



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

**MEMORANDUM OF CONSENT
ORDER
Form 157**

NOTES FOR PARTIES

- This form is issued pursuant to rule 38 of the *Workers' Compensation and Injury Management Arbitration Rules 2011*.
- 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 must be lodged online at <http://online.workcover.wa.gov.au>, or if you are EDS exempt and choose not to lodge online, 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

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
4. Lodged by (*tick relevant box*)

<input type="checkbox"/> Worker	<input type="checkbox"/> Employer	<input type="checkbox"/> Insurer	<input type="checkbox"/> Dependant
<input type="checkbox"/> Worker representative	<input type="checkbox"/> Employer representative	<input type="checkbox"/> Insurer representative	<input type="checkbox"/> Service provider
<input type="checkbox"/> Other (<i>please specify</i>)			

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

SECTION D - REGISTRAR/ARBITRATOR

The order is made in the terms outlined above

Registrar/Arbitrator

Date