



Workers Compensation
Commission

Matter No:

/20

March 2019

Application

Application to Join a Party to Proceedings

This is the approved form to apply to join a party to proceedings.

Applicant:

Respondent:

Filed by:

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

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

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:	Address of party/person served:

PART 1 – Filing Party Details

1.1 Filing party details

Name of person or organisation:

ABN:

Postal or DX address:

Postcode:

Contact person:

Phone number for teleconference:

Email address:

Phone number:

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

1.2 Representative details

Complete this section only if the filing party has a representative

Firm or organisation:

ABN:

Postal or DX address:

Postcode:

Contact person:

Phone number for teleconference:

Email address:

Phone number:

PART 2 –Details of Party to be Joined

If the filing party is also the party to be joined, please leave this Part blank.

Name of person or organisation:

ABN:

Postal or DX address:

Postcode:

Contact person:

Phone number for teleconference:

Email address:

Phone number:

PART 3 – Reason for Joinder Request

Detailed explanation of the reason(s) for the joinder request:

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 Workers Compensation Commission Rules 2011

Document	Author	Date of Document
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

PART 5 – Signature

Signature of person, or representative, requesting joinder: _____ Date: / /

Lodgment Details

Hand delivery	Level 20, 1 Oxford Street Darlinghurst NSW 2010
Postal address	PO Box 594 Darlinghurst NSW 1300
Document exchange	DX 11524 Sydney Downtown
Electronic lodgment	registry@wcc.nsw.gov.au
Facsimile	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.