



**NUMBER: WC/**

**Form 9 - WCR notice of appeal**

Workers' Compensation and Rehabilitation Act 2003, sections 548A(1) and 549

Version 3

Appellant: **(NAME OF APPLICANT/APELLANT 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:**

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

**(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**

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

**2. The Respondent**

This Notice of Appeal must be served on:

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

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

--

4.  **GROUNDS OF THE APPEAL** (Please complete **Schedule 1** to this Notice of Appeal).

5.  **FACTS RELIED ON** (Please complete **Schedule 2** to this Notice of Appeal).

Note: Other than the decision appealed against, there should be no supporting or additional documents attached to this form. Supporting or additional documents attached to the form will not be accepted for filing in the Industrial Registry.

6.  **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.

7.  **Signature**

<b>Signature</b>	
<b>Name</b>	
<b>Date</b>	

**Taken by:**

<b>Sworn/Affirmed by the deponent at:</b>		
<b>on:</b>		
<b>Signature</b>		
<b>Print Name</b>		
<b>Date</b>		
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]

Note: Other than the decision appealed against, there should be no supporting or additional documents attached to this form. Supporting or additional documents attached to the form will not be accepted for filing in the Industrial Registry.

Add additional pages if required.

**SCHEDULE 2 -**

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

[Empty box for providing facts]

Note: Other than the decision appealed against, there should be no supporting or additional document attached to this form. Supporting or additional documents attached to the form will not be accepted for filing in the Industrial Registry.

Add additional pages if required.