



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

MEMORANDUM OF CONSENT TO FINALISING ORDER Form 107

NOTES FOR PARTIES

- This form is lodged pursuant to section 182N(2) of the *Workers' Compensation and Injury Management Act 1981*.
- Attach a separate page(s) to this form if you do not have enough space.
- This form **must** be signed by both parties.
- 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
4. Memorandum of consent lodged by (*tick relevant box*)

Worker

Employer

Insurer

Dependant

Worker representative

Employer representative

Insurer representative

Service provider

Other (*please specify*)

SECTION B - CONSENT

5. The parties consent to the following order(s)

SECTION C - SIGNATURES

Signature of Applicant

Name

Date

Signature of Respondent

Name

Date