

# Form MC 1 Application for arbitration by injured worker

Workers Compensation Act 1951  
Workers Compensation Rules 2002 (rule 9)

WC no.
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IN THE MAGISTRATES COURT )  
 )  
 )  
 OF THE AUSTRALIAN CAPITAL )  
 )  
 )  
 TERRITORY )

Applicant  
  
Respondent

## Application for arbitration by injured worker

**Applicant(s)**  
*(injured worker's details)*

<b>full name</b>			
<b>address</b>		<b>dob</b>	

**Respondent**  
*(employer details—if more than 1, first respondent, second respondent etc)*

<b>name</b>			
<b>address</b>		<b>ABN</b>	

**Respondent's insurer(s)**  
*(insurer details—if more than 1, list all insurers)*

<b>name</b>		<b>claim no. (if known)</b>	
<b>address</b>			

**Applicant's lawyer**

<b>firm name</b>			
<b>address</b>			
<b>telephone</b>		<b>fax/email</b>	
<b>solicitor's name</b>		<b>reference</b>	

The applicant requests an arbitration.

**Nature of application**

- application for arbitration by injured worker with respect to the respondent's liability for and amount of weekly compensation payable to the applicant  
(Act, pt 4.2 (Compensation for personal injury and pt 4.3 (Weekly compensation))
- application for arbitration by injured worker with respect to the respondent's liability for and amount of medical treatment, damage and other costs  
(Act, pt 4.5 (Compensation for medical treatment, damage and other costs))
- application for arbitration by injured worker with respect to the respondent's liability for and amount of compensation for permanent injuries  
(Act, pt 4.4 (Compensation for permanent injuries))
- Other (*specify nature of application*)

*(Tick each applicable box)*

Dated

\_\_\_\_\_  
(solicitor for the) applicant

**Notice to respondent(s)**

A copy of this application for arbitration must be given by you to your insurer within 7 days after you are served with the application.

You are liable to have an award for compensation claimed or other order made against you, unless within 28 days after you are served with this application, you file an answer in the registry of the court.

\_\_\_\_\_Registrar

### Particulars

If there is more than 1 respondent employer, particulars for each employer must be set out on separate sheets headed schedule A, etc, each schedule starting with “particulars of application in relation to the first respondent (second respondent, etc)”.

1	(a) date of injury ( <i>if over a period of time, state the period as accurately as possible</i> ): (b) place where the injury happened: (c) work that was being done at the time of injury: (d) how the injury happened:	(a) (b) (c) (d)
2	(a) nature of injury: (b) incapacity for work ( <i>state whether total, partial or partial claimed as total and the periods for each</i> ):	(a) (b)
3	particulars of compensation claimed:	(a) \$___pw from ___/___/___ to ___/___/___ (or continuing) (b) \$___ lump sum in respect of loss (permanent injury—Act, pt 4.4) (c) \$_____ medical treatment, damage and other costs—Act, pt 4.5 (d) \$_____ other ( <i>specify</i> )
4	(a) date of notice of injury: (b) date of claim for compensation: (c) reason for failure to give any notice:	(a) (b) (c)
5	(a) was the applicant directly employed by the respondent employer?	(a)

5	(b) if yes, nature of the applicant's employment at the time of injury: (c) if no, how is respondent alleged to be liable for compensation? (d) if the respondent employer is not the direct employer, nature of work undertaken by the applicant:	(b) (c) (d)
6	(a) applicant's average pre-incapacity weekly earnings (Act, s 21 or 22): (b) pre-incapacity floor (Act, s 39 (5)): (c) applicant's average pre-incapacity weekly hours (Act, s 23 and 24): (d) applicant's average weekly amount during periods claimed (Act, s 40):	(a) (b) (c) (d)
7	payment, allowance or benefit received from the employer during the period of incapacity and the date on which the payment ceased:	
8	if the injury is a disease contracted by a gradual process, the names and address of all other employers by whom the applicant was employed the nature of which the disease was due:	

*Note 1* Further particulars may be attached.

*Note 2* Particulars must be given of any other facts alleged, failure to give which may take the respondent by surprise.

medical reports in support of the application attached

copy of injury notice (Act, s 123) attached

*(Tick each applicable box)*