



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

## MULTIPLE RESPONDENT FORM Form 105

Office use only

### NOTES FOR APPLICANT

- Complete this form if there is more than one respondent to the dispute.
- Completed forms should be attached to the Application for Conciliation (Form 100).
- 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.](http://www.workcover.wa.gov.au)

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 - APPLICATION DETAILS

1. Applicant

2. Respondent

*State Applicant and Respondent as on the Application for Conciliation (Form 100)*

## SECTION B - ADDITIONAL RESPONDENT DETAILS

3. Additional respondent details

Name
Contact person
Postal address
City/Suburb
Reference no.
State
Postcode
Phone
Fax
Mobile
Email

4. Respondent's representative details *(if represented by a legal practitioner or registered agent - complete if known)*

Company name
Contact person
Reference <i>(if known)</i>
Phone
Fax
Mobile
Email

5. Insurer/self insurer details

Company name
Contact person
Reference <i>(if known)</i>
Phone
Fax
Mobile
Email

6. Insurer/self insurer's representative details *(if represented by a legal practitioner or registered agent - complete if known)*

Company name
Contact person
Reference <i>(if known)</i>
Phone
Fax
Mobile
Email