



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

## NOTICE OF DISCONTINUANCE Form 106

### NOTES FOR APPLICANT

- Complete this form if you wish to discontinue conciliation of the dispute.
- This form **must** be signed.
- 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

I declare I am the Applicant in the above case Yes

Conciliation of the dispute in the above case is hereby DISCONTINUED

## SECTION B - SIGNATURE OF APPLICANT

Signature

Name

Date

(dd/mm/yyyy)