GOVERNMENT OF WESTERN AUSTRALIA

WorkCoverWA

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

APPLICATION FOR ARBITRATION - WORKPLACE FATALITY Form 150A

Office use only

NOTES FOR APPLICANT

For further information or assistance in completing this form, please contact WorkCover WA's *Advice and Assistance Service* on 1300 794 744 or (08) 9388 5537 (TTY).

- Complete this form to apply to have a workplace fatality claim determined by the Workers' Compensation Arbitration Service under s72H(3).
- If the worker's death occurred before 1 July 2018, you must complete a Form 150.
- You may lodge an Application for Arbitration - Workplace Fatality 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:

POST	*OR*	***EMAIL***	*OR*	***IN PERSON***
Workers' Compensation Arbitration Service WorkCover WA 2 Bedbrook Place SHENTON PARK WA 6008		Documents may be lodged by email subject to conditions. See the WorkCover WA website.		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 for arbitration and attachments with the Workers' Compensation Arbitration Service, plus a copy for each party.
- Sealed copies will be returned to you for service on the other parties.

NOTES FOR RESPONDENT

- If liability for the claim for compensation has been accepted, a reply is not required to be lodged unless an Arbitrator or the Registrar order otherwise.
- If liability for the claim for compensation has not been accepted, a reply to this application outlining what is admitted and/or disputed, along with all supporting documents must be lodged within 14 days of the date of service of this application unless the time is abridged or extended by order of an Arbitrator or the Registrar.

SECTION A - APPLICATION DETAILS

1. Applicant *(party who is making application, e.g. dependant's name)*

2. Respondent *(party who application is against, e.g. employer's name)*

(Note: Form 161 to be completed if there are multiple respondents)

3. Lodged by *(tick relevant box)*

☐ Dependant ☐ Employer ☐ Insurer

☐ Dependant's representative ☐ Employer representative ☐ Insurer representative

☐ Other *(please specify)*

4. All notices from the Workers' Compensation Arbitration Service are sent to EDS (online) and to exempt parties by mail. Indicate if the applicant's preference is to receive notices by email. ☐ Email

SECTION B - SUPPORTING DOCUMENTS AND INFORMATION

5. Attach the following documents

- ☐ The Workplace Fatality Compensation Claim form
- ☐ Insurer's notice of liability (if received)
- ☐ Related documents as listed in Part 4 of the Compensation for Workplace Fatality – Guidelines for Claimants
- ☐ All other documents you intend to rely on for determination of the claim

Please note, if you have not been sent a notice of liability from the insurer/your employer, this application can only be made 30 days after you lodged the claim. Please contact WorkCover WA's Advice and Assistance Service on 1300 794 744 to discuss if required.

a) List documents and information attached to this application

Medical documents	Author/Doctor	Speciality	Date of document
			(dd/mm/yyyy)
			(dd/mm/yyyy)
			(dd/mm/yyyy)
			(dd/mm/yyyy)
			(dd/mm/yyyy)
			(dd/mm/yyyy)
			(dd/mm/yyyy)

Non-medical documents	Author	Date of document
		(dd/mm/yyyy)
		(dd/mm/yyyy)
		(dd/mm/yyyy)
		(dd/mm/yyyy)
		(dd/mm/yyyy)
		(dd/mm/yyyy)
		(dd/mm/yyyy)

b) List documents and information you intend to use but do not yet have

Medical

Nature of Evidence	Author/Doctor	Speciality	Reason not available	Date of expected availability
				(dd/mm/yyyy)
				(dd/mm/yyyy)

Non-medical

Nature of Evidence	Author	Intended use	Reason not available	Date of expected availability
				(dd/mm/yyyy)
				(dd/mm/yyyy)
				(dd/mm/yyyy)

SECTION C - CONTACT DETAILS

6. Applicant details

Title (Mr/Mrs/ Ms/Miss/Dr)		Given names		Surname	
Male/Female		Date of birth		Relationship to worker	
Postal address					
City/Suburb			State		Postcode
Phone				Mobile	
Email					
Interpreter required? (Yes/No)		Language/dialect			

7. Applicant representative's details *(if represented by a legal practitioner or registered agent)*

Company name			
Contact person		Reference *(if known)*	
Phone		Mobile	
Email			

8. Employer details

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

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

Company name			
Contact person		Reference *(if known)*	
Phone		Mobile	
Email			

10. Insurer/self insurer details

Company name			
Contact person		Reference *(if known)*	
Phone		Mobile	
Email			

11. Insurer/self insurer representative's details *(if represented by a legal practitioner or registered agent - complete if known)*

Company name			
Contact person		Reference *(if known)*	
Phone		Mobile	
Email			

12. Other party *details (i.e. any other adult dependant)*

Name					
Postal address					
City/Suburb		State		Postcode	
Phone		Mobile			
Email					
Interpreter required? (Yes/No)		Language/dialect			

13. Other party representative's details (if represented by a legal practitioner or registered agent)

Company name			
Contact person		Reference (if known)	
Phone		Mobile	
Email			

SECTION D - SIGNATURE OF APPLICANT

Signature

Name

Date