



August 2023

Reply

Reply to Application to Resolve a Workplace Injury Management Dispute

This is the approved form to reply to an application to resolve a workplace injury management dispute.

Applicant:

Respondent:

Filed by:

- | | | |
|--|--|--|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Specialised insurer | <input type="checkbox"/> icare |
| <input type="checkbox"/> Employer representative | <input type="checkbox"/> Self-insurer | <input type="checkbox"/> Worker |
| <input type="checkbox"/> Scheme agent | <input type="checkbox"/> Insurer/scheme agent representative | <input type="checkbox"/> Worker representative |

PART 1 – Service

Date served on other parties:

Date served on other parties:

Method of service:

Method of service:

Party/person served:

Party/person served:

Address of party/person served:

NOTICE TO RESPONDENT

The respondent has 7 days to lodge and serve this reply. If you do not respond to the application, the Commission may progress the application in the absence of a reply.

This reply must accord with the Personal Injury Commission Rules 2021 and Procedural Direction WC6 – Workplace injury management disputes, available on the Commission’s website www.pi.nsw.gov.au.

Part 2 – Respondent Details

2.1 Respondent details

Respondent number (if more than one respondent):

Respondent name:

ABN:

Postal or DX address:

Postcode:

Contact person (if respondent is a business or organisation):

Phone number for teleconference:

Email address:

Phone number:

Check this box if correspondence and documents are to be sent to or served at address of representative

2.2 Insurer/scheme agent details

Complete this section only if the respondent is an employer

Claim number:

Name of insurer/scheme agent:

Postal or DX address:

Postcode:

Contact person:

Phone number for teleconference:

Email address:

Phone number:

Period of risk (if more than one insurer/scheme agent): From:

To:

2.3 Respondent representative details

Complete this section only if the respondent has a representative

Firm or organisation:

Postal or DX address:

Postcode:

Name of representative:

Phone number for teleconference:

Email address:

Phone number:

PART 3 – Dispute details

3.1 Obligations under Ch 3 of the 1998 Act

Do you dispute that you have failed to comply with an obligation imposed under Chapter 3?

Yes No

Describe how you have met your obligations:

Attempts to resolve:

3.2 Complete ONLY if the dispute concerns the provision of suitable employment

Has suitable employment been provided? Yes No

If suitable employment has not been provided, why not:

PART 4 – Supporting Documentation

Note: Supporting documentation is limited to documents that have been exchanged between the parties as and when required by the Workplace Injury Management and Workers Compensation Act 1998 and any regulation or guideline made under that Act, and by the Personal Injury Commission Rules 2021.

Refer to Procedural Direction WC6 – Workplace injury management disputes for a list of supporting documents and information to include with the reply.

Document	Author	Date of Document

PART 5 – Certification and Signature

The respondent certifies that:

- the respondent is entitled to lodge this reply because it satisfies the statutory procedural requirements under section 289 and 289A of the Workplace Injury Management and Workers Compensation Act
- the dispute is limited to those matters identified in Application to Resolve a Workplace Injury Management Dispute lodged by the Applicant and those identified in Part 3 of this form.

Respondent's (or representative's) signature:

Date:

Lodgment Details

Hand delivery	Level 21, 1 Oxford Street Darlinghurst NSW
Postal address	2010 PO Box 594 Darlinghurst NSW 1300
Email	help@pi.nsw.gov.au

Privacy Notice

Maintaining the privacy of personal information and health information is important to the Personal Injury Commission (**Commission**). The Commission collects and uses personal information and health information to exercise its statutory powers and to carry out its statutory functions as well as other related activities, including to register application forms such as this Form and to make decisions about disputes or claims.

Such personal information and health information may include, but is not limited to, the information contained, or referenced in, this completed Form, any other information which is provided by an Applicant, its representatives or a party or insurer in connection with proceedings before the Commission and/or such other information as may be obtained by the Commission or its members and staff in connection with the Commission exercising its statutory powers and carrying out its statutory functions as well as related activities or complying with any other obligations at law.

The Commission may disclose personal information and health information that it holds to another person (e.g. a doctor or a party to Commission proceedings etc) or to a Commonwealth or State Government department or agency (for example, Centrelink) as required or authorised by law. The Commission may also disclose personal information and health information to the State Insurance Regulatory Authority (SIRA) as required or authorised by law (including under the *Workplace Injury Management and Workers Compensation Act 1998 (NSW)*) and for the purpose of assisting SIRA to exercise its statutory powers and to carry out its statutory functions.

The Commission's decisions will be published in accordance with section 58 of the *Personal Injury Commission Act 2020 (NSW)*. An application for de-identification or redaction of a decision can be made by a relevant person at any time during the proceedings.

More detailed information about the way that the Commission may collect, use and disclose your information is available at <https://pi.nsw.gov.au/resources/privacy>.

Applications to the Commission to access and correct any personal information and health information should be made in writing to the Commission, Level 21, 1 Oxford Street, Darlinghurst, NSW, 2010.