



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

APPLICATION TO EXTEND TIME TO LODGE AN APPLICATION FOR ARBITRATION Form 152

Office use only

NOTES FOR APPLICANT

- Complete this form to apply for an extension of time to lodge an Application for Arbitration.
- You may lodge an Application to Extend Time to Lodge an Application for Arbitration online at <https://online.workcover.wa.gov.au> instead of using this form.
- Attach a separate page(s) to this form if you do not have enough space.
- This form **must** be signed.
- Completed forms can be lodged by either:

POST

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

OR

EMAIL

Documents may be
lodged by email subject
to conditions. See the
WorkCover WA website.

OR

IN PERSON

Workers' Compensation Arbitration Service
2 Bedbrook Place
SHENTON PARK WA 6008
Monday to Friday, 8am to 5pm

- If lodging by post or in person, you must file the original application and attachments with the Workers' Compensation Arbitration Service, plus a copy for each party to the dispute.
- Sealed copies will be returned to you for service on the other parties.
- A Certificate of Service (Form 155) must then be lodged with the Registrar.

For further information, 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

3. Lodged by (*tick relevant box*)

Worker

Employer

Insurer

Dependant

Worker representative

Employer representative

Insurer representative

Service provider

Other (*please specify*)

SECTION B - CONCILIATION PROCEEDINGS

4. These proceedings were not resolved by conciliation. Attached is either (*tick relevant box*)

A copy of the Certificate of Outcome (s1820)

OR

A copy of the Certificate of Unsuitability (s182H)

5. Conciliation certificate
reference number

6. Workers' compensation
claim number

7. Date or period within which
the injury occurred

SECTION C - SUBMISSIONS JUSTIFYING EXTENSION OF TIME

8. State the reason(s) why the extension ought to be granted

SECTION D - PARTY DETAILS

9. Worker details

Title (Mr/Mrs/ Ms/Miss/Dr)	Given names	Surname	
Postal address			
City/Suburb		State	Postcode
Phone	Fax	Mobile	
Email			

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

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

11. Employer details

Employer name			
Contact person			
Postal address			
City/Suburb		State	Postcode
Phone	Fax	Mobile	
Email			

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

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

13. Other party details *(if other parties are involved in the dispute)*

Party type <i>(please specify)</i>			
Company name <i>(if applicable)</i>			
Contact person			
Postal address			
City/Suburb		State	Postcode
Phone	Fax	Mobile	
Email			

SECTION E - SIGNATURE

Signature

Name

Date