



March 2019

Application

Application to Appeal Against Decision of Approved Medical Specialist

This is the approved form to appeal against a decision of an Approved Medical Specialist.

Appellant:

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"/> Insurer/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

Note – Section 327(7) of the *Workplace Injury Management and Workers Compensation Act 1998* provides that there is to be no appeal against a medical assessment once the dispute concerned has been the subject of a determination by a Court or the Commission

(Office use only)

DIRECTION TO APPELLANT

Date of Direction: ___/___/___

The Registrar DIRECTS that:

- Within seven [7] days of the date of this Direction** the Appellant serve on the Respondent(s) a sealed copy of this application and standard direction.
- Within fourteen [14] days of the date of this Direction** the Appellant file with the Commission a Certificate of Service certifying service of the application and standard direction on the Respondent(s).
- Within twenty-one [21] days of the date of this Direction** the Respondent(s) file with the Commission and serve on the Appellant a Notice of Opposition and supporting documentation.
- If the Respondent(s) is/are an employer, the Appellant must certify in the Certificate of Service referred to in Direction 2, service of a copy of the application and this direction on the Respondent's insurer(s).

Issued by delegate of the Registrar.

Signed: _____

1.5 Insurer/scheme agent details

Claim number:

Name of insurer/scheme agent:

Postal or DX address:

Postcode:

Contact person:

Email address:

Phone number:

Period of risk (if more than one insurer/scheme agent): From: / / To: / /

Cross this box if this application relates to more than one insurer/scheme agent (additional insurer/scheme agent schedule must be attached)

1.6 Employer/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 – Details of the Medical Assessment Appealed Against

Date of medical assessment decision appealed against: / /

Name of Approved Medical Specialist appealed against:

(If you are appealing against more than one AMS, please use a separate Form for each appeal)

PART 3 – Grounds of Appeal

What are the grounds relied on for the appeal (under s327(3)(a)-(d) *Workplace Injury Management and Workers Compensation Act 1998*)?

- Deterioration of the worker's condition that results in an increase in the degree of permanent impairment
- Availability of additional relevant information (being evidence that was not available to the appellant before the medical assessment appealed against and that could not reasonably have been obtained by the appellant before that medical assessment)
- The assessment was made on the basis of incorrect criteria
- The medical assessment certificate contains a demonstrable error

PART 4 – Supporting Documentation

4.1 Was the application lodged within 28 days of the medical assessment appealed against?

Yes No

If no, attach submissions addressing the special circumstances, that justify an increase in the period for lodging an appeal. Failure to attach these submissions may result in the application being rejected.

4.2 Are submissions attached detailing the grounds of the appeal?

Yes No

Failure to attach these submissions may result in the application being rejected.

4.3 Do you request that the Worker be re-examined by an AMS who is a member of the Appeal Panel?

Yes No

If yes, attach submissions addressing why the Worker should be re-examined by an AMS who is a member of the Appeal Panel. Failure to attach submissions may result in the application being rejected.

4.4 Do you request the opportunity to present oral submissions to the Appeal Panel?

Yes No

If yes, attach reasons why the appeal should not be determined by the Appeal Panel on the papers, and why the presentation of oral submissions is necessary. Failure to attach submissions may result in the application being rejected.

4.5 Do you seek leave to rely on evidence that was not available before the medical assessment and that could not reasonably have been obtained before the medical assessment?

Yes No

If yes, attach:

- *a schedule of the evidence,*
- *a copy of the evidence,*
- *a brief outline of the evidence and the reasons why it was not available before the medical assessment and could not reasonably have been obtained before the medical assessment*
- *submissions as to why the additional information is relevant and should be admitted.*

Failure to attach the evidence and adequate submissions may result in the application being rejected.

PART 5 – Certification and Signature

Appellant's (or representative's) signature: _____ Date: / /

Certification by Legal Practitioner

Section 327(8) of the *Workplace Injury Management and Workers Compensation Act 1998*, and clause 2, Schedule 2 of the *Legal Profession Uniform Law Application Act 2014*.

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:

Signature: _____ 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.