WORKERS' COMPENSATION AND ASSISTANCE ACT 1981.

WORKERS' COMPENSATION
AND ASSISTANCE REGULATIONS 1982
AND
WORKERS' COMPENSATION BOARD RULES 1982
ARRANGEMENT.

Reg.
1. Citation.
2. Commencement.
3. Interpretation.
4. Form of election.
5. Determination form for medical panel.
6. Notice by worker to employer.
7. Certificate and notice before discontinuance of weekly payments.
8. Frequency and time of medical examinations.
10. Worker not residing in the State.
11. Payment after death outside the State.
12. Reference to a medical panel.
13. Register.
15. Scale of maximum brokerage.
17. Maximum for board and lodging, clause 15.
18. Form of election to receive redemption amount or supplementary amount.
19. Statements by approved insurance offices.
20. Offence and penalty.

APPENDIX I—Forms.
APPENDIX II—Compound discount table.
APPENDIX III—Brokerage scale.
5

WORKERS' COMPENSATION AND ASSISTANCE ACT 1981.
INTERPRETATION ACT 1918-1981.

WORKERS' COMPENSATION
AND ASSISTANCE REGULATIONS 1982

MADE by His Excellency the Governor in Executive Council.

1. These regulations may be cited as the Workers' Compensation and Assistance Regulations 1982.

2. These regulations shall come into operation on the date of the coming into operation of the Workers' Compensation and Assistance Act 1981.

3. In these regulations, unless the contrary intention appears—
   "Appendix" means an Appendix to these regulations;
   "the Act" means the Workers' Compensation and Assistance Act 1981.

4. The form of election referred to in section 24 of the Act shall be in Form 1 in Appendix I.

5. Pursuant to section 38 (2) of the Act, the form of the determination of the medical panel shall, as far as practicable in each case, be as set out in Form 2 in Appendix I.

6. The certificate to be served on the employer under section 58 (1) of the Act shall be in the form of Form 3 in Appendix I.

7. (1) The medical certificate required by section 61 of the Act, before discontinuance of weekly payments, shall be in the form of Form 4 in Appendix I.

   (2) Note to the worker referred to in section 61 of the Act shall be in the form of Form 5 in Appendix I.

8. (1) A worker in receipt of weekly payments under the Act shall be required, after a period of one month has elapsed from the date on which the first weekly payment of compensation was made, to submit himself for examination by a medical practitioner provided by the employer not more frequently than once in every two weeks whilst he continues to receive the weekly payments.

   (2) A worker in receipt of weekly payments under the Act shall be required to submit himself for examination by a medical practitioner provided by the employer during reasonable hours only.

9. The compound discount table required to be prescribed by section 68 subsections (1), (2) and (3) is set out in Appendix II.

10. (1) For the purposes of section 69, a worker shall prove his identity and continuance of the incapacity of the worker, by delivering to the employer, or the employer's insurer for the purposes of the Act, at intervals of three months—

   (a) a declaration of identity, sworn by the worker before a person having authority to administer an oath in the place where the declaration is made; and

   (b) a declaration of incapacity sworn by a medical practitioner before a person having authority to administer an oath in the place where the declaration is made.

   (2) Where an employer, or his insurer for the purposes of the Act, disputes identity or entitlement, or both, he may apply to the Board for a determination thereon.

11. (1) In the event of the death of a worker who dies outside the State and who was receiving or was entitled to receive weekly payments at the date of his death, his representatives shall, for the purpose of obtaining payment after death outside the State.
of the arrears (if any) due to the worker, forward to the Registrar a certificate of the death of the worker, and documents showing that they are entitled to such arrears, verified by declaration before a person having authority to administer an oath, with a request for payment of such arrears, specifying the place where and the manner in which the amount is to be remitted to them.

(2) For the purposes of this regulation the expression "representatives" means—

(a) if the worker leaves a will, the executors of the will; or

(b) where the worker dies intestate, the persons who are according to law entitled to his personal estate, and payment of the arrears may be made to the persons without the production of letters of administration.

(3) On receipt of the certificate of death and the documents mentioned in this regulation, the Registrar shall examine them, and may, if not satisfied that they are in order, return them to the representatives for correction.

(4) When the Registrar is satisfied that the certificate and documents are in order, or when they are returned to him in order, he shall send to the employer a notice requesting him to forward the amount due, and the employer shall thereupon forward the amount to the Registrar, who shall remit that amount, to the representatives of the worker at the address and in the manner requested by them, such remittance being in all cases at the risk of the representatives.

12. (1) An application for reference of a question to a medical panel shall be in Form 7 in Appendix I and shall be signed by the worker or by the employer or his insurer whoever is the applicant, a fee of $25 shall be payable on each application and any medical certificates or other documents to be placed before the medical panel shall be attached thereto or lodged with the Manager not later than three (3) clear days after the application.

(2) The Manager shall thereupon proceed to the appointment of the medical panel, arrange with its members the time and place of meeting, and supply them each with a certificate of their appointment in the form of Form 8 in Appendix I, the terms of reference and all certificates and other documents forwarded by the parties for consideration.

(3) Upon receipt of an application the Manager shall make such enquiries as he deems necessary to ascertain whether the worker is in a fit condition to travel for the purpose of the examination by the medical panel, and—

(a) if the Manager is satisfied that the worker is in a fit condition he shall by notice in the form of Form 9 in Appendix I, order him to attend at such time and place as the Manager may fix, and shall notify the medical panel accordingly, and the worker on being served with the order shall submit himself for examination;

(b) if the worker proves to the satisfaction of the Manager that he is not in a fit condition to travel for the purpose of the examination the Manager shall, after consultation with the medical panel make such arrangements as may be necessary for the conduct of the examination, and the worker shall comply with those arrangements.

(4) Any necessary and reasonable expenses incurred, or to be incurred, by a worker in connection with his appearance before a medical panel for the purpose of an examination shall be provided by the party making the application.

(5) Upon completion of the examination by the medical panel the chairman thereof shall cause the decision of the majority of the medical panel to be forwarded to the Manager in the form of Form 10 in Appendix I together with the certificates and documents forwarded to the panel with the terms of reference.

(6) Upon receipt of the decision of the panel, the Manager shall cause a copy thereof to be forwarded to the parties.
(7) All members of medical panels shall be selected and appointed by the Manager from persons whose names appear in the Register of Specialists referred to in Part VII of the Act.

(8) With the exception of the appearance of the injured worker pursuant to subregulation (3) of this regulation, a party shall not be entitled to appear before a medical panel by himself, his solicitor or agent or to produce witnesses or other evidence except by leave of the panel which may on application give such directions as in the circumstances it deems proper.

13. The register to be kept by the Registrar as required by section 114 (2) shall be in the form of Form 12 in Appendix I.

14. For the purposes of section 155 (1) of the Act, the prescribed particulars to be provided by the insurer or self-insurer shall be those set out in Form 13 in Appendix I.

15. The maximum amount of commission or brokerage for insurance brokers in respect of workers compensation insurance business shall be in accordance with the scale set out in Appendix III.

16. The maximum amount payable for reasonable expenses incurred in respect of—

<table>
<thead>
<tr>
<th>Item</th>
<th>Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funeral expenses (clause 4 or clause 17(2))</td>
<td>$1 100</td>
</tr>
<tr>
<td>Wheeled chair or similar appliance paraplegic</td>
<td>$1 500</td>
</tr>
<tr>
<td>quadraplegic</td>
<td>$500</td>
</tr>
<tr>
<td>Meals and lodging (clause 19)</td>
<td>$20 per day</td>
</tr>
</tbody>
</table>

17. The maximum amount that may be assessed for board and lodging under clause 15 is $15 per day.

18. (1) The election to receive the redemption amount as a lump sum, referred to in Schedule 5 shall be in the form of Form 14 in Appendix I.

(2) The election to receive the supplementary amount, referred to in Schedule 5 shall be in the form of Form 15 in Appendix I.

19. The statements required to be transmitted to the Commission pursuant to section 171 shall be in the form of Forms 16 and 17 in Appendix I.

20. Any person who—

(a) does any act or thing which by these regulations he is forbidden to do;

(b) fails or omits to do any act which by these regulations he is required to do,

commits an offence.

Penalty: $200.
APPENDIX I.
Form 1.
Workers' Compensation and Assistance Act 1981.
ELECTION FOR SCHEDULE 2 INJURIES.
(Section 24).

I, ........................................................................................................................................
(name in full block letters)
of ........................................................................................................................................
(address)
suffered personal injury by accident in the employment of .............................................................................
(name of employer)
on the ...................................................................................................................... 19......
The injury/injuries suffered by me was/were:
(state nature of injury and the percentage loss of use or loss of efficient use of a part or faculty of the body)
* Before that disability was suffered I had previously suffered compensable personal injury by accident to that part or faculty of the body resulting in ........... % loss of use of that part or faculty.
I elect to accept under Schedule 2 of the Workers' Compensation and Assistance Act 1981 the sum of $........................................ representing ........... % loss of item ................................ being
(state the part of the body affected)

In making this election and upon an agreement being registered at the Board or an award being made by the Board, I acknowledge that after registration or the making of the award:

(1) I shall have no further entitlement to compensation under the Act for weekly payments arising out of that disability;

(2) I shall have no further entitlement in respect of that disability subsequent to the date of this election, to payment of expenses under clauses 9, 17, 18 and 19 of Schedule 1 (that is, in general terms, medical or surgical, dental physiotherapy or chiropractic advice or treatment, first aid and ambulance expenses, medical requisites, charges for attendance and treatment by way of rehabilitation, charges for hospital treatment and maintenance, cost of artificial aids and travelling expenses);

(3) I shall have no entitlement to further moneys upon any increase to the prescribed amount for this percentage loss of the part or faculty of the body the subject of this election.

Dated the day of 19 .

(Signature of worker)
in the presence of:

(Signature and full names and address of witness)

* Delete if not applicable.
Form 2.
Workers' Compensation and Assistance Act 1981.
MEDICAL PANEL.
(Sections 36 and 38.)
Particulars of Claimant.
Surname .................................................................
Christian Names ......................................................
Address ..........................................................................
Date of Birth ............................................................

DETERMINATION
1. Is the worker suffering from pneumoconiosis or mesothelioma?
2. If so, is he thereby disabled from earning full wages?
3. To what extent, if any, does—
   (i) pneumoconiosis;
   (ii) mesothelioma,
   cause impairment of his ability to undertake physical effort?
4. What other, if any, disease or physical condition is contributing to his disablement and to what extent?
5. Is the worker fit for work? If so, at what level—light, moderate or heavy?

Signed: Chairman

Member

Member

Date .................................................................

Attendance of Medical Practitioner.
I hereby certify that ...............................................................
of ................................................................., a Medical Practitioner, attended the examination of the above claimant.

CHAIRMAN.

Form 3.
Workers' Compensation and Assistance Act 1981.
MEDICAL CERTIFICATE SUPPORTING COMMENCEMENT OF WEEKLY PAYMENTS.
(Section 58 (1.).)
TO: ..............................................................................................................................

(Name and address of employer)

TAKE NOTICE that:—
(i) On the day of .................................................. 19........,
   (name of worker)
   suffered disability being .................................................................
   (state nature of disability)
(ii) The worker attended upon me in respect of that disability on the day of ................................................. 19........
(iii) I certify that the worker is unfit for work as a consequence of that disability for a period of .................................................
   (days/weeks)

Dated the day of 19

MEDICAL PRACTITIONER.
Form 4.
Workers' Compensation and Assistance Act 1981.
MEDICAL CERTIFICATE.
(Section 61(1).)
I, ........................................................................................................ (name and address)
a medical practitioner, certify that—
1. I have examined ........................................................................... ("the worker")
of ......................................................................................................... (address)
on the following dates:
2. I elicited the history from the worker that on the ..................................... day of .................................. 19....... a disability of the worker occurred which was as set out below.
   (Insert here the nature of the disability in terms appropriately adapted from the definition of “disability” as appears in section 5 of the Act and as quoted at the foot of this form).
3. Upon my examination on the .................................................... day of .................................. 19....... (the first examination) I found that the worker had the following disability:
4. Upon my examination on the .................................................... day of .................................. 19....... I found that the worker had wholly/partially recovered from effects of the disability to the extent that he is capable of undertaking work (describe the nature of any employment the worker can perform).
5. Upon my examination on the .................................................... day of .................................. 19....... (the last examination) I found that the worker’s incapacity is no longer a result of the disability.
6. The grounds for the conclusions expressed in items 4/5 are .................................................................

Dated the day of 19

Signature of medical practitioner and qualifications.

“disability” means—
(a) a personal injury by accident arising out of or in the course of the employment, or whilst the worker is acting under the employer’s instructions;
(b) a disabling disease to which Part III Division 3 applies;
(c) a disease contracted by a worker in the course of his employment at or away from his place of employment and to which the employment was a contributing factor and contributed to a recognizable degree;
(d) the recurrence, aggravation, or acceleration of any pre-existing disease where the employment was a contributing factor to that recurrence, aggravation or acceleration and contributed to a recognizable degree; or
(e) a disabling loss of function to which Part III Division 4 applies.

Part III—Division 4—
SPECIFIED LOSSES OF FUNCTIONS

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Function</td>
<td>Description of Process</td>
</tr>
<tr>
<td>Noise induced hearing loss</td>
<td>Any work process involving continued exposure to excessive noise</td>
</tr>
<tr>
<td>Effects of vibration (including Raynaud’s phenomenon and dead hand)</td>
<td>Use of vibratory tools, implements and appliances</td>
</tr>
<tr>
<td>Compressed air illness</td>
<td>Any process carried on in compressed air</td>
</tr>
</tbody>
</table>

*Delete if inapplicable.
Form 5.
Workers' Compensation and Assistance Act 1981.
NOTICE TO WORKER OF INTENTION TO DISCONTINUE OR REDUCE PAYMENTS.
(Section 61 (1) (2).)

TO: ........................................................................................................................................................
(Name and address of worker)

TAKE NOTICE that your employer ........................................................................................................................................................
(name of employer)

intends, after 21 clear days from the date of service upon you of this notice, to *discontinue
the weekly payments of compensation/diminish the weekly payments on the following
basis—

(1) this notice is based upon the report(s) of ........................................................................................................................................................
(names of medical practitioners and dates of
dated .............................................................. 19)
reports) sent with this notice, in which it is said that (state concisely the ground relied upon
by the employer);

(2) you may, if you dispute the employer's right to discontinue or diminish the weekly
payments within the 21 days referred to in this notice apply to the Workers'
Compensation Board, by application in chambers, for an order that the weekly
payments shall not be discontinued or diminished;

(3) if you fail to make such application within that period of 21 days, you forfeit
your right to dispute, by application in chambers, the employer's right to discontinue
or diminish weekly payments but you do not forfeit your right to make a
substantive application under Part V of the Workers' Compensation Board Rules;

(4) an application in chambers is heard expeditiously but a substantive application
under Part V will be delayed until the application is ready to be tried and may
take its place in the defended list of applications;

(5) you may obtain information from the Workers' Assistance Commission situated
at........................................................................................................................................................
(address of Commission)

and means available to you to establish or protect your rights in respect of your
disability.

Dated the day of 19

Signed on behalf of the employer.

* Delete whichever is inapplicable.
Form 6.
Workers' Compensation and Assistance Act 1981.
NOTICE BY REGISTRAR TO EMPLOYER OF RECEIPT OF MEDICAL CERTIFICATE AND DECLARATION OF IDENTITY.

In the Workers' Compensation Board of Western Australia.

In the matter of the Workers' Compensation and Assistance Act 1981, and in the matter of an Agreement between (or an order of the Board dated the day of 19 between) of of of of of of

TAKE NOTICE that I have received proof of identity and of continuance of incapacity in the abovementioned matter.

And I have to request you to transmit the sum of being the amount of the weekly payments payable to under the abovementioned Order (or Memorandum) from to me, to be by me remitted to the said

Dated this day of 19 .

Registrar.

Form 7.
Workers' Compensation and Assistance Act 1981.
APPLICATION FOR REFERENCE TO A MEDICAL PANEL.
(Section 70.)

In the matter of the Workers' Compensation and Assistance Act 1981, and in the matter of a claim for compensation made by in the State of Western Australia, claims that he, a worker in the employ of as in the said State, on the day of 19 at suffered a disability.

2. A question has arisen between the parties as to the condition of the worker and his fitness for employment.

3. The said worker submitted himself to Dr., a medical practitioner of his own choice, and also to Dr., a medical practitioner nominated by the employer, and the certificates of both medical practitioners accompany this application.

4. I, the person making this application, hereby declare that the certificate or a copy of the certificate of Dr. was first received by me or by any responsible person on my behalf not earlier than the day of 19 .

5. A list of all medical practitioners who have examined the worker in connection with the alleged disability, together with all medical certificates, X-rays and other relevant documents in the knowledge or possession of the applicant accompany this application.

6. It is now requested that a medical panel be appointed to enquire into and report on the following:

Dated the day of 19 .

Applicant.

To the Manager,
Workers' Assistance Commission.
Form 8.
Workers' Compensation and Assistance Act 1981.
ORDER OF REFERENCE.

In the matter of the Workers' Compensation and Assistance Act 1981, and in the matter of a claim for compensation by ...........................................

1. On the application of ..........................................., a copy of which is annexed, I hereby appoint ..........................................., to act as a Medical Panel duly appointed for the purpose of the Act to examine ..........................................., and to give a report on the matters set out in the application.

2. Copies of all available reports of medical practitioners by whom the said ........................................... has been examined are annexed hereto.

3. I am satisfied that the said ........................................... who now resides at ........................................... is in a fit condition to travel for the purpose of being examined, and he has been directed to attend ........................................... at ........................................... on ........................................... the ......................... day of ........................................... 19...... at the hour of .......................... o'clock in the ......................... noon, for that purpose.

4. The report of the Panel together with all the attached certificates should be forwarded to the Manager of the Workers' Assistance Commission as early as possible after the examination and decision.

Dated the day of ...........................................

...........................................
Manager, Workers' Assistance Commission.

To:

Form 9.
Workers' Compensation and Assistance Act 1981.
ORDER ON INJURED WORKER TO SUBMIT HIMSELF FOR EXAMINATION BY A MEDICAL PANEL.

In the matter of the Workers' Compensation and Assistance Act 1981.

In the matter of a claim for compensation made by ..........................................., against ..........................................., of ..........................................., No. of matter ..........................................., of ............................................

TAKE NOTICE that I have appointed ..........................................., a Medical Panel duly appointed for the purposes of the Workers' Compensation and Assistance Act 1981, to examine you in accordance with the application in the abovementioned matter for a reference to a Medical Panel.

You are hereby required to submit yourself for examination by the Panel, and to attend for that purpose at ..........................................., at the hour of ..........................................., o'clock in the ......................... noon, on ........................................... the ......................... day of ........................................... 19......

Dated this day of ...........................................

...........................................
Manager.

*Or as suitable to the circumstances.
Form 10.
Workers' Compensation and Assistance Act 1981.
REPORT BY MEDICAL PANEL.
In the matter of the Workers' Compensation and Assistance Act 1981, and in the matter of a claim for compensation made by ...................................................
The Medical Panel appointed under the provisions of the above Act to examine the above-named claimant met and conducted such examination on the .............................. day of .............................................. 19......, at the consulting rooms of .............................................., ..............................................
It is reported as follows:—
Dated this .............................................. day of 19 .

........................................................................................................................................................
...........................................................................................................................
CHAIRMAN

MEMBER

MEMBER

Form 11.
Workers' Compensation and Assistance Act 1981.
NOTICE TO PARTIES OF CERTIFICATE OF MEDICAL PANEL.
In the matter of the Workers' Compensation and Assistance Act 1981.
In the matter of a claim for compensation made by ......................................................, of .............................................................., against ..............................................................
No. of matter
TAKE NOTICE that I have received the certificate of the Medical Panel appointed in this matter, which you may inspect during office hours at my office, and a copy of which is forwarded herewith.
Dated this .............................................. day of 19 .

To ..............................................................
of ..............................................................

MANAGER

Form 12
Workers' Compensation and Assistance Act 1981
REGISTER

<table>
<thead>
<tr>
<th>No. of Matter</th>
<th>Applicant</th>
<th>Respondent</th>
<th>Date of Proceeding</th>
<th>Determination, Award or Order</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Form 13

Workers' Compensation and Assistance Act 1981

1. For the purposes of section 155 (1) of the Act, the prescribed particulars are such of the particulars required to complete the form hereunder as are known to the insurer or self-insurer.

**PARTICULARS IN RESPECT OF A WORKER INCAPACITATED FOR MORE THAN 12 WEEKS**

<table>
<thead>
<tr>
<th>(name of insurer or self-insurer)</th>
</tr>
</thead>
</table>

1. (a) Name and address of worker:

   (b) Age and sex of worker:

   (c) Place of birth of worker:

   (d) Marital status of worker:

   (e) Persons dependent for support upon the worker (name, relationship and age):

   (f) If worker not conversant in the English language, worker's native language:

2. Employer's name, address and nature of business:

3. (a) Description of worker's disability:

   (b) Date of disability:

   (c) Place of employment and occupation of worker at date of disability:

4. Nature of incapacity to date (whether total or partial, specifying periods of each where appropriate):

5. Estimated future duration of current incapacity:

6. Details of any rehabilitation programme undergone by worker:

7. Any other circumstances (including previous disabilities) which could interfere with the worker's return to his pre-disability employment:

8. (a) Claim number:

   (b) Name and telephone number of contact person at the insurer's office:

Dated..................................................  

For the insurer/self-insurer
Form 14.
Workers' Compensation and Assistance Act 1981.
ELECTION TO RECEIVE REDEMPTION AMOUNT.
(Schedule 5, Clause 3.)

I, ........................................................................ of ............................................................

(name of worker) ................................................ (address)

having attained the age of 65 years on the ......................... day of ......................... 19......

having suffered from pneumoconiosis/mesothelioma and being entitled to weekly payments of

compensation in accordance with Schedule 1 of the Act, elect to receive the redemption

amount of $............................... as a lump sum.

I acknowledge that, by making this election:—

1. I shall have no other claim to redemption of weekly payments.

2. I shall have no claim after the date of this election to weekly payments of

compensation.

3. I shall have no further entitlement from the date of this election to payment

of expenses under clauses 9, 17, 18 and 19 of Schedule 1 (that is, in general

terms, medical and other expenses, hospital charges and travelling costs).

4. Upon my death the provisions of clauses 1, 2, 3, 4, 5 and 17 (2) of Schedule

1 shall not apply: that is, in general terms dependants of mine, whether totally

or partially dependent, shall have no entitlement to payment, benefit, allowance or

expenses (funeral or otherwise).

Dated the day of 19......

Signed by the worker

in the presence of:

..............................................................

..........................................................

..........................................................

(Signature and full names of witness).

Form 15.
Workers' Compensation and Assistance Act 1981.
ELECTION TO RECEIVE SUPPLEMENTARY AMOUNT.
(Schedule 5, Clause 3.)

I, ........................................................................ of ............................................................

(name of worker) ................................................ (address)

having attained the age of 65 years on the ......................... day of ......................... 19......

having suffered from pneumoconiosis/mesothelioma and being entitled to weekly payments of

compensation in accordance with Schedule 1 of the Act, elect to receive the supplementary

amount having *a/*no dependant spouse, being currently the sum of $......................... .

I acknowledge that, by making this election:—

1. I shall have no other claim to redemption of weekly payments.

2. I shall have no claim after the date of this election to weekly payments of

compensation.

3. If my death results from that disability and a dependant spouse survives me then

that spouse is entitled to a lump sum calculated in accordance with clause 6 of

Schedule 5 and the supplementary amount at the rate for a worker without a

dependant spouse.

4. Upon my death the provisions of clauses 1, 2, 3, 4, 5 and 17 (2) of Schedule 1

shall not apply: that is, in general terms, dependants of mine, whether totally or

partially dependent, shall have no entitlement to any payment, benefit, allowance or

expenses (funeral or otherwise).

Dated the day of 19......

Signed by the worker

in the presence of:

..............................................................

..........................................................

..........................................................

(Signature and full names of witness).

* Delete whichever is inapplicable.
### Form 16

**Worker's Compensation and Assistance Act 1981.**

**MONTHLY STATEMENT BY APPROVED INSURANCE OFFICES.**

(Section 17(1)(a).)  

<table>
<thead>
<tr>
<th>NEW POLICIES</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Approved Insurance Office</th>
<th>Address</th>
<th>Date approved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Manager, Workers' Assistance Commission, PERTH.

The following are the names, addresses and occupations of each employer who has, during the month of 19... effected a policy or contract of insurance with the above office against liability under the Act:—

<table>
<thead>
<tr>
<th>POLICY No.</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Position held by Officer Date...

Signature of Responsible Officer.

### Form 17

**Worker's Compensation and Assistance Act 1981.**

**MONTHLY STATEMENT BY APPROVED INSURANCE OFFICES.**

(Section 17(1)(b).)  

<table>
<thead>
<tr>
<th>LAPSED POLICIES</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Approved Insurance Office</th>
<th>Address</th>
<th>Date approved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Manager, Workers' Assistance Commission, PERTH.

The following are the names, addresses and occupations of each employer in respect to whom, during the month of 19... the above approved Insurance Office has, in its books, lapsed a policy of insurance under the Act:—

<table>
<thead>
<tr>
<th>POLICY No.</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>OCCUPATION</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Position held by Officer Date...

Signature of Responsible Officer.
### Table Showing Present Values of $1.00 per Annum Payable Weekly Assuming an Effective Earning Rate of 3% per Annum

<table>
<thead>
<tr>
<th>Years</th>
<th>0</th>
<th>1</th>
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Appendix II—continued

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August 1982

GOVERNMENT GAZETTE, W.A.

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APPENDIX III.

COMMISSION OR BROKERAGE IN RESPECT OF WORKERS’ COMPENSATION INSURANCE.

1. Commission or brokerage shall not be charged or paid on industrial disease premiums of the kind specified under section 151 (a) (iii).

2. Subject to item 1 of this Appendix, up to 5% commission or brokerage may be charged or paid on the first $10,000 premium of workers’ compensation insurance and up to 2½% thereafter.

WORKERS’ COMPENSATION AND ASSISTANCE ACT 1981.

WORKERS’ COMPENSATION BOARD RULES.

Made by the Chairman of the Workers’ Compensation Board.

ARRANGEMENT OF RULES.

Rule.

PART I—PRELIMINARY.

1. Citation.
2. Interpretation.
3. Forms to be used.

PART II—PARTIES.

4. Parties.
5. Joinder and consolidation.
6. Application by dependants generally.
7. Application by dependants where amount of compensation agreed upon or ascertained.
8. Persons under disability.

PART III—APPLICATIONS FOR DETERMINATION BY BOARD.

10. Review, reconsideration, termination, reduction, reinstatement, increase, or redemption.
11. Application by employer.
12. Proceedings between employers and insurers.
13. Filing of application.
14. Preliminary hearing date.
15. Filing answer.
17. Procedure in absence of answer.
18. Third party notice.
19. Answer to third party notice.
20. Directions for hearing.

PART IV—STAY OF PROCEEDINGS.

22. Several applications on same issue.
23. Pending appeal or review or reconsideration.
24. Application to be in chambers.

PART V—MEDICAL EVIDENCE.

25. Filing medical reports and statements of other medical evidence.

PART VI—CERTIFICATE OF AWARD.

27. Award or order of the Board.
28. Corrections.
29. Record of awards or orders.
30. Issue of copies of certificates.

PART VII—WORKERS EMPLOYED ON WESTERN AUSTRALIAN SHIPS.

31. Special rules.
PART VIII—AGREEMENTS.

32. Memorandum sent to Registrar.
33. Notice to parties.
34. Inquiry by Registrar.
35. Objections.
36. Amendment.

PART IX—SUSPENSION OF RIGHTS UNDER THE ACT.

38. Applications.

PART X—RECONSIDERATION OR SETTING ASIDE OF AWARD OR ORDER.

40. Nature of application.
41. Not to operate as stay.

PART XI—INQUIRIES INTO COMPLAINTS UNDER SECTION 127.

42. Procedure.
43. Meeting.
44. Service.
45. Fees to nominees.
46. Certificate for recovery of fine.
47. Proceedings not public.

PART XII—GENERAL.

48. Application of Rules of Supreme Court.
49. Procedure not otherwise provided.
50. Review of Registrar's or taxing officer's orders.
51. Non-compliance with interlocutory orders.
52. Venue.
53. Registry hours.
54. Applications which are to be heard in chambers.
55. Procedure for Applications expressed to be heard in chambers.
56. Summonses to witnesses.
57. Manner of taking evidence.
58. Affidavit of service.
59. Appointment of agent.
60. Taxing officers.
61. Assessment of costs.

Appendix A. Forms to be used.
Appendix B. Fees and allowances to nominees under S. 127 (6).
Appendix C. Scale of Costs.

PART I—PRELIMINARY.

1. These rules may be cited as the Workers' Compensation Board Rules 1982.

2. In these rules, unless the contrary intention appears—
   "agent" means a person other than a legal practitioner appointed under section 118 (3).
   "member" means a member of the Board;
   "statutory allowances" means amounts payable under Schedule 1 other than weekly payments of compensation or amounts payable under Schedule 1 clause 1, 2, 3, or 5;
   "file" means file with the Registrar and derivatives of the term have a corresponding meaning;
   "sub-rule" means a sub-rule of the rule in which the term is used.

3. (1) The forms to be used in relation to matters before the Board shall be those prescribed in Appendix A to these rules, in the Rules of the Supreme Court, or in practice directions from the Chairman but where no form is prescribed then a form shall be adapted or prepared so as to deal with the matter in question.
GOVERNMENT GAZETTE, W.A. [8 April 1982]

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(2) Want of accuracy in the completion of any form or the use of a wrong form shall not invalidate any proceedings but the Chairman may in any such case make any amendment or give such other direction both as to costs and otherwise as the circumstances may require.

PART II—PARTIES TO PROCEEDINGS.

4. Where application is made for determination by the Board the party making the application shall be called “the applicant”, and, subject to these rules, all other persons whose presence at the hearing may be necessary to enable the Board effectively and completely, to adjudicate upon and determine all the questions in issue shall be made parties to the application and shall be called “respondents”.

5. (1) More than one person may be joined as applicants in one application in any one case in which any right to any relief arising out of the same disability to the same worker is alleged to exist whether jointly, severally, or in the alternative, but the Board, upon the application of any party, may order separate hearings if it appears that such joinder may embarrass or delay proceedings.

(2) Where appropriate the Chairman may order consolidation of proceedings.

6. (1) An application on behalf of the dependants of a deceased worker for the determination by the Board of the amount payable as compensation to the dependants may be made by the legal personal representative, if any, of the deceased worker on behalf of the dependants or by the dependants themselves; and in either case the particulars to be filed under these rules shall contain particulars as to the dependants on whose behalf the application is made and all other persons who may be dependants.

(2) If there is any conflict of interest between the dependants themselves, or if any dependants neglect or refuse to join in an application, the application may be made by or on behalf of some only of the dependants, the other dependants in either case being named as respondents.

(3) For the purposes of this rule, the expression “dependants” includes persons who claim or may be entitled to claim to be dependants.

7. (1) In any case in which the amount payable as compensation to the dependants of a deceased worker has been agreed upon or ascertained, but any question arises—

(a) as to who are dependants; or
(b) as to the amount payable to each dependant,

an application for determination of the question by the Board may be made—

(c) by the legal personal representative, if any, of the deceased worker on behalf of the dependants or any of them;

(d) by such dependants or any of them against the other dependants and the persons claiming or who may be entitled to claim to be dependants, but as to whose claim to rank as such a question arises; or

(e) by any person claiming to be a dependant, but as to whose claim to rank as such a question arises, against the legal representative, if any, of the deceased worker and the dependants, and such of the persons claiming or who may be entitled to claim to be dependants, as are not applicants.

(2) The employer, if made a respondent, may pay the amount of compensation into the custody of the Board, to be dealt with as the Board may direct, and thereupon further proceedings against him may be stayed.

(3) The Registrar shall send notice of payment under sub-rule (2) to the applicant and to the other respondents (if any) and the Board may order that the employer shall not be liable to any further costs.

8. The Chairman may at any time direct that a person under a disability shall appear either as applicant or respondent in any proceedings in the same manner as if he were a person of full age and capacity.

PART III—APPLICATIONS FOR DETERMINATION BY BOARD.

9. (1) An application by the worker or by dependants for the determination of any matter or question by the Board shall be made by filing an application which shall, if the nature of the application permits, be in accordance with one of the forms in the Appendix A to these rules numbered inclusively 1 to 6.
with such modifications as the circumstances require and the application shall state concisely the question which has arisen and the application shall be delivered to the Registrar with two copies thereof for the use of the Board and one copy for each respondent to be served.

(2) Particulars shall appear upon or be annexed to the application and, without limiting the particulars to the following matters, shall contain—
(a) a concise statement of the circumstances under which the application is made;
(b) a statement whether there is an admission of liability to pay compensation or a denial of such liability, wholly or partially, with (in the latter case) a statement of the grounds upon and extent to which liability is denied;
(c) a statement of the matters which the applicant desires to have determined by the Board; and
(d) the full names and addresses of the respondents and of the applicant, and of his legal practitioner or agent, if the proceedings are commenced through a legal practitioner or agent.

10. An application by either party for the review, reconsideration, termination, reduction, reinstatement, increase or redemption of weekly payments shall be in accordance with Form 7.

11. (1) Where an employer desires to make an application for the hearing and determination of any matter by the Board, he shall file an application to which the worker, or the legal personal representative, if any, and the persons claiming or who may be entitled to claim to be dependants of a deceased worker, or the other persons as the case may be shall be respondents.

(2) Particulars shall appear upon or be appended to the application and, without limiting the particulars to the following matters, shall contain—
(a) a concise statement of the circumstances under which the application is made;
(b) a statement whether there is an admission of liability to pay compensation or a denial of such liability, wholly or partially, with (in the latter case) a statement of the grounds upon and extent to which liability is denied;
(c) a statement of the matters which the applicant desires to have determined by the Board; and
(d) the full names and addresses of the respondent and the name and address of the applicant's legal practitioner or agent, if the proceedings are commenced through a legal practitioner or agent.

12. Proceedings between employers and insurers shall be commenced by application which shall state concisely the facts relied upon and the relief or remedy sought and the provisions of this Part shall apply.

13. (1) Unless liability is shown in the application to be admitted either unconditionally or subject to assessment by the Board of the amount of compensation, the party filing the application shall at the same time obtain from the Registrar a notice in accordance with Form 8, of a date for the preliminary hearing of the application.

(2) Notice of this preliminary hearing in accordance with Form 9, shall be annexed to or endorsed upon the application and shall be served upon all other parties and in the event of a change of date of the preliminary hearing the Registrar shall notify the parties accordingly.

(3) Where liability is admitted the Registrar shall list the application for hearing in chambers.

14. The date of the preliminary hearing shall be not earlier than four weeks from the date of institution of the proceedings so as to enable all parties to receive the relevant documents and conduct preliminary enquiries into the questions in issue and the preliminary hearing may, at the Registrar's discretion, be adjourned to a date to be fixed or to a fixed date.
15. (1) Every respondent who desires to contest any part of the applicant's claim shall within 28 days of service of the application deliver or post to the Registrar for sealing and filing an answer with two copies and shall forthwith serve on each other party to the proceedings a copy of the sealed answer.

(2) The answer shall state concisely but with particularity the matters to be traversed and relied upon by the respondent in opposing the application.

(3) In the absence of an answer, then subject to sub-rule (4), the facts alleged in the application, and in the case of a claim for compensation, the liability to pay compensation, shall be taken to be admitted.

(4) In the absence of an answer and in the event that the applicant does not consent at the hearing of the application to a respondent availing himself of any matter of which he should pursuant to this rule have given notice by filing an answer or have included in any answer filed, the Board may proceed with the hearing without permitting the respondent to avail himself of such matter and may treat the relevant facts alleged in the application as admitted, or may, upon such terms as the Board considers appropriate, permit an answer or an amended answer to be filed and relied upon, or may adjourn the hearing to some later time or date and make such orders generally in respect of the matter as the Board considers fit.

16. (1) All parties to the proceedings shall attend the preliminary hearing, unless arrangements approved by the Registrar are made excusing such attendance.

(2) The Registrar or a member shall conduct the preliminary hearing and shall do so in an informal manner as the circumstances permit.

(3) On the preliminary hearing, the Registrar or member—
   (a) shall enquire into the likelihood of settlement, the delineation of issues in dispute, and the state of preparation of the cases of the respective parties and such procedural matters as he considers relevant; and
   (b) shall give directions for the further conduct of the proceedings and, when appropriate fix a date for the hearing of the application.

17. Where no answer is filed and there is no appearance at the preliminary hearing on behalf of a party proved to have been duly served with the relevant documents, the Registrar or member shall note on the file these matters and may adjourn the preliminary hearing or refer the case to the Board, and upon that reference the Board may order that the case be treated as undefended and on appropriate evidence make an award, or make an order that the case be listed for hearing in the contested list or may make such other order as it considers appropriate.

18. (1) Where a respondent claims to be entitled to indemnity against any person pursuant to the Act and requires to have that person joined in the applicant's proceedings, he shall at least seven days before the day fixed for the preliminary hearing, or within such extended time as the Board or Registrar may permit, file a third party notice appended to which shall be a notice of preliminary hearing and serve a copy of both notices upon the person against whom the indemnity is claimed (hereinafter called "the third party") and also (if the third party is not already a party to the proceedings) a copy of the applicant's application for determination.

(2) A respondent may with the leave of the Board issue a third party notice after a date has been fixed for the hearing of the matter and the Registrar shall then convene a preliminary hearing to determine whether the matter should proceed to hearing on the listed date and he may make such orders as he considers appropriate.

19. (1) If the third party desires to dispute the applicant's claim in the proceedings against the respondent on whose behalf the notice has been given or his own liability to that respondent he must appear before the Registrar on the day fixed for the preliminary hearing or on any other day of which he may receive notice from the Registrar that the preliminary hearing or proceedings are to be heard.
(2) In default of appearance as provided by sub-rule (1), the third party shall be deemed to admit the validity of any award made against the respondent as to any matter between the applicant and the respondent whether such award is made by consent or otherwise and his own liability to indemnify the respondent to the extent claimed in the notice served on him by the respondent, but if it appears to the Board that for reasonable cause he is unable to appear the Board may adjourn the hearing on such terms as the Board considers just.

20. (1) At the preliminary hearing or at any time thereafter, directions may be given as to the procedure to be adopted when there is a dispute between the respondent and a third party as to liability for indemnity.

(2) The directions may include orders for separate hearings of the claims for compensation and of the claim for indemnity.

21. (1) A party may by interlocutory application apply for an order for the expedited hearing of an application.

(2) At least seven days notice of the hearing of the interlocutory application shall be given by the party applying for the expedited hearing to all affected parties.

(3) On considering the matter of an expedited hearing, the Board may enquire into the likelihood of compromise, the reasons for an expedited hearing, the state of preparation of the respective cases, and all such matters as appear relevant to the expeditious and equitable conclusion of litigation.

(4) In order to inform itself for the purposes of this rule, the Board may require the parties to indicate details of their respective cases but in a manner so as not to prejudice any future proceedings in the matter.

(5) After making enquiries and informing itself as provided by sub-rules (3) and (4), the Board may give directions for an early hearing of the application, or may adjourn the enquiry, or may make such other order as it considers appropriate in the circumstances.

PART IV—STAY OF PROCEEDINGS.

22. Where several applications are filed by different applicants against the same respondent in respect of matters arising out of the same circumstances or involving the same issue of fact or law, the respondent may, on filing an undertaking to be bound so far as his liability to pay compensation is concerned, by the order in such one of those matters as may be selected by the Board, apply to the Board, for an order to stay proceedings in the matters other than the one so selected until an order is made in the selected matter.

23. The Chairman may—

(i) pending an appeal from a decision of the Board; or

(ii) pending hearing of an application for review or reconsideration of an award,

make an order for stay of proceedings upon such terms as he considers fit.

24. An application under this Part shall be heard in chambers, supported by affidavit.

PART V—MEDICAL EVIDENCE.

25. (1) Where a party intends to adduce the evidence of a medical practitioner at the hearing of an application, he shall, at least 14 days before the date fixed for the hearing, file in book form (with two copies) every medical report that he has received from that medical practitioner and a statement of the substance of any other medical evidence which he intends to adduce; and shall, if he has not already done so, within 24 hours after filing such report, deliver a copy of it to every other party to the action.

(2) A report that has not been filed or evidence of which a statement has not been filed, and delivered pursuant to sub-rule (1) shall not be used in a proceeding, without leave.
Filing affidavits of evidence of medical practitioners.

26. (1) A party to an application may, not less than 10 days before the date fixed for the hearing of an application—
   (a) file an affidavit of evidence, with two copies, of a medical practitioner whose evidence he intends to adduce at the hearing; and
   (b) serve a copy of it upon every other party to the application.

   (2) If a party to whom a copy of an affidavit of evidence of a medical practitioner has been delivered pursuant to sub-rule (1) requires the attendance of a medical practitioner at the hearing for cross-examination and files notice in accordance with form 10, and not less than 4 days before the hearing of the application, delivers a copy of the notice to all parties on the record, the medical practitioner shall be required to attend the hearing and give his evidence orally.

   (3) A party who, having filed an affidavit of a medical practitioner, has been served with a notice in accordance with form 10 that the practitioner is required to attend the hearing for cross-examination shall arrange for the practitioner to attend and give evidence orally; and he may examine the medical practitioner without limiting his examination to the matters deplored in the affidavit.

   (4) Where a party has filed an affidavit of evidence of a medical practitioner and has not received due notice that the practitioner is required to attend the hearing for cross-examination, he may, subject to any orders, directions, or requirements of the Board, tender the affidavit in evidence at the hearing in proof of the facts deplored in the affidavit.

PART VI—CERTIFICATE OF AWARD.

27. A certificate of the Board showing an award or order in favour of one party against another shall be signed by the Registrar and shall be in accordance with form 11 or form 12, as the case requires.

28. The Board may at any time correct any clerical mistake or error in an award or order arising from any accidental slip or omission.

29. Every award or order shall be noted in the appropriate record, but it shall not be necessary in every case, unless by the direction of the Chairman, to draw up a certificate of an award or order.

30. The Registrar shall upon request being made by any person or by legal practitioner or agent representative of any person, being a party to the proceedings, issue to that person, legal practitioner, or agent, a sealed copy of the certificate of an award or order.

PART VII—WORKERS EMPLOYED ON WESTERN AUSTRALIAN SHIPS.

31. (1) The application for compensation on behalf of dependants of a worker lost with his ship shall state the date upon which the ship was lost.

   (2) In any notice or application it shall be sufficient to describe the owners of the ship as "the owners of the ship"; and the provisions of the Supreme Court Rules as to the disclosure of the names of partners shall with the necessary modifications apply to the disclosure of the names of those owners.

PART VIII—AGreements.

32. (1) Where an agreement has been entered into a memorandum thereof, with one additional copy for every party interested, shall be sent to the Registrar in accordance with form 13, as soon as practicable after agreement has been reached.

   (2) The memorandum shall be authenticated by the signatures of the parties to the agreement but in the case of employers the signature may, if not that of the actual employer, be that of any official in his employ or in the employ of his insurer, duly authorised to sign on his behalf, and in the case of a person under disability, by the signature of his next friend on his behalf.

   (3) Whenever the memorandum is not the original the Registrar may require the original to be produced for his inspection.
(4) When an insurer sends a memorandum on behalf of an employer, the insurer shall stand in the place of the employer with regard to notices and the proceedings connected with the recording of the agreement.

(5) Where a person under a disability is a party to an agreement an application, to be heard in chambers shall be filed by that person's next friend for approval of the agreement.

33. (1) On receipt of the memorandum the Registrar shall send to each interested party one copy thereof with notice in accordance with form 14 requesting that party to inform him, within 7 days from the date of the notice, whether the memorandum is genuine, or whether he disputes it, and if so in what particulars, or whether he for any reason objects to its being recorded, and if so, on what grounds, but the Registrar may in his discretion allow a longer period than 7 days for reply.

(2) Upon registration of an agreement the Registrar shall send to the parties notice in accordance with form 15.

34. (1) Where it appears to the Registrar that the memorandum ought not to be recorded he shall notify the employer by notice in accordance with form 16, and refer the memorandum to the Chairman together with a report of all relevant information and the grounds upon which it appears to him that the memorandum ought not to be recorded.

(2) After consideration of the Registrar's report the Chairman may in the first instance direct that the memorandum be recorded, or that it be not recorded, or that it be not recorded unless amended in such manner as the Chairman may indicate and the parties ratify by agreement.

(3) Whenever the Chairman makes a direction under sub-rule (2) each of the parties shall be notified accordingly, and such direction may be subject to any further medical examination or information as he considers appropriate.

35. (1) Where any party interested disputes the genuineness of the memorandum, or the adequacy of the compensation agreed upon or otherwise objects to the recording of the agreement he shall, within the time limited by the notice referred to in rule 33 (1) notify the Registrar by notice in accordance with form 17, that he objects to recording of the memorandum, stating his grounds for such objection and, subject to any order of the Board the memorandum shall not be recorded.

(2) On receipt of an objection from any party the Registrar shall send to each other party a notice in accordance with form 18 informing such parties that the memorandum will not be recorded except with the consent in writing of the objector or by order of the Board.

36. Whether or not an objection has been received or the Registrar has refused to record it, a memorandum may after being lodged be amended or varied by the Registrar, if he has the consent in writing of all parties to such amendment or variation.

37. (1) Where any party who has received notice pursuant to rule 34 (2) or rule 35 (2) requires that the memorandum be recorded, or be recorded without amendment, he shall, within 14 days of receiving that notice, file an application accordingly.

(2) Proceedings in relation to agreements shall in the first instance be heard as applications in Chambers.

PART IX—SUSPENSION OF RIGHTS UNDER THE ACT.

38. Applications in respect of suspension of rights under section 64, 65, 70, or 72 shall in the first instance be heard in Chambers.

39. On any application under rule 38, the Board may dismiss the application or grant it, or upon ordering that the application be heard in open court as an application under Part III the Board may make such orders pending determination as the Board considers just.
PART X—RECONSIDERATION OR SETTING ASIDE OF AWARD OR ORDER.

Nature of application.

40. (1) Any application under section 117 shall in the first instance be heard in chambers, and such an application shall be accompanied by an affidavit setting out the grounds of the application.

(2) Upon hearing the application the Board may grant the order sought, dismiss the application, or upon ordering that the application be heard in open court as an application under Part III the Board may make such orders pending determination as the Board considers just.

Not to operate as stay.

41. The instituting of such an application shall not, unless otherwise ordered by the Chairman, operate as a stay of proceedings.

PART XI—INQUIRIES INTO COMPLAINTS UNDER SECTION 127.

Procedure.

42. The same procedure as in the case of an application to the Board under Part III with any necessary modifications shall apply to the hearing of a complaint under section 127.

Meeting.

43. Unless it appears to the Chairman that the complaint is frivolous, vexatious, or lacking in substance, the Registrar shall convene a meeting of the Board together with the two duly appointed nominees and the meeting may be adjourned from time to time and to such places as the Board considers just.

Service.

44. A copy of the complaint together with a notice of the time and the place of the preliminary hearing shall be served by the Registrar upon the person against whom the complaint is made ("the practitioner") personally or posted by registered mail to him at his address as appearing in the register or his last known address in Western Australia.

Fees to nominees.

45. The prescribed fees and allowances for the purpose of section 127 (6) shall be those set out in Appendix B to these rules.

Certificate of recovery of fine.

46. Where recovery of any fine in respect of a complaint is sought before a court, the Board shall issue a certificate signed by the Chairman as proof of the fine and the amount thereof.

Proceedings not public.

47. Unless otherwise directed by the Chairman proceedings under this Part shall not be open to the public.

PART XII—GENERAL.

Application of Rules of Supreme Court.

48. The Rules of the Supreme Court shall apply, unless otherwise provided in these rules, to matters of practice and procedures.

Procedure not otherwise provided.

49. Where any matter or thing is not specifically provided for under these rules, or under the Rules of the Supreme Court, application may be made to the Chairman for directions appropriate to the case.

Review of Registrar's or taxing officer's orders.

50. Any party seeking to have an order or direction of the Registrar (or a taxing officer of the Board) reviewed by the Board shall apply within 7 days of the date of the order or direction.

Non-compliance with interlocutory orders.

51. If a party does not, without reasonable cause, proof of which is on him, comply with the terms of an interlocutory order, the Registrar or the Board may upon application in chambers dismiss a substantive application or third party notice or strike out an answer as the case may be.

Venue.

52. (1) Unless otherwise ordered, the hearing or determination of any matter shall be proceeded with in Perth, but on the application in writing of any party the Chairman may direct that the hearing shall be elsewhere.

(2) A matter may, if it appears to the Board to be in the best of interests of the parties, be adjourned to such other place as may appear to the Board to be necessary or expedient.
53. (1) The Registry of the Board shall be kept open from 9.30 o'clock in the morning until 12.30 o'clock in the afternoon and from 2.00 o'clock to 3.30 o'clock in the afternoon on all days on which public servants are by law required to work except that the Registry may be closed from time to time by order of the Chairman on such days as may be mentioned in the order, and may also, by a like order, be kept open on any day gazetted as a public holiday.

(2) Where the time for doing any act or taking any proceeding expires on a day on which the Registry of the Board is closed, the act or proceeding shall, so far as regards the time of doing or taking the same, be held to be duly done or taken if done or taken on the day on which the offices are next open.

54. Interlocutory proceedings, orders or determinations by consent, and formal applications in respect of a deceased worker may be heard in chambers.

55. (1) This rule applies to all applications which may be and are in the Procedure for formal applications expressed to be heard in chambers.

(2) These applications may be either ex parte or on summons returnable not less than 2 days after service.

(3) Where the application is made ex parte the Board or Registrar, as the case may be may order that it be served on any other interested parties and shall in such case appoint a fresh return day.

(4) These applications shall be in accordance with form 19 and shall state the provision of the Act or rules, or both, under which they are made and any necessary evidence shall be by affidavit.

(5) The Board may order that any such application shall be heard in open court following which the provisions of Part III shall apply and upon making that order the Board may direct that a formal application be filed under that part.

(6) The Board or Registrar, as the case may be, upon hearing the application, may make an order absolute in the first instance, or to be absolute at any time ordered by it or may make such other order or give such directions as it considers just, including, subject to section 129, an order for costs of the application.

56. A summons to witness shall be in accordance with form 20.

57. Evidence in proceedings before the Board shall be upon oath or affirmation or in such manner as the Chairman in any particular case shall direct.

58. The affidavit of service referred to in order 72 rule 7 of the Rules of the Supreme Court shall be in accordance with form 21.

59. The appointment of an agent shall be in accordance with form 22.

60. The Registrar and Assistant Registrar are taxing officers of the Board.

61. (1) Taxation of fees, costs, and charges by a taxing officer of the Board shall be in accordance with the scale of costs prescribed in Appendix C to these rules.

(2) Assessments of and orders by the Board for, fees, costs, and charges may be made in chambers or open court.
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APPENDIX A.

Form 1. (Rule 9)

APPLICATION TO THE BOARD BY DISABLED WORKER CONCERNING COMPENSATION CLAIMED BY HIM.

IN THE WORKERS' COMPENSATION BOARD OF WESTERN AUSTRALIA

No. .................. of 19 .......

BETWEEN

Applicant

of. ......................................................

and

Respondent

of. ......................................................

1. On the day of .................................. 19

("the material date") the applicant suffered disability at ......................................................

......................................................

......................................................

2. The applicant on the material date was a worker in the respondent's employment.

3. The applicant was born on ......................................................

4. The applicant on the material date was employed as ......................................................

5. The nature of the disability suffered was ......................................................

6. The manner in which the disability arose was ......................................................

7. The applicant claims (weekly payments for the period ......................................................

to ......................................................; or, a lump sum calculated ......................................................

or, as the case may be.)

8. Notice of disability was served upon the respondent on ......................................................

(if not served, state reasons for not doing so).

9. This claim is admitted/not admitted by the respondent(s).

Dated this day of .................................. 19

(Signed) ......................................................

Applicant, or Applicant's Solicitor, or Agent.

Address ......................................................

Note—If application is signed by an agent it must be accompanied by appointment of the agent (form 24).
APPLICATION TO THE BOARD BY OR ON BEHALF OF DEPENDANTS OF DECEASED WORKER, CONCERNING THE COMPENSATION PAYABLE IN RESPECT OF THE WORKER'S DEATH TO SUCH DEPENDANTS, WHERE DEATH HAS RESULTED FROM A DISABILITY TO THE WORKER, AND FOR THE DETERMINATION OF QUESTIONS AS TO WHO ARE DEPENDANTS, AND THE APPORTIONMENT AND APPLICATION OF SUCH COMPENSATION.

IN THE WORKERS' COMPENSATION BOARD OF WESTERN AUSTRALIA

No. ........................................ of 19......

BETWEEN

of ........................................ Applicant

and

of ........................................ Respondent

1. On the day of 19.

("the material date") the deceased (names) suffered disability resulting in his death on ........................................ ........................................ ........................................

2. The deceased was on the material date a worker in the respondent's employment, employed as ........................................ ........................................

3. The deceased was born on ........................................ ........................................

4. The application is made on behalf of: (names, dates of birth and relationship to deceased) as dependants of the deceased.

5. The applicant makes this application as legal personal representative/dependant.

6. The manner in which the disability and death arose was ........................................ ........................................

7. Other known dependants of the deceased at the date of his death were: ........................................ ........................................

8. The claim is for ........................................................................................................................................

9. This claim is admitted/not admitted by the respondent(s).

The names and addresses of the respondents to be served with this application are:— 

of

of

Dated this day of 19. ........................................ ........................................

(Signed) ........................................

Applicant, or Applicant's Solicitor, or Agent.

Address ........................................

Note—If application is signed by an agent it must be accompanied by appointment of the agent (form 22).
APPLICATION TO THE BOARD BY OR ON BEHALF OF DEPENDANTS OF DECEASED WORKER, CONCERNING THE COMPENSATION PAYABLE IN RESPECT OF THE WORKER'S DEATH TO SUCH DEPENDANTS, WHERE DEATH HAS NOT RESULTED FROM A DISABILITY TO THE WORKER, AND FOR THE DETERMINATION OF QUESTIONS AS TO WHO ARE DEPENDANTS, AND THE APPORTIONMENT AND APPLICATION OF SUCH COMPENSATION.

IN THE WORKERS' COMPENSATION
BOARD OF WESTERN AUSTRALIA

BETWEEN

of .......................................................... Applicant

and .......................................................... Respondent

1. On the ........................................ day of ........................................ 19 ...........
   ("the material date") the deceased (names) ..........................................................
   suffered disability and died on the ........................................ day of ........................................ 19 ...........
   but his death did not result from the disability.

2. The deceased was on the material date a worker in the respondent's employment,
   employed as ..........................................................

3. From the material date the deceased received/was entitled to receive weekly payments
   for the period ..........................................................
   (state dates).

4. The deceased was born on ..........................................................

5. The application is made on behalf of: (names, dates of birth and relationship to
   deceased) as dependants of the deceased.

6. The applicant makes this application as legal personal representative/dependant.

7. The manner in which the disability and death arose was ..........................................................

8. Other known dependants of the deceased at the date of his death were: ..........................................................

9. The claim is for ..........................................................

10. This claim is admitted/not admitted by the respondent(s).

   The names and addresses of the respondents to be served with this application are:

Dated this ........................................ day of ........................................ 19 ...........

(Signed) ..........................................................

Applicant, or Applicant's
Solicitor, or Agent.
Address ..........................................................

Note—If application is signed by an agent it must be accompanied by appointment of the agent (form 22).
APPLICATION TO THE BOARD BY WORKER DISABLED ON A WESTERN AUSTRALIAN SHIP CONCERNING THE COMPENSATION CLAIMED BY HIM.

IN THE WORKERS' COMPENSATION BOARD OF WESTERN AUSTRALIA.

BETWEEN

Applicant

of .................................................................

and

The owners of the ship " 

Respondents

of .................................................................

1. On the ........................................ day of ........................................ ("the material date") the applicant (the master/a seaman/or as the case may be) employed (or engaged) on the ship " 

suffered disability.

2. The applicant was on the material date a worker in the respondents' employment.

3. The applicant was born on the .......................................................... .

4. The nature of the disability suffered was ............................................

5. The manner in which the disability arose was ...........................................

6. The applicant claims .................................................................

7. Notice of the disability was served on the respondent on .......................................................... (if not served state reasons for not doing so).

8. This claim is admitted/not admitted by the respondent(s).

Dated this ............... day of .......................................... 19...........

(Signed) .................................................................

Applicant or Applicant's Solicitor or Agent.

Address .................................................................

Note—If application is signed by an agent it must be accompanied by appointment of the agent (form 24).
APPLICATION TO THE BOARD BY OR ON BEHALF OF DEPENDANTS OF WORKER DISABLED ON WESTERN AUSTRALIAN SHIP AND WHOSE DEATH RESULTED FROM THE DISABILITY.

IN THE WORKERS' COMPENSATION BOARD OF WESTERN AUSTRALIA.

BETWEEN

Applicant

and

The owners of the ship "

Respondents

1. On the day of ("the material date") the deceased, (names), (the master of the ship, or a seaman, or as the case may be) suffered disability resulting in his death on

2. The deceased was on the material date a worker in the respondents' employment.

3. The deceased was born on

4. The application is made on behalf of: (names, dates of birth and relationship to deceased) as dependants of the deceased.

5. The applicant makes this application as legal personal representative/dependant.

6. The manner in which the disability and death arose was

7. Other dependants of the deceased at the date of his death were

8. This claim is for

9. This claim is admitted/not admitted by the respondent(s).

(Signed) Applicant, or Applicant's Solicitor, or Agent.

Address

Note—If application is signed by an agent it must be accompanied by appointment of the agent (form 22).
Form 6. (Rule 9—Schedule 1 cl. 5)

APPLICATION TO THE BOARD BY OR ON BEHALF OF DEPENDANTS OF WORKER DISABLED ON WESTERN AUSTRALIAN SHIP AND WHOSE DEATH DID NOT RESULT FROM THE DISABILITY.

IN THE WORKERS' COMPENSATION BOARD OF WESTERN AUSTRALIA.

No. of Matter ........................................

BETWEEN

Applicant

of .................................................................................................................................

and

The owners of the ship " .......................................................... " Respondents

of .................................................................................................................................

1. On the ....................................................... day of .................................................. ("the material date") the deceased ................................................................. (names) (the master of the ship " .......................................................... ", or a seaman, or as the case may be) suffered disability and the deceased died on the .................................................. day of .................................................. but his death did not result from the disability.

2. The deceased was on the material date a worker in the respondents' employment.

3. From the material date the deceased received/was entitled to receive weekly payments for the period ................................................................. (state dates).

4. The deceased was born on .................................................................

5. The application is made on behalf of; (names, dates of birth and relationship to deceased) as dependants of the deceased.

6. The applicant makes this application as legal personal representative/dependant.

7. The manner in which the disability and death arose was .................................................................

8. Other dependants of the deceased at the date of his death were .................................................................

9. This claim is for .................................................................

10. This claim is admitted/not admitted by the respondent(s).

(Signed) .................................................................

Applicant, or Applicant's Solicitor, or Agent.

Address .................................................................

Note—If application is signed by an agent it must be accompanied by appointment of the agent (form 22).
APPLICATION TO THE BOARD CONCERNING THE REVIEW, RECONSIDERATION, TERMINATION, REDUCTION, REINSTATEMENT, INCREASE OR REDEMPTION.

1. The applicant seeks review/reconsideration/termination/reduction/reinstatement/increase/redemption of weekly payments.

2. The grounds upon which this application is made are:

Dated this .................. day of .................. 19........
(Signed) ............................
Applicant or Applicant's Solicitor or Agent.
Address ............................

NOTE—If signed by an agent, application must be accompanied by appointment of the agent (form 22).

NOTICE TO RESPONDENT/THIRD PARTY OF DATE OF PRELIMINARY HEARING.

Take notice that if you do not attend either in person or by your solicitor or agent at the time and place abovementioned, your application may be dismissed.

And further take notice that if you wish to defend the application/third party notice or disclaim any interest in the subject matter of the proceedings or consider that the applicant's particulars are in any respect inaccurate or incomplete, or desire to bring any fact or document to the notice of the Board, or intend to rely on any fact or to deny (wholly or partially) your liability to pay compensation under the Act/or to indemnify the third party, you must file with me an answer stating your name and address, and the name and address of your solicitor or agent (if any) and stating that you disclaim any interest in the subject matter of the proceedings or stating in what respect the applicant's particulars are inaccurate or incomplete or stating concisely any fact or document which you desire to bring to the notice of the Board, or on which you intend to rely, or the ground on, and extent to which, you deny liability.
Such answer, together with a copy thereof for the Board, and a copy for the applicant and for each of the other respondents (if any) must be filed with me within 28 days of service of the application upon you.

If an answer is not filed, and subject to such answer, if any, the applicant's particulars and your liability to pay compensation/indemnity will be taken to be admitted.

Dated this day of 19 .

To ..................................................

Registrar/Member.

Form 10. (Rule 26 (3))

NOTICE OF INTENTION TO CROSS-EXAMINE MEDICAL WITNESS.

Take notice that at the hearing of this application the applicant/respondent/third party intends to cross-examine ..............................................................

To ..................................................

and his solicitors,

..................................................

Solicitors for ..............................................

Form 11. (Rule 27)

CERTIFICATE OF AWARD OR ORDER.

Upon the application dated the day of

and upon hearing counsel/agent for the applicant and counsel/agent for the respondent IT IS ORDERED THAT

1.

Registrar.

Form 12. (Rule 27)

CERTIFICATE OF COSTS.

Upon hearing counsel/agent for the .......................................................... and counsel/agent for the .......................................................... IT IS ORDERED THAT the .......................................................... fees, costs, and charges of the application heard and determined on the .......................................................... day of .......................................................... be taxed/ fixed in the sum of ..........................................................

Registrar.
Form 13. (Section 76 and Rule 32 (1).)  
Workers Compensation and Assistance Act 1981.  
MEMORANDUM OF AGREEMENT.

To The Registrar, Workers' Compensation Board,  
Perth, Western Australia

In the matter of an Agreement
Between .............................................................., ............................................................, (Employer)
of .............................................................., ..............................................................
and
.............................................................., .............................................................., (Worker)
of .............................................................., ..............................................................

THIS AGREEMENT is made the day of .............................................................., 19
between .............................................................., .............................................................., ("the worker")
of .............................................................., ..............................................................
and
.............................................................., .............................................................., ("the employer")
of .............................................................., ..............................................................

Upon the due recording of this Agreement pursuant to section 76 of the Workers' Compensation and Assistance Act 1981 ("the Act") the claims and demands hereinafter referred to are released in manner hereinafter appearing and the employer shall pay to the worker and the worker shall accept the lump sum of $ .............................................................. in the circumstances and upon the terms and conditions hereinafter set out:

1. The disability of the worker occurred on .............................................................. by:
   * a personal injury by accident arising out of or in the course of the employment, or whilst the worker was acting under the employer's instructions;
   * a disabling disease to which Part III Division 3 applies;
   * a disease contracted by a worker in the course of his employment at or away from his place of employment and to which the employment was a contributing factor and contributed to a recognizable degree;
   * the recurrence, aggravation, or acceleration of any pre-existing disease where the employment was a contributing factor to that recurrence, aggravation, or acceleration and contributed to a recognizable degree; or
   * a disabling loss of function to which Part III Division 4 applies.

2. When the disability occurred the worker was:
   (a) aged ..............................................................
   (b) employed by the employer as ..............................................................
   (c) his weekly earnings were ..............................................................
3. The nature of the disability was ...........................................................................................................................................
and now is .................................................................................................................................................................

4. The worker has received from the employer prior to the date of this Agreement:
   (a) weekly payments in respect of that disability as follows:

   (b) expenses payable under Clauses 9, 10, 17, 18 and 19 of Schedule 1

   Totalling: $ .................................................................

5. The lump sum is made up as follows:
   (a) weekly payments of compensation:
      (i) by way of redemption of liability to make future weekly payments
         $ .................................................................
      (ii) otherwise $ .................................................................
   (b) the worker having duly elected under s. 24 of the Act by a form of election dated .................................................. compensation payable under Schedule 2, being the percentage loss of use of the following items .................................................................

   Totalling $ .................................................................

6. The employer warrants that to the date of this Agreement it has paid all compensation due to the worker and all expenses in respect of the matters contained in Clauses 9, 10, 17, 18 and 19 of Schedule 1 and to the extent that these have not been paid undertakes to pay them.

7. The worker warrants that he is not aware of any expenses due but unpaid in respect of the matters contained in Clauses 9, 10, 17, 18 and 19 of Schedule 2.

8. The worker hereby releases and forever discharges the employer from all claims and demands which the worker now has or but for the execution of this agreement could or might have had against the employer under the Act in any respect whatever for or by reason of any matter or thing in any way connected with the disability to the worker referred to in this Agreement arising or occurring prior to the date hereof, or in existence at such date.

IN WITNESS WHEREOF the parties have hereunto set their hands and seals the day and year first herebefore written:

SIGNED by the worker:

in the presence of:

SIGNED by or on behalf of the employer:

in the presence of:

*Delete if not applicable.
Form 14. (Rule 33)
WORKERS' COMPENSATION AND ASSISTANCE ACT 1981.
NOTICE OF MEMORANDUM HAVING BEEN RECEIVED
IN THE WORKERS' COMPENSATION BOARD OF WESTERN AUSTRALIA
IN THE MATTER of an Agreement between
Employer

Worker
Ref. W.C.B.
TAKE NOTICE
1. That a Memorandum, copy of which is hereto annexed, has been sent to me for registration. The Memorandum appears to affect you.
2. I have therefore to request you to inform me within seven days from this date whether you admit the genuineness of the Memorandum, or whether you dispute it, and if so, in what particulars, or object to its being recorded, and if so, on what ground.
3. If you do not inform me in due course that you dispute the genuineness of the Memorandum, or object to its being recorded, it may be recorded without further inquiry and will be enforceable accordingly.
4. If you dispute its genuineness or object to its being recorded, it will not be recorded, except with your consent in writing, or by order of the Workers' Compensation Board.
5. The Memorandum indicates that you have agreed to accept a payment under the Workers' Compensation and Assistance Act 1981.
6. If you have any doubts as to the effect of the agreement, or your rights to compensation generally you should contact me immediately.
Dated this __________ day of __________ 19__
Registrar

Form 15. (Rule 33(2))
WORKERS' COMPENSATION AND ASSISTANCE ACT 1981.
NOTICE OF REGISTRATION OF AGREEMENT
IN THE WORKERS' COMPENSATION BOARD OF WESTERN AUSTRALIA
IN THE MATTER of an Agreement between
Employer

Worker
Ref. W.C.B.
YOU ARE NOTIFIED
That the Memorandum of agreement, entered into between the abovenamed parties, and dated the __________ day of __________ 19__, has now been recorded in the Register in accordance with the provisions of the Workers’ Compensation and Assistance Act 1981.
The Agreement has been numbered W.C.B.
Dated this __________ day of __________ 19__
Registrar
Workers’ Compensation Board.
NOTICE TO PARTIES WHERE REGISTRAR REFERS THE QUESTION OF RECORDING A MEMORANDUM OF AN AGREEMENT TO THE BOARD UNDER SECTION 76 (6)

IN THE WORKERS' COMPENSATION BOARD OF WESTERN AUSTRALIA

IN THE MATTER of an Agreement between

Employer

and

Worker

Ref. W.C.B.

TAKE NOTICE that I have refused to record the Memorandum sent to me in this matter for registration, and have referred the matter to the Board pursuant to section 76 (6) of the Act, it appearing to me that the said Memorandum ought not to be registered by reason of—

(a) the inadequacy of the lump sum agreed to be paid in redemption of the weekly payment referred to in the Memorandum; or

(b) the inadequacy of the amount of compensation agreed to be paid to .................................................; or

(c) the inadequacy of the amount of compensation agreed to be paid to ................................................. and ................................................. dependants; or

(d) the agreement having been obtained by fraud or undue influence, or improper means.

And further to take notice that the Board has ordered that the Memorandum be not recorded, or be not recorded unless amended as follows:

[Blank space for amendments]

unless on application pursuant to Rule 37 (1) you show cause to the contrary.

Dated this ......................... day of ................................................. 19..........

Registrar

Workers' Compensation Board.

________________________

Form 17. (Rule 35(1))

WORKERS' COMPENSATION AND ASSISTANCE ACT 1981.

NOTICE DISPUTING MEMORANDUM, OR OBJECTING TO ITS BEING RECORDED

IN THE WORKERS' COMPENSATION BOARD OF WESTERN AUSTRALIA

IN THE MATTER of an Agreement between

Employer

and

Worker

TAKE NOTICE that the undersigned

of ................................................., disputes the genuineness of the Memorandum sent to you for registration in the abovementioned matter in the following particulars:— .................................................

(Here state particulars)

OR, TAKE NOTICE that the undersigned

of ................................................., objects to the Memorandum sent to you for registration in the abovementioned matters being recorded on the following grounds:—

.................................................

(Here state grounds)

Dated this ......................... day of ................................................., 19..........

To the Registrar

Workers' Compensation Board
WORKERS' COMPENSATION AND ASSISTANCE ACT 1981.

IN THE MATTER of an Agreement between Employer and Worker.

Ref. W.C.B.

TAKE NOTICE that the genuineness of the Memorandum in the abovementioned matter left with (or sent to) me for registration is disputed by a party affected by such Memorandum, in the following particulars:

(Here state particulars of dispute)

(Or that a party interested in the Memorandum in the abovementioned matter, left with (or sent to) me for registration objects to the same being recorded, on the following grounds:—)

(Here state grounds)

The Memorandum will therefore not be recorded, except with the consent in writing of the said or by order of the Board.

Dated this day of , 19.

Registrar,

WORKERS COMPENSATION BOARD.

APPLICATION IN CHAMBERS.

Let of attend before the Board sitting to hear this application on the day of , 19.

This application is issued by (name if originating or applicant respondent or third party if interlocutory) of (address if originating) for an order that: (state the nature of the claim).

Dated this day of , 19.

This application was taken out by for the said applicant whose address for service is

NOTE: If the respondent to this application does not attend before the Board sitting to hear this matter at such time and place as shall be fixed for such hearing, such order will be made and proceedings taken as the Board may think just and expedient.
8 April 1982.

GOVERNMENT GAZETTE, W.A.

TO (name of witness)

You are commanded to attend before the Workers' Compensation Board situated at the 25th Floor of the AMP Building, 140 St. George's Terrace, Perth at on day the day of 19 , at the hour of in the noon, and from day to day thereafter until the end of the trial, to give evidence on behalf of the applicant (or respondent or third party)*.

Issued on the day of 19 , by agent for/solicitor for the

Registrar
Workers' Compensation Board

Form 21.

(Rule 59) (Heading as in application)

AFFIDAVIT OF SERVICE.

1. I, ................................................................... of ........................................ in the State of Western Australia ......................................................................................................................, being duly sworn make oath and say as follows:—

2. I did on the day of 19 , serve the abovenamed with the application/answer/third party notice (or as the case may be) in this matter numbered of 19 , which application/or as the case may be was dated the day of 19 , and appeared to me to bear the seal of the Workers' Compensation Board of Western Australia.

3. Such service was effected by delivering the said application/or as the case may be to the said personally, or

by delivering the said application to the

{residence}
{place of business of the said}

or

by sending it in a registered letter addressed to the

{residence}
{place of business}

of the said

4. At the same time I served copy of the notice of preliminary hearing to be heard on day of 19 .
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Form 22. (Rule 60)

APPOINTMENT OF AGENT.

I hereby authorise .............................................................................................................
of .............................................................................................................................., whose signature appears
at the foot hereof to appear and act on my behalf in any proceeding connected
with the abovementioned matter in the Workers' Compensation Board of
Western Australia.

Dated this .................................................. day of .................................................. 19............

Party .................................................................
Address .............................................................
Description ........................................................

Witness:
.................................................................
Justice of the Peace

Agent's Signature .................................................................

APPENDIX B. (Rule 45)

Fees and Allowances to Nominees under S. 127 (6)
1. Fees per hour
2. Reasonable travelling and accommodation expenses actually incurred.

APPENDIX C. (Rule 61)

Scale of Costs.
(The taxing officer may award costs in respect of the following matters but not exceeding
the amounts stated.)

1. Substantive application, including instructions .... .... 100
2. Next friend or guardian ad litem .... .... .... 30
3. Payment into or out of the Board and offer to consent to
judgment .... .... .... .... .... .... .... .... .... 20
4. Answer to application or to third party notice .... .... 75
5. Third Party notice, including instructions .... .... 100
6. Request for particulars .... .... .... .... .... 30
7. (a) Notice requiring discovery .... .... .... .... 20
    (b) Giving discovery of documents .... .... .... 60
    (c) Inspection and giving inspection .... .... .... 60
8. (a) Delivery of interrogatories .... .... .... .... 50
    (b) Answer to interrogatories .... .... .... 75
9. Examination of witness before trial by counsel or solicitor, pursuant to order

An allowance calculated in accordance with item 11 (b).
10. Getting up case for trial ........................................ 1200

11. Counsel fees:
   (a) Counsel fee on trial ........................................ 900
       For Queen's Counsel (where two or more counsel are certified for) add 50%
   (b) Counsel fee for the second and each successive
day of hearing .................................................. 500
   (c) Counsel fee on trial for second counsel (if certi-
fied for)—an allowance not exceeding two-thirds
   of the amounts that would have been allowed
   under item 11 (a) or 11 (b) if he had appeared
   alone.
   (d) Solicitor attending trial, per hour ...................... 60
   (e) Attending on a reserved judgment ...................... 60

12. Settling and extracting judgment after trial
   (a) with appointment ......................................... 30
   (b) without appointment ..................................... 20

13. (a) Drawing bill of costs, copies and service .......... 75
    (b) Attending taxation ................................. 50

14. Re-trial, re-hearing or hearing upon reference back from
    the Full Court for re-trial, getting up case and re-trial
    or re-hearing ................................................... Such amounts as are reason-
    able in the circumstances.

15. Interlocutory applications .................................. 75

16. Proceedings in chambers .................................... 175

17. Execution .................................................... 40

18. Service of process, photocopying of documents and allow-
    ances to witnesses: ........................................... (as in items 28, 29, and 30
    of the Fourth Schedule of the Supreme Court Rules).

Dated the 15th day of March, 1982.

D. D. CHARTERS,
Chairman.