



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

MULTIPLE RESPONDENT FORM Form 161

NOTES FOR APPLICANT

- Complete this form if there is more than one respondent to the dispute and you have chosen not to lodge an Application for Arbitration online.
- Completed forms should be attached to the Application for Arbitration (Form 150).
- Completed forms can be lodged by either:

<p>POST</p> <p>Workers' Compensation Arbitration Service WorkCover WA 2 Bedbrook Place SHENTON PARK WA 6008</p>	OR	<p>EMAIL</p> <p>Documents may be lodged by email subject to conditions. See the WorkCover WA website.</p>	OR	<p>IN PERSON</p> <p>Workers' Compensation Arbitration Service 2 Bedbrook Place SHENTON PARK WA 6008 Monday to Friday, 8am to 5pm</p>
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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

State Applicant and Respondent as on the Application for Arbitration (Form 150)

SECTION B - ADDITIONAL RESPONDENT DETAILS

3. Additional respondent details

Name		
Contact person		
Postal address		
City/Suburb		State
Reference no.		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		