

Matter No:

/20

(Office use only)

FORM 11C

Application for Mediation of a Work Injury Damages Claim

March 2019

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Application

Application for Mediation of a Work Injury Damages Claim

This is the approved form for referral of a claim for work injury damages to the Workers Compensation Commission for mediation.

Claimant:

Defendant:

Filed by:

Date pre-filing statement served on defendant/s: / /

Preferred location for mediation conference:

NOTICE TO PARTIES

The pre-filing statement and all associated information and documents must be attached to this application.

Notes:

1. A claim cannot be referred for mediation until at least 28 days after the pre-filing statement has been served on the defendant (s318A(1) *Workplace Injury Management and Workers Compensation Act 1998*).
2. The claimant need not refer a claim for work injury damages for mediation if the defendant has failed to respond to the claimant's pre-filing statement as required within 42 days after it is served on the defendant (s318A(2) *Workplace Injury Management and Workers Compensation Act 1998*).
3. Within 7 days of lodging the application for mediation with the Registrar, the claimant must serve a sealed copy of the application on the defendant and any other party to the proceedings (Rule 17.9(2) *Workers Compensation Commission Rules 2011*).
4. If a defendant does not lodge a response within 21 days of registration of the Application (in accordance with Rule 17.10), the claimant must lodge a certificate of service certifying the date of service of the application (Rule 17.9(3) of the *Workers Compensation Commission Rules 2011*).

Please note that the information contained in the 'notes' to this form is provided as general information only and does not constitute legal advice. The relevant legislation provisions governing the workers compensation jurisdiction should be consulted before submitting this form to the Workers Compensation Commission.

PART 1 – Parties Details

1.1 Claimant details

Date of birth: / /

Title: ☐Mr ☐Ms ☐Mrs ☐Miss ☐Dr ☐Other

Surname/Family name: Given name(s):

Name of business/
organisation:

Postal or DX address: Postcode:

Email address:

Phone number: Fax:

Indicate language if the worker needs an interpreter:

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

1.2 Claimant representative details

Firm or organisation:

Postal or DX address: Postcode:

Name of representative:

Email address:

Phone number:

Reference number (if applicable):

1.3 Defendant details

Title: ☐Mr ☐Ms ☐Mrs ☐Miss ☐Dr ☐Other

Surname/Family name: Given name(s):

Name of business/
organisation:

Postal or DX address: Postcode:

Email address:

Phone number:

1.4 Insurer/scheme agent details

Claim number:

Name of insurer/scheme
agent:

Postal or DX address: Postcode:

Contact person:

Email address:

Phone number:

1.5 Defendant/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:

Email address:

Phone number:

PART 2 – Signature

Signature of claimant (or representative): _____ 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

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.