

## *Workers Compensation and Injury Management Act 2023*

### **CONCILIATION PRACTICE NOTES**

These practice notes are made pursuant to s 384(1) of the *Workers Compensation and Injury Management Act 2023* (the Act) and are effective from 4 March 2026 until further notice.

Please note: Practice Notes 1, 2A, 3 and 4A will be revoked from 5pm on 3 March 2026. Consequently, the first practice note in these consolidated Conciliation Practice Notes is Conciliation Practice Note 5.

To assist the parties, these Conciliation Practice Notes may include references to the Act, various approved forms, the *Workers Compensation and Injury Management Regulations 2024* (the Regulations) and the *Workers Compensation Conciliation Rules 2024* (the Rules).

These Conciliation Practice Notes may also include various parts shown for ease of reference as, for example, *Practice Note 6.2*, and sample schedules that can be used by the parties.

Amendments, revocations and new Practice Notes will be noted on the Table of Amendments.

Conciliation Practice Notes are accessible on the WorkCover WA website under the [Workers Compensation Conciliation Service - WorkCover WA](#) tab.



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26 February 2026

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## 5. CONCILIATION PRACTICE NOTE 5 – APPLICATIONS GENERALLY

### 5.1 Summary

This Practice Note provides information about the requirements applicable to all applications for conciliation lodged on or after 4 March 2026. Applications that do not meet these requirements are likely to be rejected by the Director.

Individuals participating in the conciliation process are expected to communicate and behave professionally, respectfully and in accordance with the objects of dispute resolution set out in Part 6 of the Act.

### 5.2 Introduction

The Act and Rules provide applications for conciliation are required to particularise the dispute or matter(s) to which they pertain and the applicant must satisfy the Director that reasonable attempts have been made to resolve the substantive issues in dispute with the other parties.

Additionally, applications must be accompanied by adequate supporting information – see Rules 6 and 7 of the Rules.

The Conciliation Practice Notes are designed to assist stakeholders and support the Conciliation Service to provide fair and cost effective dispute resolution in accordance with the objects of conciliation set out in Part 6 of the Act, namely that conciliation –

- is timely and
- is accessible, approachable and professional and
- minimises the costs to the parties and
- leads to final and appropriate agreements between the parties about the dispute.

Specific Practice Notes for the most common dispute types set out the required information to support those applications. If a particular dispute type is not the subject of a specific Practice Note, the applicant should refer to the information in this Practice Note as it applies to all applications for conciliation.

### 5.3 A dispute that can be conciliated

Before making an application for conciliation, the applicant should review the relevant provisions in the Act to ensure the basis for the application is a dispute as defined in s303 of the Act.

There are some circumstances where the Act only provides a compliance outcome for the actions of a worker, employer or insurer/self-insurer and there is no dispute between the parties that can be conciliated.

Further, there are circumstances within the Act where the failure to take action within a specified timeframe results in, for example, liability taken to be accepted or agreements taken to have been made, rather than a dispute.

*Example:*

A worker's claim is accepted and *the employer does not dispute* that the worker is entitled to compensation payments. However, the payments have not been made when due as required by s47(2) of the Act and the employer has advised they will make the payments next pay run.

Action: The worker lodges an application seeking a review of disputed income compensation.

Outcome: The application is likely to be rejected as there is no dispute that can be conciliated.

*Example:*

A worker has made a claim and considers it is taking too long for a decision to be made. The insurer has issued a deferred decision notice as required, the worker is in receipt of provisional payments and the time allowed to make the liability decision *has not yet expired*.

Action: The worker lodges an application for conciliation seeking a determination of liability.

Outcome: The application is likely to be rejected as there is no dispute that can be conciliated.

For assistance with compliance matters, potential disputes and making an application for conciliation, parties can contact WorkCover WA's Advice and Assistance line (1800 794 744). There are also a range of Information Sheets and Guides available on the WorkCover WA website – [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au)

#### **5.4 Making an application for conciliation**

Applications for conciliation can be made via the WorkCover WA Online electronic document system (EDS) and parties using the EDS are not required to upload a separate application form. A party exempt from using the EDS (i.e. an unrepresented worker or employer) can lodge an electronic (PDF) copy of the application form and the required supporting information via email to [conciliation@workcover.wa.gov.au](mailto:conciliation@workcover.wa.gov.au)

The applicant needs to have on hand details about the worker (name, address, contact details, date of birth), the employer (name, ABN, address, contact details), the insurer (name, contact person), the claim (number, date claim made, liability status) as this information will need to be entered into the application form. An electronic (PDF) copy of the required supporting documentation also needs to be uploaded via the EDS to the application before it is lodged.

It is up to the applicant to select the correct ground(s) of dispute, enter appropriate outcomes sought with reference to the relevant provisions of the Act, and to lodge a complete application that contains the required information set out in the relevant Practice Note(s).

The EDS permits a draft application to be saved and displays prompts and flags regarding requirements and system identified errors. To reduce the risk of rejection of the application, the applicant should review the information in the application and address any flagged items before proceeding to lodgement.

An application can also be withdrawn or discontinued by the applicant via the EDS at any time after lodgement.

## **5.5 Minimum supporting information**

Applications for conciliation are required to be accompanied by the minimum supporting information listed in the relevant Practice Note to ensure the dispute is sufficiently particularised and the application demonstrates that reasonable attempts have been made to resolve the dispute between the parties.

Adherence to the requirements of the Practice Notes by applicants will assist the Conciliation Service to more quickly accept applications and list conciliation conferences.

The Conciliation Practice Notes set out the required supporting information (if any) for various dispute types with regard to:

- (1) the particulars of the dispute and
- (2) the attempts made by the applicant to resolve the dispute with the other party or parties.

An application lodged without the required information is likely to be rejected.

### **5.5.1 Exceptional circumstances**

If a party is unable to lodge all of the supporting information required by a Practice Note, the applicant should specify in the application any exceptional circumstances the party wishes the Director to consider.

## **5.6 Particulars of the dispute**

In addition to the requirements of a dispute type specific Practice Note, all applications for conciliation are required to be accompanied by the following information pertaining to the particulars of the dispute:

- A copy of the claim form and
- A copy of relevant Certificates of Capacity, including the First certificate of Capacity and
- A copy of the liability decision notice(s) issued by the insurer/self-insurer (if applicable).

If the required information is not available due to circumstances outside the applicant's control, the applicant is encouraged to lodge a cover letter or statement with information to supplement the documentation lodged.

## 5.7 Attempts to resolve the dispute

The applicant is required to demonstrate that reasonable attempts have been made to resolve the substantive issues with each other party to the dispute. This is often called conferral between the parties, particularly if legal practitioners represent one or more parties.

### 5.7.1 Focus of attempts to resolve the dispute

What is reasonable in each circumstance will depend on the nature of the dispute. As in other jurisdictions, attempts to resolve a dispute or conferral should focus on:

- identification of the substantive issues in dispute
- clearly articulating the position(s) of the parties in relation to the issues in dispute
- exploring options for resolution of the dispute
- sharing pertinent information about particular disputed facts
- making genuine attempts to reach an agreement without the need for conciliation or arbitration.

### 5.7.2 Without prejudice conferral

To protect confidential information, without prejudice conferral correspondence can be redacted as appropriate. Genuine conferral generally requires more than simply asking the other party to change their mind or confirm the adverse decision.

### 5.7.3 Attempts made by telephone

Where attempts to resolve the dispute were made by telephone, a file note about the call can be uploaded or details of it can be included in a cover letter lodged with the application.

### 5.7.4 Time for response from the respondent

Another element of reasonableness is the time given to another party to respond to communication about a dispute or conferral correspondence. Generally, five working days to respond is considered a reasonable minimum timeframe in the conciliation context.

### 5.7.5 Internal Dispute Resolution Processes

Insurers and self-insurers are required to attempt to resolve disputes via their internal dispute resolution process (IDRP) as set out in Standard 2.8 of the *Insurer and Self Insurer Principles and Standards of Practice*. For most dispute types, it is generally reasonable for the worker to attempt to resolve the dispute via a request for review to the insurer/self-insurer's IDRP before lodging an application for conciliation. Further, it would be considered reasonable to give the insurer/self-insurer five working days to respond to the request for review.

## 5.8 Scope and content of applications

The applicant is required to ensure all issues in dispute are included in the application when it is lodged.

If there is more than one ground of dispute, the application is required to be accompanied by the supporting information set out in each relevant Practice Note.

If a Practice Note requires the lodgement of a schedule to particularise expenses and/or compensation payments, the applicant can use the sample schedule mentioned in the relevant Practice Note and included in Annexure A to these Practice Notes.

### 5.8.1 Use of Artificial Intelligence (AI)

Parties to a dispute must use due diligence to ensure their submissions and information lodged are true and correct.

It is the responsibility of the party lodging information, particularly if AI is used to create submissions, to ensure that sources, case references, legislation, precedents and principles quoted are real and relevant to the dispute.

Unrepresented parties are cautioned about relying on AI for legal advice and in the drafting of submissions as information generated by AI is often inaccurate, incomplete or over-simplified. Unrepresented parties are encouraged to obtain legal advice and/or representation from a legal practitioner. A list of legal practitioners providing services related to workers compensation claims can be found on the Law Society of WA website.

The attention of representatives is drawn to the *Supreme Court of Western Australia Guidelines for the use of generative AI* which set out useful guidance and direction regarding the obligations of legal professionals with regard to the accuracy and integrity of AI generated content. Although the Conciliation Service is a less formal jurisdiction than the Supreme Court, the expectation applies that submissions made are reliable and do not waste the time and resources of the Conciliation Service with unverified, inaccurate or misleading information.

## 5.9 Requests for further information

In limited circumstances, missing required information may be requested by the Registry after an application is lodged.

In this case, three working days will be provided for the required information to be lodged. Failure to respond and/or provide the required information will likely result in rejection of the application. If an extension of time to provide the information is required, the applicant can request this in writing either uploaded to the case via the EDS or, if they are EDS exempt, via email to [conciliation@workcover.wa.gov.au](mailto:conciliation@workcover.wa.gov.au)

If an applicant cannot provide the required information within the time allowed, the application should be withdrawn and a fresh application lodged when the required information is to hand.

## 5.10 Participation and attendance

The attention of the parties is drawn to section 365 of the Act – Representation; section 388 of the Act- Giving false or misleading information, and section 389 of the Act – Misbehaviour and other conduct.

Individuals participating in dispute resolution activities in the Conciliation Service are required to behave professionally and respectfully at all times. This includes in communication with staff of the Conciliation Service.

The parties are required to attend conciliation conferences in accordance with the Listing Notice(s) and unavailability needs to be communicated to the case management team as soon as possible so conferences can be rescheduled with minimal disruption. Contact details for the case management team are included in the Listing Notice(s).

It is expected the parties are available and prepared to have meaningful discussions at the commencement of the scheduled conciliation conference. This means the parties are expected to enter the conference room at the scheduled time ready to commence the conference. If a legal representative requires preparation and meeting time with their client, this should occur before the scheduled conference, not during conference time.

### 5.10.1 Authorised agents and worker support person

The attention of the parties is drawn to Regulation 106 and Rule 10, as well as Standard 5.4 of the *Insurer and Self-Insurer Principles and Standards of Practice* for insurer and self-insurer authorized agents.

A worker attending conciliation is permitted to bring a support person, however, the support person cannot represent the worker in the proceedings and must not obstruct conciliation.

## **6. CONCILIATION PRACTICE NOTE 6 – DETERMINATION OF LIABILITY**

### **6.1 Summary**

This Practice Note is applicable to disputes about liability and questions about liability. The Act sets out the steps in the claims process and the responsibilities of the parties. Decisions about liability are fundamental to the management of workers compensation claims. Applications seeking a determination of liability comprise around half of all applications for conciliation.

### **6.2 Introduction**

As the Act places responsibility on workers, employers, insurers and self-insurers in relation to making and responding to a claim for compensation, there are a range of issues that may be in dispute with regard to liability.

The most common issues in dispute are:

- whether the worker was a worker of the employer
- whether the worker sustained an injury from employment and
- the circumstances of how the injury occurred.

There are strict timeframes for the making and notification of decisions related to liability and, given the nature of these kinds of disputes, the attention of the parties is drawn to Part 2 Division 2 of the Act – Claiming compensation.

The insurance status of the employer can also impact how the worker's claim will be handled. The information required to support an application for a determination of liability on an uninsured claim is different from insured claims as set out below.

### **6.3 Insured claims**

An application for a determination of liability on an insured claim is required to be accompanied by the following information.

#### **6.3.1 Supporting information - particulars of the issues in dispute**

- Information about the claim as set out in Practice Note 5.6 and
- Information about the matters identified as the basis for the insurer/self-insurer's decision to dispute liability of the claim.

#### **6.3.2 Supporting information - attempts to resolve the dispute**

- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7.

## 6.4 Uninsured claims

The attention of the parties is drawn to Part 5 Division 7 of the Act – Uninsured employers.

If an employer is not insured for workers compensation, there is no insurer to respond to the claim, and the employer may manage the claim themselves like a self-insurer, a principal employer may manage the claim or WorkCover WA may exercise the rights of the employer.

If WorkCover WA exercises the employer's rights, the Insurance Commission of Western Australia (ICWA) will manage the claim on WorkCover WA's behalf and the uninsured employer may be required to participate and assist in the management of the claim and the dispute.

An application for a determination of liability on an uninsured claim is required to be accompanied by the following information.

### 6.4.1 Supporting information - particulars of the issues in dispute

- Information about the claim as set out in Practice Note 5.6
- Information that indicates when and how the worker made the claim on the employer
- Information regarding the insurance status of the employer
- Correspondence (if any) from the employer setting out the employer's position about liability for the claim
- If the worker's status as a 'worker', the employment relationship and/or the rate of compensation are in dispute, payslips or other information about the employment relationship and salary/wages and
- If the worker's injury is in dispute, relevant medical information.

### 6.4.2 Supporting information - attempts to resolve the dispute

- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7 and
- Information that indicates the worker sought assistance from WorkCover WA's uninsured claims team (1300 794 744) and WorkCover WA's position with regard to the claim.

## 6.5 Provisional payments

The attention of the parties is drawn to Part 2, Division 2, Subdivision 3 of the Act – Provisional Payments, and Regulation 22.

Provisional payments must be made to a worker if the employer has issued a deferred decision notice but has not given a liability decision notice within 28 days of the date the claim was received by the insurer.

An application seeking payments of provisional payments on the basis the employer was required to make provisional payments and failed to do so is required to be accompanied by the following information.

#### 6.5.1 Supporting information - the particulars of the issues in dispute

- Information about the claim as set out in Practice Note 5.6
- A copy of the Deferred Decision Notice and
- Correspondence from the employer or insurer setting out the position with regard to non-payment of provisional payments

#### 6.5.2 Supporting information - attempts to resolve the dispute

- Information that indicates the attempts made to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7 and
- Information that shows the worker sought assistance from WorkCover WA's compliance team via WorkCover WA's Advice and Assistance line (1300 794 744).

### 6.6 Liability taken to be accepted

The attention of the parties is drawn to section 28 of the Act – Insurer or self-insurer to make decision on liability and section 29 of the Act – Requirements when a decision on liability deferred.

Liability for a claim is taken to be accepted, and payments of compensation must be made, if the insurer/self-insurer has not issued a deferred liability notice within 14 days of when the claim was received by the insurer/self-insurer, or if the insurer/self-insurer did issue a deferred decision notice but has not issued a liability decision notice within 120 days from when the insurer received the claim.

An application seeking payment of compensation on the basis the employer was taken to have accepted liability and failed to make compensation payments is required to be accompanied by the following information.

#### 6.6.1 Supporting information - particulars of the issues in dispute

- Information about the claim as set out in Practice Note 5.6
- Information that indicates when the worker made the claim on the employer and
- Correspondence from the insurer/self-insurer setting out the position with regard to non-payment of compensation to the worker.

#### 6.6.2 Supporting information - attempts to resolve the dispute

- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7 and
- Information that indicates the worker sought assistance from WorkCover WA's compliance team via the Advice and Assistance line (1300 794 744).

## 6.7 Applications regarding a liability question

The attention of the parties is drawn to section 34 of the Act – Claiming compensation when question as to liability or appointment between employers.

A liability question may arise about or between employers and/or insurers with regard to whether another employer (the relevant employer) is liable for a claim, how liability is to be apportioned between employers and which insurer(s) are liable to indemnify an employer.

An application seeking the determination of an Arbitrator on a liability question is required to be accompanied by the following information.

### 6.7.1 Supporting information - particulars of the issues in dispute

- Information about the claim(s) as set out in Practice Note 5.6
- Information that indicates when and how the worker made the claim(s) on the employer(s)
- Information regarding the insurance status of the employer(s)
- Any correspondence from the employer(s) setting out their position about liability for the claim(s)
- If the worker's employment history or the insurance history of the employer(s) are in dispute, information about these matters and
- Details of the liability question to be determined.

### 6.7.2 Supporting information - attempts to resolve the dispute

- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7.

## **7. CONCILIATION PRACTICE NOTE 7 - INCOME COMPENSATION**

### **7.1 Summary**

Income compensation must be paid in accordance with the Act and disputes can arise related to the amount and duration of income compensation payments.

Income compensation is only permitted to be discontinued, reduced or suspended in limited circumstances as set out in the Act, including if a notice has been issued by the insurer/self-insurer notifying the worker of the proposed action and the basis for it, and by order of an Arbitrator.

Failure to pay income compensation when due is also a compliance matter as the Act sets out penalty provisions in various circumstances. This is particularly important if there is no dispute between the parties as to the worker's entitlement to income compensation payments, but payments have not been made as required.

### **7.2 Introduction**

Given the nature of these disputes, the attention of the parties is drawn to Part 2, Division 3 of the Act – Income compensation.

If there is no dispute between the parties as to the worker's entitlement to income compensation but payments have not been made when due, the applicant can seek assistance from WorkCover WA's Advice and Assistance line (1300 794 744) as a compliance investigation may be required. In many cases, involvement from the compliance team can result in the employer making payments as required and resolution of the dispute. In this circumstance, there may not be a dispute that can be conciliated.

### **7.3 Adjustment made without notice of proposed action or the worker's consent**

A worker's income compensation can only be adjusted in the limited circumstances set out in the Act. The attention of the parties is drawn to Part 2 Division 3 Subdivision 4 of the Act – Reducing, suspending and discontinuing income compensation.

Applications seeking continuation, reinstatement or increase of income compensation on accepted claims if income compensation has been adjusted by the employer or insurer/self-insurer are required to be accompanied by the supporting information listed below.

#### **7.3.1 Supporting information - particulars of the issues in dispute**

- Information about the claim as set out in Practice Note 5.6
- A schedule showing the date(s) and amount(s) of compensation sought (see Attachment A, sample schedule 1.1)
- Copies of relevant payslips (or other payment information) and
- A clear statement from the employer/insurer/self-insurer which indicates:
  - that the employer does not agree that the worker is entitled to the income compensation sought and
  - why the payments were adjusted.

### 7.3.2 Supporting Information - attempts to resolve the dispute

- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7 and
- Information showing the worker sought assistance from:
  - the employer responsible for making the payments and
  - WorkCover WA's Advice and Assistance line (1300 794 744).

## 7.4 Response to notice of proposed action

The attention of the parties is additionally drawn to Part 2 Division 3 Subdivision 4 of the Act – Reducing, suspending and discontinuing income compensation.

If a worker has received a notice of proposed action to reduce, suspend or discontinue income compensation, and the worker does not agree with the proposed action, an application in response to the notice is to be accompanied by the supporting information listed below.

### 7.4.1 Supporting information - particulars of the issues in dispute

- Information about the claim as set out in Practice Note 5.6
- A complete copy of the Notice of Intention to Reduce or Discontinue Income Compensation (Form CN2 or Form CN3, as relevant, with attachments) and
- If the Notice is issued pursuant to section 63 of the Act, information about the worker's capacity for work and/or return to work or
- If the Notice is issued pursuant to section 64 of the Act, information about the worker's medical condition.

### 7.4.2 Supporting information - attempts to resolve the dispute

- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7 and/or
- Correspondence from the worker to the insurer/self-insurer about the Notice and seeking its withdrawal and the insurer/self-insurer's response (if any).

### ***Important information for workers***

These kinds of applications are time sensitive. Failure to lodge an application within a prescribed timeframe, or rejection of an application because it does not meet the requirements of the Conciliation Rules or this Practice Note, can result in the insurer/self-insurer taking the proposed action as set out in the Notice of Intention to Reduce or Discontinue Income Compensation. Workers are encouraged to obtain legal advice or to contact WorkCover WA's Advice and Assistance line 1300 794 744 if in any doubt about what is required.

## 7.5 Payment, rate of income compensation and/or partial capacity for work

The attention of the parties is drawn to Part 2 Division 3 Subdivision 2 of the Act – Entitlement to Income Compensation and Part 2 Division 3 Subdivision 3 of the Act – Calculation of Income Compensation.

An application seeking a determination of the rate of income compensation based on the

worker's pre-injury income and/or changes to income compensation based on a partial capacity for work are required to be accompanied by the following supporting information.

#### 7.5.1 Supporting information - particulars of the issues in dispute

- Information about the claim as set out in Practice Note 5.6
- A schedule showing the date(s) and amount(s) of compensation in dispute (see Attachment 1 sample schedule 1.1)
- A copy of any notices (Form CN2) issued by the insurer/self-insurer regarding reduction of income compensation (if relevant)
- Medical certification indicating the worker's capacity for work for the relevant period(s)
- If the rate of income compensation is in dispute, payslips or other wage information
- If the rate of income compensation is in dispute, details of the correct rate of pay with reference to the calculations in section 55 and the other provisions in Part 2 Division 3 Subdivision 3 of the Act, as applicable
- A copy of a return to work program(s) for the relevant period(s), if applicable and
- A statement/correspondence from the employer/insurer which indicates that there is a dispute between the parties about the worker's entitlement to the payments sought.

#### 7.5.2 Supporting information - attempts to resolve the dispute

- Correspondence between the parties about the issue(s) related to the rate of income compensation and/or the return to work activities relevant to the worker's income compensation and
- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7.

### 7.6 Review of disputed income compensation

An application seeking an order for the suspension, adjustment or discontinuation of income compensation is required to be accompanied by the following supporting information.

#### 7.6.1 Supporting information - particulars of the issues in dispute

- Information about the claim as set out in Practice Note 5.6
- A schedule showing the date(s) and amount(s) of compensation in dispute if the payments were already made (see Attachment 1 sample schedule 1.1)
- Information about the worker's medical condition and capacity for work as relevant to the basis for the application
- Information about the worker's return to work and a copy of the return to work program(s), vocational rehabilitation report(s) and labour market report(s) as relevant to the basis for the application and
- Copies of any notice(s) issued by the insurer/self-insurer under section 62, 63 or 64 of the Act (if any), including attachments.

### 7.6.2 Supporting information - attempts to resolve the dispute

- Correspondence between the parties about the issue(s) related to the rate of income compensation and/or the return to work activities relevant to the worker's income compensation and
- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7.

## 7.7 Recovery of erroneous payments

The attention of the parties is drawn to section 146 of the Act – Recovery of erroneous payments of compensation. An application seeking an order for the refund of an erroneous payment of compensation is required to be accompanied by the following supporting information.

### 7.7.1 Supporting information - particulars of the issues in dispute

- Information about the claim as set out in Practice Note 5.6
- A schedule showing the date(s), type(s) and amount(s) of erroneous payments of compensation (see Attachment 1 sample schedule 1.1)
- Information about the worker's medical condition and capacity for work as relevant to the basis for the application
- Information about the worker's return to work as relevant to the basis for the application and
- Information about the circumstances that gave rise to the payment(s) of compensation to a recipient not lawfully entitled to the payment(s) which are the basis for the application.

### 7.7.2 Supporting information - attempts to resolve the dispute

- Correspondence between the parties about the issue(s) related to the recipient's entitlement to the compensation and refund by the recipient of the erroneous payments in dispute and
- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7.

## 7.8 Additional income compensation

The attention of the parties is drawn to section 52 of the Act – Additional income compensation.

An application seeking an order for additional income compensation is required to be accompanied by the following supporting information.

#### 7.8.1 Supporting information - particulars of the issues in dispute

- Information about the claim as set out in Practice Note 5.6
- Information about the worker's medical condition
- Information about the worker's permanent and total incapacity for work including copies of relevant return to work program(s), vocational rehabilitation report(s) and a labour market report
- A Statement of Social and Financial Circumstances (Form CS2) completed by the worker (with supporting documentation to substantiate the statement)
- Correspondence from the insurer/self-insurer confirming that the worker has been paid in excess of 75% of the applicable income compensation general limit amount and
- Information about the period(s) and amount(s) of additional income compensation sought (if there are various amounts and periods of compensation sought, a schedule similar to sample schedule 1.1 in Annexure 1 should be lodged).

#### 7.8.2 Supporting information - attempts to resolve the dispute

- A clear statement about the insurer/self-insurer's position regarding payment of the additional income compensation sought.

## **8. CONCILIATION PRACTICE NOTE 8 - MEDICAL AND HEALTH EXPENSES**

### **8.1 Summary**

Medical and health expenses compensation must be paid for medical and health service expenses in accordance with the Act and disputes can arise about the type, frequency, cost and reasonableness of particular treatments, services, medication and consultations.

### **8.2 Introduction**

Given the nature of these disputes and applications, the attention of the parties is drawn to Part 2 Division 4 of the Act – Compensation for medical and health expenses.

Medical and health services that may be paid include treatments such as physiotherapy and psychological counselling, surgery and hospital expenses, medication and consultations with medical practitioners.

The Act also sets maximum limits applicable to medical and health expenses and provides for circumstances where a standard increase or special increase above the general limit amount may be paid on order of an Arbitrator.

To ensure the dispute is sufficiently particularised, and the costs and circumstances of reasonableness of the expenses are set out in the application, the details of one-off and a series of expenses are to be specified in the application and in attempts to resolve the dispute. An application seeking only ‘payment of medical expenses incurred and to be incurred’, without specifying what is sought and on what basis, is unlikely to be accepted.

### **8.3 Medical and health expenses**

An application for payment of medical and health expenses is required to be accompanied by the following supporting information.

#### **8.3.1 Supporting information - particulars of the issues in dispute**

- Information about the claim as set out in Practice Note 5.6
- A schedule showing the date(s), type(s) and amount(s) of medical and health expenses incurred or to be incurred and in dispute (see Attachment 1 sample schedule 1.2) with supporting documentation including receipts, invoices, request for surgery, treatment plan, quotation from the provider etc.
- Information about the worker’s medical condition and the need for the medical and the health expenses in dispute
- Information about the reasonableness of the worker’s claim for payment of the medical and health expenses and
- A clear statement about the insurer/self-insurer’s position regarding payment of the particularised medical and health expenses sought.

#### **8.3.2 Supporting information about attempts to resolve the dispute**

- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7.

## **8.4 Standard increase in medical and health expenses compensation**

The attention of the parties is drawn to section 77 of the Act – Standard increase in compensation limit.

### **8.4.1 Supporting information - particulars of the issues in dispute**

- Information about the claim as set out in Practice Note 5.6
- A schedule showing the date(s), type(s) and amount(s) of additional medical and health compensation (see Attachment 1 sample schedule 1.2)
- Information about the worker's medical condition and further treatment needs, including a management plan from the worker's treating specialist/provider
- A Statement of Social and Financial Circumstances (Form CS2) completed by the worker (with supporting documentation to substantiate the statement) and
- Information about the amount of medical and health expenses compensation already paid and a copy of the Notice issued to the worker by the insurer/self-insurer pursuant to section 76 advising that 60% of the general limit has been reached (if any).

### **8.4.2 Supporting information - attempts to resolve the dispute**

- A clear statement about the insurer/self-insurer's position regarding payment of the additional medical and health expenses compensation sought.

## **8.5 Special increase**

The attention of the parties is drawn to section 78 of the Act – Increase for special expenses in the medical and health expenses general limit amount.

### **8.5.1 Supporting information with particulars of the issues in dispute**

- Information about the claim as set out in Practice Note 5.6
- A schedule showing the date(s), type(s) and amount(s) of the special expenses the worker has incurred or is likely to incur above the standard increase (see Attachment 1 sample schedule 1.2)
- Information about the worker's medical condition and further treatment needs, including a management plan from the worker's treating specialist/provider.
- A Statement of Social and Financial Circumstances (Form CS2) completed by the worker (with supporting documentation to substantiate the statement)
- Information confirming the worker has a degree of permanent whole person impairment of at least 15% as a result of the injury and
- Information about the amount of medical and health expenses compensation already paid and which confirms the general limit amount was increased by a standard increase.

### **8.5.2 Supporting information about attempts to resolve the dispute**

- A clear statement from the insurer/self-insurer about the medical management plan and the special expenses increase sought.

## **9. CONCILIATION PRACTICE NOTE 9 - SUSPENSION ORDERS**

### **9.1 Summary**

The Act imposes responsibility on workers with regard to participation in certain medical examinations and injury management activities. The consequences for failing to comply with these responsibilities can be significant.

An application for a suspension order may be lodged by the insurer/self-insurer if a worker fails to meet their obligations without reasonable excuse.

There are also circumstances where an insurer/self-insurer is permitted to suspend a worker's compensation payments for a specific period of time. This can occur if a worker is in custody or is out of the State and fails to submit a declaration at the required interval.

### **9.2 Introduction**

Given the nature of the disputes where the employer or insurer/self-insurer is the applicant, the attention of the parties is drawn to Part 3 of the Act – Injury Management and Part 4 of the Act – Medical assessment, and the Regulations.

The notice(s) requiring the worker to participate in injury management or to undergo a medical examination must be clear and, in the event the worker does not comply, the opportunity to provide a reason/excuse for not participating, attending or undergoing the required activity should be given and details lodged with the application.

In many instances, it would be a reasonable attempt to resolve the dispute if the insurer/self-insurer makes a further appointment or arrangements to facilitate the worker's participation in the injury management activities or medical examination. If this is done, details should be lodged with the application.

Where the Application is made by the worker for an arbitrator's determination as to whether compensation was lawfully suspended during a period when they were (allegedly) in custody or non-compliant with the requirement to provide declarations when outside the State, the attention of the parties is drawn to Part 2 Division 3 Subdivision 4 of the Act – Reducing, Suspending and Discontinuing Income Compensation.

### **9.3 Suspension – injury management**

The attention of the parties is drawn to section 163 of the Act – Duties of worker and section 164 of the Act – Consequences of refusal or failure to comply with section 163 duty.

An application for a suspension order because a worker has contravened a section 163 duty is required to be accompanied by the following supporting information.

### 9.3.1 Supporting information - particulars of the issues in dispute

- Information about the claim as set out in Practice Note 5.6
- A schedule showing the date(s) and details of the worker's non-compliance with a section 163 duty, reason(s) given and supporting documentation (see Attachment 1 sample schedule 1.3)
- A copy of relevant Certificates of Capacity and medical reports
- A copy of relevant Return to Work Programs and vocational rehabilitation reports
- Correspondence between the worker and employer/insurer/self-insurer about the injury management and return to work activities, and their duties, the subject of the application.

### 9.3.2 Supporting information - attempts to resolve the dispute

- Details of efforts made to contact the worker and promote their compliance after their refusal or failure to comply and the worker's response to these efforts (if any) and
- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7.

## **9.4 Suspension – contravention of requirement to undergo medical examination**

The attention of the parties is drawn section 180 of the Act – Power to require medical examination of worker and section 181 of the Act – Worker contravening requirement for medical examination.

An application for a suspension order because a worker has contravened the requirement to undergo a medical examination is required to be accompanied by the following supporting information.

### 9.4.1 Supporting information - particulars of the issues in dispute

- Information about the claim as set out in Practice Note 5.6
- A schedule showing the date(s) and details of the worker's contravention of the requirement to undergo a medical examination, reason(s) given and supporting documentation (see Attachment 1 sample schedule 1.3)
- A copy of relevant Certificates of Capacity and medical reports
- A copy of the notice issued to the worker about the requirement to undergo a medical examination in accordance with section 180.

### 9.4.2 Supporting information - attempts to resolve the dispute

- Details of efforts made to contact the worker and promote their compliance after their contravention and the worker's response to these efforts (if any) and
- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7.

## **9.5 Suspension – worker not residing in the State and failure to provide declaration**

The attention of the parties is drawn section 65 the Act – Worker Not Residing in State: failure to provide declaration and Suspension of income compensation and Regulation 29 – Required declarations

An application for a determination of an Arbitrator of the question as to whether payment of income compensation to the worker was lawfully suspended under section 65 for a particular period is required to be accompanied by the following supporting information.

### **9.5.1 Supporting information - particulars of the issues in dispute**

- Information about the claim as set out in Practice Note 5.6
- A copy of the suspension warning notice(s) issued by the insurer/self-insurer pursuant to section 65(3) (if any)
- A copy of the declaration(s) provided by the worker to the insurer/self-insurer for the relevant period, including before, during and after the period of suspension (as relevant)
- Details of the particular period of suspension about which the worker seeks the Arbitrator’s determination and
- Information that indicates on what basis the worker considers the suspension to have been unlawful.

### **9.5.2 Supporting information - attempts to resolve the dispute**

- A clear statement that indicates the employer’s position with regard to the suspension of the worker’s income compensation for the particular period that is the subject of the Application and
- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7.

## **9.6 Suspension – worker in custody**

The attention of the parties is drawn section 66 of the Act and Regulation 30 – Suspension of income compensation while worker in custody.

An application for a determination of an Arbitrator of the question as to whether payment of income compensation to the worker was lawfully suspended under section 66 for a particular period is required to be accompanied by the following supporting information.

### **9.6.1 Supporting information - particulars of the issues in dispute**

- Information about the claim as set out in Practice Note 5.6
- Information that indicates the dates the worker was in custody and/or was released from custody
- Details of the particular period of suspension about which the worker seeks the Arbitrator’s determination and

#### 9.6.2 Supporting information - attempts to resolve the dispute

- A clear statement that indicates the employer's position with regard to the suspension of the worker's income compensation for the particular period that is the subject of the Application and
- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7.

## 10. CONCILIATION PRACTICE NOTE 10 – DEGREE OF PERMANENT IMPAIRMENT

### 10.1 Summary

If a worker has sustained a permanent impairment as a result of the work related injury, compensation is payable in accordance with the calculation methodology and Table in section 101 of the Act, subject to any limiting factors, for example if the general income compensation limit amount has been or will be exceeded.

The calculation of permanent impairment compensation is based on the degree of the worker's permanent impairment as assessed and certified by an Approved Permanent Impairment Assessor (APIA) using the *WorkCover WA Guidelines for the Evaluation of Permanent Impairment*.

The Act provides permanent impairment compensation may only be paid as a lump sum in a settlement agreement. However, there is no requirement for the claim to be settled if and when the degree of the worker's permanent impairment is agreed by the parties or determined by an arbitrator.

If the worker has suffered a dust disease that results in some degree of permanent whole person impairment (PWPI) the worker is entitled to lump sum compensation. A determination as to the worker's degree of PWPI is undertaken by the Dust Diseases Medical Panel, which is constituted by the WorkCover WA Chief Executive Officer. Further information about making a dust disease claim is available from WorkCover WA's Advice and Assistance line (1300 794 744) and the WorkCover WA website - [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au)

### 10.2 Introduction

The attention of the parties is drawn to Part 2 Division 7 of the Act – Lump sum compensation for permanent impairment from personal injury by accident.

Before an arbitrator can make a determination about a worker's degree of permanent impairment, the parties are first required to attempt to agree in accordance with the prescriptive steps in section 105 of the Act. One of these steps is that the permanent impairment notice must be given to the employer as per section 105(1)(b) of the Act (or the employer's authorised representative, for example a legal representative or an insurer with specific authority to be given the notice on behalf of the employer).

There are circumstances where an employer is taken to have agreed the worker's degree of permanent impairment if a step is not taken, or is not taken on time, and the application will not be accepted if there is no dispute that can be conciliated.

Only an APIA can provide an assessment of the degree of permanent impairment and a list of APIAs is available on the WorkCover WA website - [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au).

### **10.3 Determination – degree of permanent impairment**

The attention of the parties is drawn to section 105 of the Act – Agreement as to degree of permanent impairment and section 106 of the Act – Determination by arbitrator when worker and employer fail to agree degree of permanent impairment.

Section 105 sets out prescriptive steps to be taken by the worker and employer in a particular order. Section 106 of Act provides that an application can be made to an Arbitrator for a determination of the worker’s degree of permanent impairment only if after taking the steps in section 105 the parties have not agreed, or are not taken to have agreed, the worker’s degree of permanent impairment.

An application seeking a determination of a worker’s degree of permanent impairment is required to be accompanied by the following supporting information.

#### **10.3.1 Supporting information - particulars of the issues in dispute**

- Information about the claim as set out in Practice Note 5.6
- A copy of the Permanent Impairment Notice (Form SF3) completed by the parties in accordance with sections 105(1) and (2) of the Act
- Information that shows when the Form SF3 was given to the employer in accordance with section 105(1)(b)
- A copy of the APIA’s Assessment and Report on which the Form SF3 is based (Form APIA 1 or APIA 7)
- A copy of the appointment letter issued by the insurer/self-insurer to the worker in accordance with section 105(2) for the worker to attend an APIA appointment for a further assessment and
- A copy of the further APIA’s Assessment and Report (Form APIA 1 or APIA 7) as requested by the insurer/self-insurer pursuant to section 105 (2)(b) and provided to the worker by the insurer/self-insurer in accordance with section 105(4).

#### **10.3.2 Supporting information - attempts to resolve the dispute**

- A copy of the Permanent Impairment Notice (Form SF4) issued by the insurer/self-insurer in accordance with section 105(4) (if applicable) and
- Information that shows the parties negotiated to agree the worker’s degree of permanent impairment in accordance with section 105(4)(b) of the Act and those negotiations were not successful.

## **11. CONCILIATION PRACTICE NOTE 11 - PRODUCTION OF DOCUMENTS**

### **11.1 Summary**

The Act provides for relevant documents related to the worker's claim to be produced by the insurer/self-insurer within 14 days of a request from the worker.

Relevant documents can include the claim form, certificates of capacity and medical/health reports, employment contracts, payslips and the employer's certificate of currency for workers compensation insurance.

Failure to produce relevant documents as required is also a compliance matter as the Act sets out penalty provisions in various circumstances. This is particularly important if there is no dispute between the parties as to whether a document is a relevant document and/or that the request was validly made.

### **11.2 Introduction**

Given the nature of this dispute, the attention of the parties is drawn to section 306 of the Act – Relevant documents.

If there is no dispute between the parties about the request made, and/or whether any or all of the requested documents are relevant documents, the applicant can seek assistance from WorkCover WA's Advice and Assistance line (1300 794 744) as a compliance investigation may be required. In this circumstance, there may not be a dispute that can be conciliated.

### **11.3 Production of documents**

An application for conciliation seeking the production of documents is required to be accompanied by the following supporting information.

#### **11.3.1 Supporting information - particulars of the issues in dispute**

- Information about the claim as set out in Practice Note 5, Part 6 (if available)
- A copy of the request made under section 306 for the production of documents and
- Information that clearly states the position of the employer/insurer/self-insurer/WorkCover WA, as relevant to the request, about the provision of the requested documents.

#### **11.3.2 Supporting information - attempts to resolve the dispute**

- Information that demonstrates the applicant sought assistance from WorkCover WA's Advice and Assistance line (1300 754 744) and
- Information that demonstrates reasonable attempts to resolve the dispute and/or conferral between the parties (or their representatives) as set out in Practice Note 5.7.

## 12. CONCILIATION PRACTICE NOTE 12 - POLICE (FORMER OFFICERS)

### 12.1 Summary

Former police officers are entitled to compensation for medical and other expenses related to work related injuries and diseases in accordance with the *Police (Medical and Other Expenses for Former Officers) Act 2008*. This benefit scheme is managed by the Insurance Commission of Western Australia (ICWA) and disputes are handled via WorkCover WA's Conciliation and Arbitration Services and under the Act.

### 12.2 Introduction

Given the nature of the dispute, the attention of the parties is drawn to ICWA's website [Police \(Medical and Other Benefits for Former Officers\) - Insurance Commission of Western Australia](#).

As these disputes relate to entitlements under the former officers' benefits scheme, and ICWA has a specific internal dispute resolution process for these claims, it would be reasonable for the applicant to request review of a decision not to cover medical and health expenses as an attempt to resolve the dispute with ICWA before lodging an application for conciliation.

### 12.3 Medical and health expenses

The attention of the applicant is additionally drawn to the *Police (Medical and Other Benefits for Former Officers) Act 2008* and the *Police (Medical and Other Benefits for former Officers) Regulations 2009*.

#### 12.3.1 Supporting information - particulars of the issues in dispute

- A copy of the claim form for the claim made under the *Police (Medical and Other Benefits for Former Officers) Act 2008*
- A copy of the liability notice(s) issued by ICWA under the *Police (Medical and Other Benefits for Former Officers) Act 2008*
- The information required in Practice Note 8 – Disputes About Medical and Health Expenses including a schedule of the medical and health expenses sought (see Attachment 1 sample schedule 1.2)
- A copy of the Treatment Plan as described in regulation 8 of the *Police (Medical and Other Benefits for Former Officers) Regulations* (if applicable) and
- Information that clearly sets out that it is the position of the Commissioner of Police (via ICWA) that the former officer is not entitled to the expenses sought or that otherwise indicates that there is a dispute between the parties about the expenses sought.

#### 12.3.2 Supporting information - attempts to resolve the dispute

- Information that shows the applicant sought assistance to resolve the dispute from ICWA's internal dispute resolution process and the dispute remains unresolved at the conclusion of that process.

## 13. CONCILIATION PRACTICE NOTE 13 – COSTS APPLICATIONS

### 13.1 Summary

Where parties to a dispute cannot agree the amount of costs between them, an application seeking costs (Costs Application) may be made by a party to a dispute using the Application for Order and/or Assessment of Costs (Form CAS8). The Costs Application must be made with reference to the Application for Conciliation to which it relates, be accompanied by a Bill of Costs and clearly show the amounts sought for professional fees and disbursements.

### 13.2 Introduction

The Costs Determination sets out the circumstances in which costs can be claimed, the maximum number of hours that can be claimed, the milestone events applicable to costs and the scale of costs applicable. The Costs Determination states that the hourly rate of professional fees is to be calculated with reference to the Magistrates' Courts Scale of Costs applicable at the relevant time. If the parties cannot agree costs, a Conciliator can assess ('tax') the costs and make a Costs Order.

Costs must be reasonable and properly incurred in the context of the dispute with regard to the complexity and particular dispute resolution milestones. The Costs Application must be supported by adequate information and, if accepted, will be allocated to a Conciliator. A Costs Conference may be held and the Conciliator may make a Costs Order.

If a party has incurred the reasonable costs of obtaining information such as medical records, medical reports and other expenses, disbursement vouchers clearly related to the disbursement must be lodged with the Application as per clause 11(4) of the Costs Determination – Item 10 – Disbursements.

### 13.3 Application for costs to taxed and/or awarded

Given the nature of the dispute, the attention of the parties is drawn to Part 6 Division 9 of the Act – Costs, the *Workers Compensation Legal Profession and Authorized Agents Costs Determination* (the Costs Determination), Part 8 Division 2 of the Regulations – Costs, Part 5 of the Conciliation Rules – Costs, and the *Legal Profession (Magistrates Court)(Civil) Determination 2024* (the Magistrates' Court Scale of Costs).

The requirements for lodging a Costs Application are set out in rule 20(2) and rule 22 of the Conciliation Rules.

The information in disbursement vouchers, receipts and accounts must clearly align with the particular disbursement sought with reference to particulars such as dates, services, amounts and service providers.

### 13.3.1 Supporting information - particulars of the issues in dispute

- A copy of the Bill of Costs and/or statement in the form approved by the Director setting out the costs claimed
- A copy of a relevant disbursement voucher for each disbursement claimed
- Information about the reasonableness and necessity of incurred professional costs and disbursements
- Information and copies of any document relevant to the costs claimed by the party.

### 13.3.2 Supporting information - attempts to resolve the dispute

- Information that shows the party seeking costs has made a reasonable attempt to agree with each other party the amount for which a costs order should be made.

## 13.4 Director's Review of Costs Order

Given the nature of the dispute, the attention of the parties is drawn to Part 6 Division 9 of the Act – Costs, the *Workers Compensation Legal Profession and Authorized Agents Costs Determination* (the Costs Determination), Part 8 Division 2 of the Regulations – Costs, Part 5 of the Conciliation Rules – Costs, and the *Legal Profession (Magistrates Court)(Civil) Determination 2024* (the Magistrates' Court Scale of Costs).

A party to a dispute may apply to the Director for a review of a Conciliator's decision to make a costs order or refuse to make a costs order. The process and potential outcomes that may result from an application to the Director for a review of a Costs order are set out in rule 21 of the Conciliation Rules.

An application to the Director must be in writing and uploaded to the conciliation case. An application to the Director for review of a Costs Order is required to be accompanied by the following supporting information.

### 13.4.1 Supporting information - particulars and basis of the review sought

- A copy of the Costs Order
- Information about the item(s) or aspects of the Costs Order about which the party is seeking the Director's review
- Information about the basis upon which the party seeks the Director's review with reference to:
  - The nature of the concern
  - If the concern is that an error has been made, details of the error
  - The relevant section(s), regulation(s) and/or clause(s) of the Act, Regulations, Rules and/or Costs Determination

## Attachment 1 – Sample Schedules

### 1.1 Sample Schedule of Income Compensation

<b>Schedule of Income Compensation</b>	
Applicant's name: _____	
Claim number: _____	
<b>Date</b>	<b>Amount of compensation sought</b>
10/04/25	\$850
24/04/25	\$850
08/05/25	\$850
22/05/25	\$850
<b>Total</b>	<b>\$3400</b>
<b>Or</b>	
10/04/2025 to 22/05/25	\$850 x 4
23/05/2025 to 23/06/25	\$425 x 4
<b>Total</b>	<b>\$5100</b>
<b>Or</b>	
<b>Date</b>	<b>Amount of income compensation disputed/paid erroneously and to be refunded</b>
10/04/2025 to 22/05/25	\$3400 (\$850 x4)
23/05/2025 to 23/06/25	\$3400 (\$850 x 4)
<b>Total</b>	<b>\$6800</b>

### 1.2 Sample Schedule of Medical and Health Expenses

<b>Schedule of Medical and Health Expenses</b>				
Applicant's name: _____				
Claim number: _____				
<b>Date</b>	<b>Name of provider</b>	<b>Treatment/Service</b>	<b>Amount</b>	<b>Supporting information</b>
10 April 2025	CareWell Pharmacy	Medication – Panadeine Forte	\$37.50	Invoice and receipt
17, 18, 20, 22, 23, 29 and 30 June 2025	Physiotherapy Pty Ltd	Physiotherapy x 6	\$360	Invoice
N/A (future expense)	Mr D Smith	Spinal fusion surgery	\$8,500	Request and estimate for surgery dated 15 July 2025
N/A (future expense)	Hollywood Private Hospital	Admission and surgery expenses	\$7,500	Admission quote dated 15 July 2025
<b>Total</b>			<b>\$16,397.50</b>	

### 1.3 Sample Schedule of Contraventions

<b>Schedule of Contravention(s)</b>			
<b>Applicant's name:</b> _____			
<b>Claim number:</b> _____			
<b>Date</b>	<b>Details</b>	<b>Reason given</b>	<b>Supporting information to be lodged (this column is not required in the schedule, the below content shows examples of the supporting information that should be lodged)</b>
10 April 2025	Failure to attend vocational rehabilitation appointment	Forgot	Appointment letter and advice of failure to attend – GS Rehab
17, 18, 20, 22, 23, 29 and 30 June 2025	Failure to attend work a required by RTWP	Didn't feel well	RTWP signed by worker, employer and Dr Jones on 12 June 2025 Emails between worker and Gold Standard Rehab 17, 18,19, 20, 29 and 30 June 2025 Vocational rehabilitation report GS Rehab
14 July 2025	Failure to attend medical appointment for examination by Dr Smith	No reason given	Appointment letter and advice of failure to attend – Dr Smith Emails between worker and insurer 14, 15 and 16 July 2025
28 July 2025	Failure to attend medical appointment for examination by Dr Smith	No reason given	Appointment letter and advice of failure to attend – Dr Smith Emails between worker and insurer 25 July, 28 July, 29 July, 30 July 2025.

## CONCILIATION PRACTICE NOTES – TABLE OF AMENDMENTS

Reference	Issue/Amendments/ Revocation	Effective
CPN 1	Revoked to enable inclusion of updated content in these consolidated Conciliation Practice Notes	5 pm, 3 March 2026
CPN 2A	Revoked to enable inclusion of updated content in these consolidated Conciliation Practice Notes	5 pm, 3 March 2026
CPN 3	Revoked to enable inclusion of updated content in these consolidated Conciliation Practice Notes	5 pm, 3 March 2026
CPN 4A	Revoked to enable inclusion of updated content in these consolidated Conciliation Practice Notes	5 pm, 3 March 2026
CPN 5	New	4 March 2026
CPN 6	New	4 March 2026
CPN 7	New	4 March 2026
CPN 8	New	4 March 2026
CPN 9	New	4 March 2026
CPN 10	New	4 March 2026
CPN 11	New	4 March 2026
CPN 12	New	4 March 2026
CPN 13	New	4 March 2026
Annexures	New	4 March 2026