



Workers Compensation  
Commission

March 2019

**Matter No:**

**/20**

(Office use only)

FORM 6

Application to Resolve a Workplace Injury Management Dispute

March 2019

# Application

## Application to Resolve a Workplace Injury Management Dispute

This is the approved form for referral of disputes about workplace injury management to the Workers Compensation Commission.

**Applicant:**

**Respondent:**

**Filed by:**

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

\*Note scheme agent means scheme agent for the nominal insurer

<b>Service:</b>	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:	Address of party/person served:

- Reason for application:**
- There is no injury management plan
  - The injury management plan has not been followed
  - There is no return to work plan
  - The return to work plan has not been followed
  - No suitable duties have been provided
  - The worker's capacity to perform work duties is disputed

### NOTICE TO PARTIES

The Commission will contact the parties by telephone following lodgment of an Application to Resolve a Workplace Injury Management Dispute.

The Registrar may:

- conciliate the dispute to bring the parties to agreement
- make a recommendation to a party to a dispute
- arrange a workplace assessment
- refer the dispute to WorkCover NSW

## PART 1 – Related Claims

Any prior or current related claims for the injuries?  Yes  No **If Yes, provide:**

Court/tribunal and matter number (if disputed claim):

Parties' names (if different from these proceedings):

Status of claim:

Details of amounts received or paid (attach copies of any award/order/agreement):

## PART 2 – Parties Details

### 2.1 Worker details

Date of birth: / /

Title:  Mr  Ms  Mrs  Miss  Dr  Other

Surname/Family name: Given name(s):

Postal address: Postcode:

**Phone number for teleconference:**

Email address:

Home phone number:

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

Indicate language if the worker needs an interpreter:

Indicate any special needs of the worker:  
(e.g. wheelchair access)

### 2.2 Worker representative details

*Complete this section only if the worker has a representative*

Firm or organisation:

Postal or DX address: Postcode:

Name of representative:

**Phone number for teleconference:**

Email address:

Phone number:

## 2.3 Employer details

Name of  
business/organisation:

ABN:

Postal or DX address:

Postcode:

Contact person:

**Phone number for teleconference:**

Email address:

Phone number:

## 2.4 Insurer/scheme agent details

Claim number:

Name of insurer/scheme  
agent:

Postal or DX address:

Postcode:

Contact person:

**Phone number for teleconference:**

Email address:

Phone number:

## 2.5 Employer/insurer/scheme agent representative details

*Complete this section only if the employer/insurer/scheme agent has a representative*

Firm or organisation:

Postal or DX address:

Postcode:

Name of representative:

**Phone number for teleconference:**

Email address:

Phone number:



## PART 6 – Signature

Applicant's (or representative's) signature: \_\_\_\_\_ Date: / /

### Lodgment Details

Lodge the original application, a copy for each party (including any insurers or scheme agents), plus one extra copy with the Workers Compensation Commission by:

<b>Hand delivery</b>	Level 20, 1 Oxford Street Darlinghurst NSW 2010
<b>Postal address</b>	PO Box 594 Darlinghurst NSW 1300
<b>Document exchange</b>	DX 11524 Sydney Downtown
<b>Electronic lodgment</b>	<a href="mailto:registry@wcc.nsw.gov.au">registry@wcc.nsw.gov.au</a>
<b>Facsimile</b>	1300 368 018

### Privacy of Personal Information

The privacy of personal information is important to the Workers Compensation Commission. The Commission collects personal information to register application forms and make decisions about disputes or claims. The NSW workers compensation laws permit the Commission to collect this information.

The Commission may give personal information to another person or agency (e.g. a doctor, a party, State Insurance Regulatory Authority) as required or authorised by law.

Decisions by the Commission will generally be published, including on the Internet, unless there are exceptional circumstances justifying the decision being withheld.

A person has a right to access their personal information and correct any inaccuracies.