

Referral for Arbitration Form



Workplace Injury Commission

To be completed by a Worker or a person acting on their behalf and sent to the Workplace Injury Commission by email to arbferral@wic.vic.gov.au or by mail to GPO Box 251, Melbourne 3001; or delivered in person to Level 1, 215 Spring St, Melbourne. If you have any questions regarding this form, you may call the Workplace Injury Commission on 03 9940 1111 or 1800 635 960 or visit our website www.wic.vic.gov.au

If there is not enough space to answer any of the questions on this form, you may attach an additional document which contains your answers or further information.

Section 1: Worker Details

First Name(s)

Last Name(s)

Preferred Name

Date of Birth (DD/MM/YYYY)

Address

Phone Number(s)

Email Address

Preferred Contact Method

Email

Post



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

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

Do you need special assistance at arbitration due to disability?

Yes (If yes, we will contact you to discuss your requirements)

No

Section 2: Dispute Details

Name of WorkSafe Agent or Self-insurer

The Workplace Injury Commission must have issued a Genuine Dispute Certificate(s) in order for you to lodge a referral for arbitration.

Please attach a copy of the Genuine Dispute Certificate(s) or provide the Conciliation Reference Number(s).



Section 2: Dispute Details cont.

If it is more than 60 days since you received the Genuine Dispute Certificate(s), provide reasons for late lodgement.

Have you commenced court proceedings in regard to the dispute(s)? Yes No

Did your claimed injury occur on or after 1 September 2022? Yes No

Please explain in detail why you believe the WorkSafe Agent's or Self-insurer's decision is incorrect. Please provide specific details of any events, facts or circumstances you think the Workplace Injury Commission should consider, which you say support your case.

What outcome do you seek at arbitration? For example, weekly payments and / or medical and like expenses. If you know the amount or period of compensation, please specify this and provide any invoices (if not already provided).



Section 3: Representative Information

The Workplace Injury Commission may communicate with any representative you nominate and send them a copy of documents and correspondence. A representative may be a legal practitioner, union representative, Union Assist or WorkCover Assist assistant, or any other person.

If you have a representative, please give us their details below:

Full Name

Business Name (If applicable)

Phone Number

Email Address

If you want a legal practitioner to represent you at an arbitration hearing, you need to request the Workplace Injury Commission's agreement and engage them yourself.

If you want a legal practitioner to represent you at a hearing, please tell us why.

Section 4: Documents

Please list all of the documents on which you rely, including those from conciliation. Please attach the documents to this form, if they have not already been provided during conciliation. The WorkSafe Agent or Self-insurer will compile an Arbitration Book that contains all the documents related to the dispute, regardless of the party that provides them, and you will be sent a copy.

Document Name	Document Description	Author	Date	No. of Pages
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Section 4: Documents cont.

Document Name	Document Description	Author	Date	No. of Pages
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Section 5: Declaration and Submission

I understand that by submitting this form, I am lodging a referral for arbitration of the dispute(s) identified; and I declare that to the best of my knowledge, the information I have provided is true and correct.

Under section 301J of the WIRC Act, it is an offence for a person to make a statement in connection with a dispute referred for arbitration that the person knows to be false or misleading in a material particular, punishable by a fine and / or imprisonment.

Signature or name of the person lodging this referral for arbitration:

Date (DD/MM/YYYY)

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 referral.

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.

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.

131450 .ب لاصتالالى جريفي، جذومنلا اذه مهف عطتست مل اذلا
وأ 1800635960 مقرلا لىل ع WIC .ب لاصتالالى م جرت مل انم بلطا
جذومنلا اذه حرشلل 03 99401111

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 разумете 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.