

# Application for Conciliation



Workplace Injury Commission

Send the completed form to the Workplace Injury Commission by email to [afc@wic.vic.gov.au](mailto:afc@wic.vic.gov.au) or by mail to GPO Box 251, Melbourne 3001; or deliver in person to Level 1, 215 Spring St, Melbourne. If you have any questions, you may call the Workplace Injury Commission on 03 9940 1111 or 1800 635 960 or visit our website [www.wic.vic.gov.au](http://www.wic.vic.gov.au)

Complete all sections of the form (unless optional) and attach supporting documents to avoid delays.

## Section 1: Worker Details

First Name(s)	Last Name(s)	Preferred Name
Date of Birth (DD/MM/YYYY)	Gender (optional)– Man / Woman / Self-described	Pronouns (optional)
Email Address	Phone Number(s)	Preferred Contact Method (select one) Email Post
Postal Address		



Workplace Injury Commission will arrange a free interpreter, if required, including an Auslan interpreter. A support person cannot interpret for you at a conference.

If you need an interpreter, what language do you speak? Any second preference

Do you need special assistance at conciliation due to disability? Yes (If yes, we will contact you to discuss your requirements) No

## Section 2: Assistant, Representative and Conference Details

If a conference is required, how would you prefer the conference to be held? In Person Video Conference Phone

(Select one. Depending on your preference, ensure an email address or phone number is provided in Section 1.)

Would you like assistance at conciliation? Yes No

If yes, specify your assistance provider (select one):

WorkCover Assist (Free service)	Union Assist (Free service: current and former union members may be eligible)	Other Union	Other (Specify below)
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Based on your selection above, Workplace Injury Commission will communicate with your nominated Assistant or Representative and provide copies of relevant documents and correspondence. Refer to our [website](#) for help with assistance or representation.

If 'Other', provide Assistant or Representative details (Details not required for a support person, e.g. friend or family member.)

Full Name Business Name (If applicable)

Phone Number(s) Email Address



### Section 3: Dispute Details

Claim Number(s)

Name of WorkSafe Agent or Self-insurer

Employer Business Name

**What does your dispute relate to?** (Refer to 'Section 4: Information to attach' for guidance on supporting documents.)

Decision made by the Agent or Self-insurer (date of decision)

(Provide copy of the decision notice)

Failure by the Agent or Self-Insurer to respond to a request. (Provide copy of the request)

Failure by the Agent or Self-Insurer to pay weekly payments (Provide copy of the certificates that are unpaid)

Failure by the Agent or Self-Insurer to pay for medical treatment (Provide copy of the invoices)

Incorrect calculation of pre-injury average weekly earnings (PIAWE)

Other

If Other, please provide details below.

If more than 60 days since the date of decision, provide reasons for late lodgement.

### Section 4: Information to attach

To avoid delays with the lodgement of your dispute, please provide supporting documents. Based on your responses above, you will need to initially provide at least one of the following documents:

Tick all that apply

Decision made by the Agent or Self-insurer

Request for treatment if the Agent or Self-insurer has failed to respond

Certificates of capacity if the Agent or Self-insurer has failed to pay weekly payments

Invoice / receipts if the Agent or Self-insurer has failed to pay for medical treatment

Other documents, if applicable (for example, medical reports or payslips)



## Section 5: Declaration and Submission

Signature or name of the person lodging this Application for Conciliation,

Date (DD/MM/YYYY)

Tick this box if you are a service provider  
(i.e. treating health practitioner).

If you are lodging this form on behalf of the worker, you must have their authorisation and provide your contact information below.

Full Name

Business Name (If applicable)

Address

Email Address

Phone Number

I have the worker's authorisation to:

lodge this form on their behalf; and

communicate with the Workplace Injury Commission in relation to the application.

## Collection Statement

Workplace Injury Commission (WIC) is the trading name of Accident Compensation Conciliation Service (ACCS), which is a statutory authority established under the current workers compensation legislation. WIC collects personal and health information for the purposes of processing applications for conciliation or referrals for arbitration, and other purposes related to the provision of conciliation and arbitration services, including for its administrative purposes and to evaluate its services. WIC may use and disclose personal and health information, and any documents provided to it, to any party, their representative or to any other person a party has nominated to assist them; to courts and tribunals; to any person or organisation authorised by the party or by law to obtain it; and to WIC's third-party contractors. WIC is subject to secrecy provisions under the current workers compensation legislation, and only discloses information in accordance with that legislation. A person may be required to provide information to WIC under workers compensation legislation. If they do not provide it, it may impact the progression of conciliation or arbitration. A person may access their personal and health information by contacting WIC directly (contact details are at the top of this form). For more information about how WIC manages personal and health data, please refer to our Privacy Policy.

## Office Use Only

## Telephone Interpreter Service



**If you cannot understand this form please contact 131 450. Ask the interpreter to contact the Workplace Injury Commission on 1800 635 960 or 03 9940 1111 to explain this form.**

إذا كنت تواجه مشكلة في فهم أي من المعلومات الموضحة، فيرجى الاتصال بالرقم 131 450 واطلب من المترجم الاتصال بلجنة الإصابات في مكان العمل لمزيد من المعلومات اتصل على الرقم 1800 635 960 أو 03 9940 1111

如果您看不懂这份表格，请拨打 131 450，要求口译员帮忙联系 WIC 来解释此表格，电话 1800 635 960 或 03 9940 1111。

Ako ne razumijete ovaj obrazac, kontaktirajte 131 450. Zamolite tumača da vam nazovu WIC na 1800 635 960 ili 03 9940 1111 kako bi vam se objasnilo za što služi ovaj obrazac.

Αν δεν μπορείτε να καταλάβετε αυτό το έντυπο παρακαλώ επικοινωνήστε με το 131 450. Ζητήστε από τον διερμηνέα να επικοινωνήσει με το WIC στο 1800 635 960 ή 03 9940 1111 για να εξηγήσει αυτό το έντυπο.

Se non riesci a capire questo modulo, contatta il 131 450. Chiedi all'interprete di contattare WIC al 1800 635 960 oppure al 03 9940 1111 per spiegarti questo modulo.

Ако не го разбирате овој формулар, ве молиме јавете се на 131 450. Побарајте од преведувачот да се јави на WIC на 1800 635 960 или на 03 9940 1111 за да ви го објаснат овој формулар.

Jeśli nie rozumiesz tego formularza, zadzwoń pod numer 131 450. Poproś tłumacza o skontaktowanie się z WIC pod numerem 1800 635 960 lub 03 9940 1111 w celu uzyskania wyjaśnienia.

Ако не разумеете овај образац, контактирајте 131 450. Замолите преводиоца да вам назову WIC на 1800 635 960 или 03 9940 1111 да би вам се објаснило за шта служи овај образац.

Si no puede comprender este formulario, comuníquese con el 131 450. Pida que el intérprete se ponga en contacto con WIC llamando al 1800 635 960 o al 03 9940 1111 para explicar este formulario.

Bu formu anlayamazsaniz 131450 numaraya telefon edin. Bir tercüman isteyin ve tercümana ya 1800 635 960 numaraya ya da 03 9940 1111 numarayla temas kurmasini isteyin bu formu sana altmalari ici.

Nếu quý vị không hiểu mẫu này, xin gọi 131 450. Yêu cầu thông dịch viên liên lạc WIC qua số 1800 635 960 hoặc 03 9940 1111 để giải thích về mẫu này.