of the application (including all documents and attachments) for all recipients being served upon.

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

You must file with the 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 **(seven) 7 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.

SUPPORTING DOCUMENTS AND INFORMATION (PART XI APPLICATION)

IMPORTANT NOTES:

1. This document lists provides a list of suggested documents and information you may wish to include with your application.
2. If you are waiting on some documents or information, you need to list these on the form.

SECTION	DOCUMENTS REQUIRED
Commencement of Weekly Payments s58	<input type="checkbox"/> The claim form <input type="checkbox"/> All correspondence received from employer or insurer (including s57A or s57B Notices) <input type="checkbox"/> First medical certificate <input type="checkbox"/> Progress medical certificates <input type="checkbox"/> Copies of all medical reports you will rely on – (subject to DRD Rule 91) <input type="checkbox"/> Details of the name and address and field of practice of all medical practitioners who have examined or treated the worker <input type="checkbox"/> Statement from any witnesses outlining what they plan to say <input type="checkbox"/> Statement from any expert witness, other than a medical practitioner, outlining what they plan to say <input type="checkbox"/> Copies of any rehabilitation reports you may have <input type="checkbox"/> Any other relevant documents such as accident/incident reports, pay slips, accounts and receipts <input type="checkbox"/> Any other information you intend to rely on
Commencement of Weekly Payments - Specified Industrial Diseases s58	<input type="checkbox"/> In addition to the documents listed above (for s58) commencement of weekly payments application <input type="checkbox"/> Industrial Diseases Medical panel determination <input type="checkbox"/> A list of the names and addresses of previous employers must be provided <input type="checkbox"/> Certificate from a medical practitioner linking your disease to the nature of your employment. See section 44 of the Act <input type="checkbox"/> Any other information you intend to rely on
Application to stop or reduce weekly payments s60	If relevant: <input type="checkbox"/> First medical certificate <input type="checkbox"/> Progress medical certificates <input type="checkbox"/> Copies of all medical reports to be relied upon - (subject to DRD Rule 91) <input type="checkbox"/> Details of the name and address and field of practice of all medical practitioners who have examined or treated the worker <input type="checkbox"/> Copies of rehabilitation reports, if any Also: <input type="checkbox"/> Statement by any witness outlining what they plan to say <input type="checkbox"/> Statement of any expert witness other than a medical practitioner outlining what they plan to say <input type="checkbox"/> Whatever documents may be needed to show you have genuine grounds for disputing your liability to pay compensation or the proper amount of compensation. These may include the relevant award or wages records <input type="checkbox"/> Any other information you intend to rely on

<p>Unlawful interference with compensation</p> <p>S61</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Statement from any witness including the worker outlining what they plan to say <input type="checkbox"/> Copies of any relevant correspondence received from the employer or insurer <input type="checkbox"/> Wages or payment records <input type="checkbox"/> Any other information you intend to rely on
<p>Notice to stop or reduce weekly payments</p> <p>s61</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of s61 notice <input type="checkbox"/> First medical certificate <input type="checkbox"/> Progress medical certificates <input type="checkbox"/> Copies of all medical reports you intend to rely on - (subject to DRD Rule 91) <input type="checkbox"/> Details of the name and address and field of practice of all medical practitioners who have examined or treated the worker <input type="checkbox"/> Statement from any witness outlining what they plan to say <input type="checkbox"/> Copies of any rehabilitation reports you may have <input type="checkbox"/> Any other information you intend to rely on
<p>Review of weekly payments</p> <p>s62</p>	<ul style="list-style-type: none"> <input type="checkbox"/> First medical certificate <input type="checkbox"/> Progress medical certificates <input type="checkbox"/> Copies of all medical reports you intend to rely on - (subject to DRD Rule 91) <input type="checkbox"/> Details of the name and address and field of practice of all medical practitioners who have examined or treated the worker <input type="checkbox"/> Statement of any witness outlining what they plan to say <input type="checkbox"/> Copies of any rehabilitation reports you may have <input type="checkbox"/> Copy of any relevant video surveillance you plan to use <input type="checkbox"/> Any other information you intend to rely on
<p>Additional medical Examination</p> <p>s66A</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copies of all medical reports you intend to rely on - (subject to DRD Rule 91) <input type="checkbox"/> Details of the name and address and field of practice of all medical practitioners who have examined or treated the worker <input type="checkbox"/> Statement from any witness outlining what they plan to say <input type="checkbox"/> Copy of any relevant video surveillance you plan to use <input type="checkbox"/> Any other information you intend to rely on
<p>Recovery of payments</p> <p>s71</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Details of compensation paid including statutory expenses <input type="checkbox"/> Statement of the amount sought to be refunded If relevant: <input type="checkbox"/> First medical certificate <input type="checkbox"/> Progress medical certificates <input type="checkbox"/> Copies of all medical reports you intend to rely on - (subject to DRD Rule 91) <input type="checkbox"/> Details of the name and address and field of practice of all medical practitioners who have examined or treated the worker <input type="checkbox"/> Statement from any witness outlining what they plan to say <input type="checkbox"/> Copies of any rehabilitation reports you may have <input type="checkbox"/> Copy of any relevant video surveillance you plan to use <input type="checkbox"/> Any other information you intend to rely on

<p>Suspension of payment during custody</p> <p>s72</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Statement from the Department of Justice certifying that the worker is in custody under a law of the State. <input type="checkbox"/> Documents showing that the worker is in custody under the law of another State, Territory, or Commonwealth. <input type="checkbox"/> Any other information you intend to rely on
<p>Suspension or cessation of payments for failure to undergo medical examination</p> <p>s72A</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of s64 or s65 notice of requirement to submit for medical examination <input type="checkbox"/> Statement from any witness establishing refusal or failure to submit to a medical exam or to obstruct one <input type="checkbox"/> Any other information you intend to rely on
<p>Suspension or cessation of payments for failure to participate in return to work program</p> <p>s72B</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of the Arbitrator's s156B(2) order requiring the worker to participate in a return to work program <input type="checkbox"/> Copy of the return to work program in line with s155 <input type="checkbox"/> Statement from any witness establishing refusal or failure to take part in the return to work program <input type="checkbox"/> Any other information you intend to rely on
<p>Disputes between employers – disputes between insurers</p> <p>s73 / 74</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Claim form/s <input type="checkbox"/> Correspondence received from employer/s or insurer/s (including s57A or s57B Notices) <input type="checkbox"/> First medical certificate <input type="checkbox"/> Progress medical certificates <input type="checkbox"/> Copies of all medical reports you intend to rely on <input type="checkbox"/> Details of the name and address and field of practice of all medical practitioners who have examined or treated the worker <input type="checkbox"/> Statement of any witness outlining what they plan to say <input type="checkbox"/> Any other information you intend to rely on
<p>Return to work programs</p> <p>s156B</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of any relevant video surveillance you plan to use <input type="checkbox"/> Certification from worker's medical practitioner that they have seen a copy of any relevant video surveillance the applicant intends to use <input type="checkbox"/> Any other information you intend to rely on to prove that a program should be established or that the worker is able to return to work at some level <input type="checkbox"/> Statement from any witness establishing the refusal or failure to take part in the return to work program <input type="checkbox"/> Any other information you intend to rely on

<p>Specialised retraining programs – disputes over the degree of any permanent impairment</p> <p>s158C</p>	<ul style="list-style-type: none"> <input type="checkbox"/> AMS assessment <input type="checkbox"/> Documents or statement of any witness showing that the worker and employer disagree about the degree of any permanent impairment <input type="checkbox"/> Copies of all medical reports you intend to rely on (subject to DRD Rule 91) <input type="checkbox"/> Details of the name and address and field of practice of all medical practitioners who have examined or treated the worker <input type="checkbox"/> Any other information you intend to rely on <input type="checkbox"/> Note: Anyone intending to apply under this section is advised to contact the specialised retraining program officer at WorkCover WA before completing and lodging the application
<p>Specialised retraining programs – disputes over the retraining criteria</p> <p>s158D</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Documents showing the applicant’s participation in a return to work program <input type="checkbox"/> Documents or statement by any witness showing that the applicant and employer disagree that the applicant satisfies all the retraining criteria <input type="checkbox"/> Documents such as medical reports, medical certificates or rehabilitation reports that show the worker can be retraining and that retraining is a viable option for them <input type="checkbox"/> Any labour market evidence the applicant wants to rely on – either documents or witness statements <input type="checkbox"/> Any other information you intend to rely on <input type="checkbox"/> [Note: Anyone planning to apply under this section is advised to contact the specialised retraining program officer at WorkCover WA before completing and lodging the application]
<p>Review of decision</p> <p>s186</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of the decision you want to be reviewed <input type="checkbox"/> Any new information supporting a review such as documents, medical reports or a witness statement <input type="checkbox"/> Written submissions supporting a review
<p>Order as to total liability</p> <p>s 217</p>	<ul style="list-style-type: none"> <input type="checkbox"/> First medical certificate <input type="checkbox"/> Progress medical certificates <input type="checkbox"/> Copies of all medical reports you intend to rely on - (subject to DRD Rule 91) <input type="checkbox"/> Details of the name and address and field of practice of all medical practitioners who have examined or treated the worker <input type="checkbox"/> Statement by any witness outlining what they plan to say <input type="checkbox"/> Copies of any rehabilitation reports you may have <input type="checkbox"/> Statement of Social and Financial circumstances and copies of all documents that support the amounts shown in that statement <input type="checkbox"/> Any other information you intend to rely on

<p>Dependency Applications s218</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Proof of dependency document to include where relevant <ul style="list-style-type: none"> - Marriage Certificate - Birth Certificate/s - Death Certificate - Financial records of the deceased and the dependant - Documentary evidence or witness statements to prove de facto relationship - Documentary evidence or witness statements to prove step-child relationship <input type="checkbox"/> Any other information you intend to rely on
<p>Dispute as to rate of weekly payments of compensation: (Including casual or seasonal workers, part time workers, board and lodgings, concurrent contracts) Schedule I cl.11</p>	<p>Where relevant:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contract of employment <input type="checkbox"/> Award / EBA/ Workplace Agreement if any <input type="checkbox"/> Wage records and/or pay slips <input type="checkbox"/> Shift rosters <input type="checkbox"/> Record of employment history required to show normal working patterns <input type="checkbox"/> Details of board and lodging <input type="checkbox"/> Tax returns <input type="checkbox"/> Any other information you wish to rely on
<p>Dispute as to payment of medical and other expenses Schedule I cl 17</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copies of all medical reports you intend to rely on - (subject to DRD Rule 91) <input type="checkbox"/> Details of the name and address and field of practice of all medical practitioners who have examined or treated the worker <input type="checkbox"/> Statement by any witness outlining what they plan to say <input type="checkbox"/> Account/ receipts for medical and other expenses <input type="checkbox"/> Vocational rehabilitation reports <input type="checkbox"/> Any other information you wish to rely on
<p>Payment of additional expenses Schedule I clause 18A</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copies of all medical reports you intend to rely upon - (subject to DRD Rule 91) <input type="checkbox"/> Details of the name and address and field of practice of all medical practitioners who have examined or treated the worker <input type="checkbox"/> Statement of any witness outlining what they plan to say <input type="checkbox"/> Estimate by medical practitioner of future likely expenses <input type="checkbox"/> Copy of letter from insurer advising that reasonable expenses incurred exceed 60% of the maximum <input type="checkbox"/> Statement of Social and Financial Circumstances and copies of all documents that go to support the amounts shown in that statement (Approved DRD Form 14) <input type="checkbox"/> Any other information you intend to rely on

<p>Payment of additional expenses Schedule I clause 18A (2aa)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Record of agreement between the worker and employer that degree of whole person impairment is not less than 15%, or <input type="checkbox"/> Approved medical specialist assessment indicating that the degree of whole person impairment is not less than 15% <input type="checkbox"/> Statement of Social and Financial Circumstances and copies of all documents that go to support the amounts shown in that statement (Approved DRD Form 14) <input type="checkbox"/> Account/ receipts for medical and other expenses <input type="checkbox"/> Evidence of the extent of your condition and the recommended treatment and management as outlined in Schedule I clause 18A (2aa)(c)(ii)
<p>Schedule 2 impairment assessment s31D</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Schedule 2 election (Form 1A of Regulations) <input type="checkbox"/> Evidence showing that the worker and employer disagree about the level of permanent impairment <input type="checkbox"/> Approved medical specialist assessment certificate indicating that the degree of permanent impairment is not less than that alleged <input type="checkbox"/> Copies of all medical reports you intend to rely on - (subject to DRD Rule 91) <input type="checkbox"/> Details of the name and address and field of practice of all medical practitioners who have examined or treated the worker <input type="checkbox"/> Statement by any witness outlining what they plan to say <input type="checkbox"/> Other information or documents you will rely on