



Form 10 - Appeal Against a Decision of Medical Assessor

Notice to Parties

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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.

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.

Application to Appeal Against the Decision of a Medical Assessor

Application Details

Matter Number

Appellant

Filed by Name

Filed by Party

Medical Assessment Appealed Against

Name of Medical Assessor appealed against

Date of medical assessment decision appealed against

Grounds of Appeal

Deterioration of the worker's condition that results in an increase in the degree of permanent impairment

Availability of additional relevant information (being evidence that was not available to the appellant before the medical assessment appealed against or that could not reasonably have been obtained by the appellant before the medical assessment)

The assessment was made on the basis of incorrect criteria

The medical assessment certificate contains a demonstrable error

Supporting Documentation

Was the application lodged within 28 days of the medical assessment appealed against?	Yes	No
Are submissions attached detailing the grounds of the appeal?	Yes	No
Do you request that the worker be re-examined by a Medical Assessor who is a member of the appeal panel?	Yes	No
Do you request the opportunity to present oral submissions to the appeal panel?	Yes	No
Do you seek leave to rely on the availability of additional relevant information that was not available before the medical assessment or that could not reasonably have been obtained before the medical assessment?	Yes	No

Worker Details

Worker Details

Surname

Given Name(s)

Filed by Name

Title

Other Title

Date of Birth

DX Address

Postal Address

Suburb

State

Postcode

International Address

Country

Teleconference Phone

Home Phone

Mobile Phone

I consent to receive SMS reminders from the Commission regarding appointments, etc.

Email

Interpreter Required

Language of Interpreter

Details of any Special Needs of the Worker

Worker has Representative

Worker Representative Details

Firm or Organisation

Correspondence and documents to be sent to or served at address of representative

DX Address

Postal Address

Suburb

State

Postcode

International Address

Country

Contact Surname

Contact Given Name(s)

Teleconference Phone

Contact Phone

Contact Email

Employer Details

Employer Details

Organisation Name

ABN

DX Address

Postal Address

Suburb

State

Postcode

International Address

Country

Contact Surname

Contact Given Name(s)

Teleconference Phone

Contact Phone

Contact Email

Insurer / Scheme Agent Details

Insurer / Scheme Agent Details

Organisation Name

Branch Name

Claim Number

DX Address

Postal Address

Suburb State Postcode

International Address Country

Contact Surname

Contact Given Name(s)

Teleconference Phone Contact Phone

Contact Email

This Insurer / Scheme Agent has a Representative

Insurer / Scheme Agent Representative Details

Organisation Name

Correspondence and documents to be sent to or served at address of representative

DX Address

Postal Address

Suburb State Postcode

International Address Country

Contact Surname

Contact Given Name(s)

Teleconference Phone Contact Phone

Contact Email

Supporting Documents

Supporting Documents

Certification and Signature

Procedural Matters and Grounds of Appeal and Submissions in Support

CERTIFICATION BY LEGAL PRACTITIONER

Section 327(8) of the Workplace Injury Management and Workers Compensation Act 1998, and clause 2, Schedule 2 of the Legal Profession Uniform Law Application Act 2014.

Signed by Appellant / Representative

Date signed

I certify that there are reasonable grounds for believing on the basis of provable facts and a reasonably arguable view of the law that this appeal has reasonable prospects of success.

Name of Legal Practitioner

Date signed