



Workers' Compensation
Conciliation Service
2 Bedbrook Place
Shenton Park WA 6008
Ph 08 9388 5555
@WorkCoverWA
www.workcover.wa.gov.au

NOTICE OF REPRESENTATION Form 104

NOTES FOR REPRESENTATIVE

- Complete this form if you are a legal practitioner or registered agent wishing to notify the Workers' Compensation Conciliation Service of an appointment or cessation of representation pursuant to rule 9 of the *Workers' Compensation and Injury Management Conciliation Rules 2011*.
- This form **must** be signed.
- You must give written notice within 3 working days of appointment or cessation of representation.
- Completed forms can be lodged by either:

POST

Workers' Compensation Conciliation
Service, WorkCover WA,
2 Bedbrook Place,
SHENTON PARK WA 6008

IN PERSON

WorkCover WA,
2 Bedbrook Place,
SHENTON PARK WA 6008
(Monday to Friday, 8am to 5pm)

EMAIL

Documents may be
lodged by email subject
to conditions. See the
[WorkCover WA website](#).

For further information or assistance in completing this form, please contact WorkCover WA's
Advice and Assistance Unit on 1300 794 744 or (08) 9388 5537 (TTY).

SECTION A - CASE DETAILS

1. Case number
2. Applicant
3. Respondent

SECTION B - REPRESENTATIVE CONTACT DETAILS

4. Representative details

| | | | | | | |
|---------------------------------------|--|--|-----|-------|--|----------|
| Company name | | | | | | |
| Name of solicitor or registered agent | | | | | | |
| Postal address | | | | | | |
| City/Suburb | | | | State | | Postcode |
| Phone | | | Fax | | | Mobile |
| Email | | | | | | |

5. Representing the (*tick relevant box*)

Worker

Employer

Dependant

Other (*please indicate*)

SECTION C - REPRESENTATION DETAILS

Complete whichever is relevant

6. Appointment as representative

Effective date

Previous representative
(*if applicable*)

7. Cessation as representative

Effective date

SECTION D - SIGNATURE OF REPRESENTATIVE

Signature

Name

Date