

**WC302**

**WORKERS' COMPENSATION AND REHABILITATION ACT 1981  
WORKERS' COMPENSATION (CONCILIATION AND REVIEW)  
RULES 1994**

Made by His Excellency the Governor in Executive Council.

**Citation**

1. These regulations may be cited as the *Workers' Compensation (Conciliation and Review) Rules 1994*.

**Commencement**

2. These regulations come into operation on 1 March 1994.

**Interpretation**

3. In these regulations, unless the contrary intention appears —

“Form” refers to a form in Schedule 1.

**Proceedings generally not public**

4. (1) Unless the Director otherwise directs or, in particular proceedings, the conciliation officer or review officer dealing with the matter otherwise directs, a conciliation or review is not open to the public.

(2) A direction is not to be given under subrule (1) without the consent of the parties.

**Procedural directions**

5. To the extent that these regulations make no provision as to a matter of procedure in a conciliation or review, the Director may give directions as to that matter.

**Form for seeking conciliation**

6. An application referring a dispute to the Director for conciliation is to be made in the form of Form 1, but the Director may accept an application that is in a form that does not comply with this rule.

**Copies to be given to other parties**

7. The Director is to acknowledge receipt of the application and cause a copy of the application to be given to each other party to the dispute.

**Devices needed to interpret documents produced at conciliation**

8. If a party wishes to produce to the conciliation officer a document that is not in a form that enables it to be understood by visual means alone, that party is to ensure that the means by which the contents of the document can be understood are available to the conciliation officer.

**Conciliation certificate to be given**

9. When a conciliation comes to an end (whether by referral of the dispute for review or for any other reason), the conciliation officer is to give the Director a certificate in the form of Form 2.

**Particulars from party requesting review**

10. A party on whose request a dispute is referred for review is to give the Director particulars relating to the review in writing in the form of Form 3.

**Director to be notified of representative**

11. (1) A party wishing to be represented in the review by a legal practitioner or other person is to notify the Director in writing giving the name of the representative and the address at which the representative will accept service of documents on behalf of the party.

(2) The representative may represent the party in proceedings before the review officer if that is agreed to or allowed under section 84ZE of the Act.

**Preliminary hearing in review**

12. (1) The review officer may conduct a preliminary hearing for the purposes of identifying the issues in dispute and enabling an assessment to be made of the likely course of the review.

(2) At a preliminary hearing each of the parties is to be prepared to address —

- (a) what issues are in dispute and what are the prospects of resolving them, or any of them, by agreement;
- (b) whether the party has, or has access to, any document that is relevant to an issue in dispute and has not already been disclosed to the review officer and each other party;
- (c) whether there is anything that is likely to delay the continuation or completion of the review and, if so, what is the extent of the likely delay;
- (d) whether the review is likely to involve argument on the law and, if so, what is the area of law concerned;
- (e) which witnesses, if any, the party is likely to call in the proceedings and when they are likely to be unavailable to attend the review (having particular regard to medical witnesses); and
- (f) which times are likely to be suitable or unsuitable to the party for having the substantive hearing,

and throughout the proceedings each party is to keep the review officer informed as to those matters.

(3) So far as is reasonably practicable, even though a party may be represented at a preliminary hearing by another person the party is to attend and be prepared personally to answer or give instructions as to the matters mentioned in subrule (2).

**Devices needed to interpret documents produced at review**

13. (1) If a party wishes to use as evidence in a hearing a document that is not in a form that enables it to be understood by visual means alone, that party is to ensure that the means by which the contents of the document can be understood are available at the hearing.

(2) The time that will be required to produce the evidence is to be considered by the party wishing to use the evidence when fulfilling the obligation to keep the review officer informed as to the matters that are likely to delay the review being completed.

**Failure to attend in review**

14. If a party who has been notified of the time and place of a hearing in the review does not attend, the review officer may proceed with the hearing in the absence of the party failing to attend.

**Written reasons for decision in review may be requested**

15. (1) If, within 14 days after a decision is given by a review officer, a party requests the review officer to do so, the review officer is to reduce the reasons for the decision to writing.

(2) Each party is entitled to be provided by the review officer with a copy of written reasons for decision prepared under subrule (1).

## SCHEDULE 1 — FORMS

Form 1

(Rule 6)

Workers' Compensation and Rehabilitation Act 1981

## APPLICATION REFERRING DISPUTE FOR CONCILIATION

## Person referring dispute for conciliation

Worker	<input type="checkbox"/>	(give details):	Name	<input type="text"/>	Title	<input type="text"/>
Employer	<input type="checkbox"/>		Organization	<input type="text"/>	Tel. No.	<input type="text"/>
Insurer	<input type="checkbox"/>					

## Worker's details

Given name	<input type="text"/>	Address	<input type="text"/>
Family name	<input type="text"/>		
Date of birth	<input type="text"/>	Tel. No.	<input type="text"/>
Occupation	<input type="text"/>		

## Claim details

Claim No.	<input type="text"/>	Description of disability	<input type="text"/>
		Date of disability	<input type="text"/>

## Employer's details

Business name	<input type="text"/>	If self insurer:	<input type="text"/>
Address	<input type="text"/>	Contact Person	<input type="text"/>
	<input type="text"/>	Title	<input type="text"/>
Tel. No.	<input type="text"/>	Tel. No.	<input type="text"/>

## Insurer's details

Business name	<input type="text"/>		
Address	<input type="text"/>	Contact Person	<input type="text"/>
	<input type="text"/>	Title	<input type="text"/>
Tel. No.	<input type="text"/>	Tel. No.	<input type="text"/>

## Details of dispute

Describe the matter in dispute and state briefly why you want conciliation. Attach a copy of any decision that led to the dispute. Also attach any additional information (such as medical reports) that may be relevant and has not already been given to the other party. Please provide a list of all attachments.


Do you need an interpreter? Yes ☐ No ☐ If yes, what language/dialect?

Signature of person referring dispute for conciliation  Date

Keep your copy and send the rest to: Director of Conciliation and Review. [Here the Form is to set out the address of the Director]. You can expect written confirmation when your application has been received.

## Office use only

Perth ☐ Country ☐ Referral No.

Form 2

[Rule 9]

Workers' Compensation and Rehabilitation Act 1981

## CONCILIATION CERTIFICATE

Date:

Conciliation Officer:

Ref. No.:

Claim No.:

Dispute referred for conciliation by:

.....  
(Name)*Worker's details*

Name:

Date of Birth:

*Employer's details*

Name:

Insurer:

*Nature of dispute:**Outcome of conciliation:**Comments:*

Signed: . . . (Conciliation officer) . . . . .

Date: . . . . .

Form 3

[Rule 10]

*Workers' Compensation and Rehabilitation Act 1981***PARTICULARS FROM PARTY REQUESTING REVIEW*****Details of party requesting review***

Name :

Address:

Capacity in which involved (i.e. 'worker', 'employer',  
'insurer', or other specified capacity):***Details of dispute***

Short description of dispute:

Short reasons for requesting a review:

***Other details***

Name of person, if any, representing you in the review:

If you require an interpreter give details:

Address where documents for you may be sent:

Signed: . . . . .

Date:

By His Excellency's Command,

D. G. BLIGHT, Clerk of the Council.