



NUMBER: WC/

Form 9 - WCR Notice of Appeal

Version 2

Appellant: **(NAME OF APPLICANT/APPELLANT IN MATTER)**

AND

Respondent: **WORKERS' COMPENSATION REGULATOR**

This is Notice to the Queensland Industrial Relations Commission, pursuant to ss 548A(1) & 549 of the *Workers' Compensation and Rehabilitation Act 2003* that the Appellant seeks to appeal against the decision of the Workers' Compensation Regulator dated (*insert day, month, year*).

1. The Appellant:

Name of appellant			
Name of contact person			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

(a) Does the Appellant have a representative?

A representative might be a lawyer, a union, an agent or a family member or friend who will speak on behalf of the Appellant. There is no requirement to have a representative.

Yes - Provide representative's details below and file a Form 33 or 34

No

b) The Appellant's representative

Organisation			
Name of contact person			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

2. The Respondent

This Notice of Appeal must be served on:

Workers' Compensation Regulator			
Street address	347 Ann Street		
Suburb	Brisbane	Postcode	4000
Postal Address:	PO Box 10119, BRISBANE ADELAIDE STREET QLD 4000		
Phone number	1300 361 235	Fax number	(07) 3020 6309
Email address	appeals@qcomp.com.au		

2. DETAILS OF DECISION APPEALED AGAINST (Attach a copy of the decision being appealed):

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3. **GROUNDS OF THE APPEAL** (Please complete **Schedule 1** to this Notice of Appeal).
4. **FACTS RELIED ON** (Please complete **Schedule 2** to this Notice of Appeal).
5. **DECISION SOUGHT:**

The Appellant seeks the following orders:

- (A) That the Appeal be allowed;
- (B) That the Respondent’s decision dated (*insert date of decision being appealed*) be set aside;
- (C) That the Respondent pay the Appellant’s costs of and incidental to the Appeal.
- (D) (*any other orders*)

Further, I [make oath and say] [solemnly and sincerely affirm and declare]

All the facts and circumstances deposed to in this my affidavit are within my own knowledge and belief, except for the facts and circumstances deposed to from information only, and my means of knowledge and sources of information appear on the face of this my affidavit.

6. Signature

Signature	
Name	
Date	

Taken by:

Sworn/Affirmed by the deponent at:		
on:		
Signature		
Print Name		
Date		
Justice of the peace/commissioner for declarations/lawyer/other qualified person		

SCHEDULE 1 -

Using numbered paragraphs, please specify the grounds of the appeal.

[Empty box for specifying grounds of appeal]

Add additional pages if required.

SCHEDULE 2 -

Using numbered paragraphs, please specify the facts relied upon in the appeal.

[Empty box for providing facts]

Add additional pages if required.