



Form 9 - Appeal Against Decision of Member

Notice to Parties

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NOTICE TO APPELLANT

Failure to address matters in the following sections may result in the application being rejected:

1. Procedural matters
2. Grounds of appeal and submission in support

NOTICE TO RESPONDENT

If the respondent does not lodge and serve a Form 9A - Notice of Opposition to the Application, the Commission may determine the application in the absence of a response.

PRIVACY NOTICE

Maintaining the privacy of personal information and health information is important to the Personal Injury Commission (**Commission**). The Commission collects and uses personal information and health information to exercise its statutory powers and to carry out its statutory functions as well as other related activities, including to register application forms such as this Form and to make decisions about disputes or claims.

Such personal information and health information may include, but is not limited to, the information contained, or referenced in, this completed Form, any other information which is provided by an Applicant, its representatives or a party or insurer in connection with proceedings before the Commission and/or such other information as may be obtained by the Commission or its members and staff in connection with the Commission exercising its statutory powers and carrying out its statutory functions as well as related activities or complying with any other obligations at law.

The Commission may disclose personal information and health information that it holds to another person (e.g. a doctor or a party to Commission proceedings etc) or to a Commonwealth or State Government department or agency (for example, Centrelink) as required or authorised by law. The Commission may also disclose personal information and health information to the State Insurance Regulatory Authority (**SIRA**) as required or authorised by law (including under the *Workplace Injury Management and Workers Compensation Act 1998 (NSW)*) and for the purpose of assisting SIRA to exercise its statutory powers and to carry out its statutory functions.

The Commission's decisions will be published in accordance with section 58 of the *Personal Injury Commission Act 2020 (NSW)*. An application for de-identification or redaction of a decision can be made by a relevant person at any time during the proceedings.

More detailed information about the way that the Commission may collect, use and disclose your information is available at .

Applications to the Commission to access and correct any personal information and health information should be made in writing to the Commission, Level 21, 1 Oxford Street, Darlinghurst, NSW, 2010.

Appeal Against Decision of Member

Application Details

Matter Number

Appellant

Filed by Name

Filed by Party

Date of the decision sought to be appealed

Member Name

Procedural Matters		
Was the application lodged within 28 days of the Certificate of Determination incorporating the decision appealed against?	Yes	No
Are submissions on threshold issues relating to the granting of leave to appeal, including the amount of compensation and the percentage of the amount awarded alleged to be at issue in the appeal, attached to this application?	Yes	No
Can the appeal be decided solely on the basis of the written application and any written notice of opposition lodged?	Yes	No
Have you attached a chronology of events?	Yes	No
Do you seek leave to rely on fresh evidence or evidence in addition to or in substitution for the evidence received in relation to the decision appealed against ("new evidence")?	Yes	No
There is no appeal under this section against an interlocutory decision except with the leave of the Commission. If you are appealing against a decision of an interlocutory nature, have you included submissions addressing why the appeal is necessary or desirable for the proper and effective determination of the dispute?	Yes	No
Alternatively, if the decision you are appealing against is not of an interlocutory nature, have you included submissions to this effect?	Yes	No

Grounds of Appeal and Submissions in Support		
Have you included in your submissions, a statement precisely identifying the decision or part of the decision to be revoked?	Yes	No
Is the decision from which leave to appeal is sought attached and is a sealed copy of the certificate of determination and reasons (if available) attached?	Yes	No
In the attached submissions, are the grounds of appeal enumerated and precisely stated, particularising the alleged error of fact, law or discretion?	Yes	No
In the attached submissions, are the submissions in support of the grounds of the appeal attached?	Yes	No
Have you also precisely stated the decision sought to be substituted for the original decision or alternatively the relief sought?	Yes	No
Are submissions attached dealing with costs orders sought?	Yes	No
Has a list of the authorities (including full citation for published decisions and the date of the decision for unreported cases) referred to and specifically relied upon in submissions, been attached to this application?	Yes	No

Worker Details

Worker Details

Surname

Given Name(s)

Filed by Name

Title

Other Title

Date of Birth

DX Address

Postal Address

Suburb

State

Postcode

International Address

Country

Teleconference Phone

Home Phone

Mobile Phone

I consent to receive SMS reminders from the Commission regarding appointments, etc.

Email

Interpreter Required

Language of Interpreter

Details of any Special Needs of the Worker

Worker has Representative

Worker Representative Details

Firm or Organisation

Correspondence and documents to be sent to or served at address of representative

DX Address

Postal Address

Suburb

State

Postcode

International Address

Country

Contact Surname

Contact Given Name(s)

Teleconference Phone

Contact Phone

Contact Email

Employer Details

Employer Details

Organisation Name

ABN

DX Address

Postal Address

Suburb

State

Postcode

International Address

Country

Contact Surname

Contact Given Name(s)

Teleconference Phone

Contact Phone

Contact Email

Insurer / Scheme Agent Details

Insurer / Scheme Agent Details

Organisation Name

Branch Name

Claim Number

DX Address

Postal Address

Suburb

State

Postcode

International Address

Country

Contact Surname

Contact Given Name(s)

Teleconference Phone

Contact Phone

Contact Email

This Insurer / Scheme Agent has a Representative

Insurer / Scheme Agent Representative Details

Organisation Name

Correspondence and documents to be sent to or served at address of representative

DX Address

Postal Address

Suburb

State

Postcode

International Address

Country

Contact Surname

Contact Given Name(s)

Teleconference Phone

Contact Phone

Contact Email

Supporting Documents

Supporting Documents

Certification by Legal Practitioner

Procedural Matters and Grounds of Appeal and Submissions in Support	
Application signed	
Signed by solicitor/counsel/appellant	Date signed
Name of person preparing written submissions	Phone Number

Signature	
I certify that there are reasonable grounds for believing on the basis of provable facts and a reasonably arguable view of the law that this appeal has reasonable prospects of success.	
Name of Legal Practitioner	Date signed