



NUMBER: WC/

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

Version 1

Appellant: (NAME OF APPELLANT IN MATTER)

AND

Respondent: WORKERS' COMPENSATION REGULATOR

Nature of Appeal

1. The Decision subject of this Appeal is the Review Decision of the Workers' Compensation Regulator (the Regulator) dated (*insert date of decision*). In that Decision, the Regulator (*rejected/upheld*) the original decision of (*WorkCover Queensland/the Self-Insurer*) to (*specify the nature of decision*) under section (*insert section of the Act*) of the *Workers' Compensation and Rehabilitation Act 2003*, in respect of (*specify the injury subject of the decision*).

Background

| | |
|--|-----------------|
| Appellant's Statement of Facts and Contentions | Name: |
| Filed on Behalf of the Appellant | Address: |
| Form 9A | Phone No: |
| | Fax No: |
| | E-mail address: |

Contentions

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.

Decision Sought

Filed by:

Party/lawyer/agent:

Street address:

Post Address:

Telephone: ()

Fax ()

Other:

E-mail address:

Signed: _____
(*party or the party's solicitor*)

Description: (*of signatory eg. applicant, appellant, respondent, solicitor*)

Dated: (*insert date*)