



NOTES FOR PARTIES

- Complete this application if you wish to apply to the Arbitrator or the Registrar for an order and/or assessment of costs pursuant to rule 54 and/or rule 57 of the *Workers Compensation and Injury Management Arbitration Rules 2024*.
- WorkCover WA provides an electronic document system (EDS) for the lodgement of applications and documents related to disputes called **WorkCover WA Online**. Unless a party is exempt from using the EDS, all documents must be lodged via WorkCover WA Online. Exempt parties can also use the EDS if they wish. Registration as a user of WorkCover WA Online is easy and can be done via our website
- Further information is available in the **Guide to the Workers Compensation Arbitration Service** and can be found on our website or by contacting WorkCover WA's Advice and Assistance line on 1300 794 744.
- Exempt applicants can lodge the completed application by:

Email

arbitration@workcover.wa.gov.au

In Person

WorkCover WA
 2 Bedbrook Place
 Shenton Park WA 6008
 (Monday to Friday 8am to 4:30pm)

By Post

Workers Compensation Arbitration Service
WorkCover WA
 2 Bedbrook Place
 Shenton Park WA, 6008

- 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 to give to the other parties.

SECTION A - CASE DETAILS

- Case number
- Applicant
- Respondent

State Applicant and Respondent as on the Application for Arbitration

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 (please specify) | | | |

SECTION B - TYPE OF APPLICATION

5. Please indicate by ticking the relevant boxes

Order as to costs

and/or

Assessment of costs

SECTION C - SUPPORTING DOCUMENTATION REQUIRED

6. Supporting documents must accompany the Application (tick relevant boxes)

Statement detailing the items claimed (in the form of a Bill of Costs for assessment) is attached

Copies of vouchers, accounts and receipts relevant to the costs claimed are attached

SECTION D - SIGNATURE

Signature

Name

Date