



NUMBER: WC/

Form 9A - Appellant's Statement of Facts and Contentions Psychiatric and/or Psychological Injuries

Version 2

Appellant: (NAME OF APPLICANT/APELLANT IN MATTER)

AND

Respondent: WORKERS' COMPENSATION REGULATOR

The decision subject to this appeal is the Review Decision of the Workers' Compensation Regulator details of which appear below

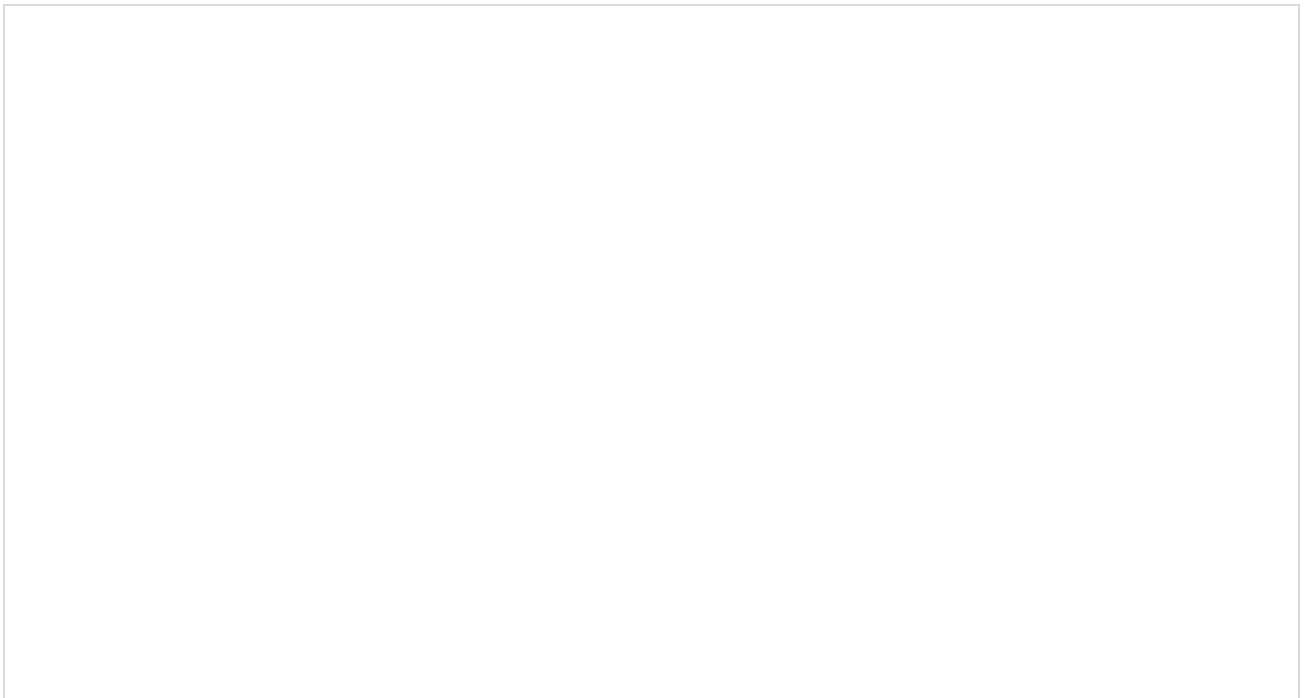
Date of Decision				
Original decision was	<input type="checkbox"/>	Rejected	<input type="checkbox"/>	Upheld
The original decision was a decision of	<input type="checkbox"/>	WorkCover Queensland	<input type="checkbox"/>	The Self-Insurer
Nature of the decision				
Specify section of the Act under which the decision was made				
Specify the injury subject of the decision				

Facts

Contentions (*see note*)

A large, empty rectangular box with a thin black border, intended for the user to write their contentions. It occupies the upper half of the page.

Decision Sought

A large, empty rectangular box with a thin black border, intended for the user to write the decision they are seeking. It occupies the lower half of the page.

Filed by

Name			
Postal Address			
Suburb/Town		Postcode	
Phone Number		Fax Number	
Mobile Number			
Email Address			
Signature			
Date			

NOTE:

Clearly and concisely specify the contentions in this matter. Examples of what the Contentions may be:

- whether the Appellant was a worker within the meaning of section 11 of the Act;
- whether the Appellant sustained an injury within the meaning of section 32 of the Act;
- whether the psychiatric injury arose out of or in the course of employment;
- whether employment was a major significant contributing factor to the psychiatric injury;
- whether the psychiatric injury is excluded because it arose out of or in the course of reasonable management action taken in a reasonable way; and
- whether the psychiatric injury is excluded because of the perception of the worker's expectation or perception of reasonable management action being taken against the worker.