



NOTES FOR PARTIES

- This form is lodged pursuant to section 318 of the *Workers Compensation and Injury Management Act 2023*.
- 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 Conciliation Service** and can be found on our website or by contacting WorkCover WA's Advice and Assistance line on 1300 794 744.

NON-EXEMPT APPLICANT (insurer, self-insurer, employer and/or worker represented by a legal practitioner or authorised agent)
 A Memorandum of Consent to Finalising Order must be lodged using the EDS in accordance with the *Workers Compensation and Injury Management Conciliation Rules 2024*.

EXEMPT APPLICANT (unrepresented worker or uninsured employer)

- You can register to lodge your Memorandum of Consent to Finalising Order using WorkCover WA Online *or* you can download and complete this form digitally *or* print this form, complete and sign manually.
- Once you have completed the form, we advise that you keep a copy including any supporting information for your records.
- This form **must** be signed by both parties.
- Exempt applicants can lodge your Memorandum of Consent to Finalising Order by:

Email
 conciliation@workcover.wa.gov.au

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

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

SECTION A - CASE DETAILS

- Case number
- Applicant
- Respondent
- Memorandum of consent lodged by (*tick relevant box*)

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

SECTION B - CONSENT

- The parties consent to the following order(s) to finalise the dispute*

SECTION C - SIGNATURES

Name

Date

Signature of Applicant

Name

Date

Signature of Respondent

** Please note: a finalising order pursuant to section 318 of the Workers Compensation Injury Management Act 2023 (the Act) is an order to finalise the dispute and is not an order finalising the statutory claim as this requires the parties to comply with Part 2 Division 12 of the Act.*