



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

NOTICE OF REPRESENTATION Form 162

NOTES FOR REPRESENTATIVE

- Complete this form if you are a legal practitioner or registered agent wishing to notify the Workers' Compensation Arbitration Service of an appointment or cessation of representation pursuant to rule 51 of the *Workers' Compensation and Injury Management Arbitration Rules 2011*.
- You must give notice within 3 working days of appointment or cessation of representation.
- This form **must** be signed.
- Completed forms must be lodged online at <https://online.workcover.wa.gov.au>

For further information, 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

SECTION B - REPRESENTATIVE CONTACT DETAILS

4. Representative's details

| |
|---------------------------------------|
| Company name |
| Name of solicitor or registered agent |
| Postal address |
| City/Suburb |
| Phone |
| Email |

| |
|-----|
| Fax |
|-----|

| |
|-------|
| State |
|-------|

| |
|----------|
| Postcode |
|----------|

| |
|--------|
| Mobile |
|--------|

5. Representing the *(tick relevant box)*

Worker
 Employer
 Dependant
 Other *(please specify)*

SECTION C - REPRESENTATION DETAILS

Complete whichever is relevant

6. Appointment as representative

Effective date

Previous representative
(if applicable)

7. Cessation as representative

Effective date

SECTION D - SIGNATURE OF REPRESENTATIVE

Signature

Name

Date