



NOTES FOR LODGING PARTY

- This form must be completed if you wish to apply to the Conciliator for an order and/or assessment of costs and accompanied by supporting information.
- 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)

An Application for Order and or Assessment of Costs 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 Application for Order and or Assessment of Costs 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 your application, we advise that you keep a copy including any supporting information for your records.
- Exempt applicants can lodge your Application for Order and or Assessment of Costs 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

1. Case Number
2. Applicant
3. Respondent

State Applicant and Respondent as on the Application for Conciliation

4. Lodged by (tick relevant box)

Worker	Employer	Insurer	Dependent
Worker representative	Employer representative	Insurer representative	Service provider
Other (please specify)			

SECTION B - TYPE OF APPLICATION

5. Please indicate by ticking the box(es)

Order as to costs and/or Assessment of costs

SECTION C – SUPPORTING DOCUMENTATION REQUIRED

6. Supporting documents which must accompany the Application, please indicate by ticking the box(es)

A statement detailing the items claimed (in the form of a Bill of Costs for assessment) and with reference to the relevant items in the Costs Determination is attached.

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

SECTION D – SIGNATURE

Name

Date

Signature