



Form 9 – WCR Notice of appeal

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Workers' Compensation and Rehabilitation Act 2003, s 537E(2),
s 548A(1), s 549, s 550(4A)

Information

- Use this form to appeal a decision of the Workers' Compensation Regulator to the Queensland Industrial Relations Commission in relation to the abovementioned legislation.
- The Appellant must serve a copy of this Notice of appeal on all parties to the appeal.
- Please read this form carefully and complete all relevant sections. Information that is missing or non-compliant with the relevant section of an Act or the Rules may result in the non-acceptance of your form.
- **Please ensure to attach a copy of the decision being appealed against.** 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.
- If the Notice of Appeal and attached decision are longer than 30 pages in length, it must be provided to the Industrial Registry in hard copy before it will be accepted for filing.
- The Notice of appeal must be made within 20 business days after the decision being appealed against has been given to/received by the Appellant. Should you wish to seek an extension, please refer to either s 537E(3) of the Act (regarding a compliance notice) or s 550(3) of the Act (regarding compensation) regarding who to make the request to.
- For information on completing this Notice of Appeal regarding a decision relating to compensation, please see the [Workers' Compensation Appeal Guide](#) located on the website www.qirc.qld.gov.au.
- For further information please refer to the website www.qirc.qld.gov.au or contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au.

Appellant:

v

Respondent:**WORKERS' COMPENSATION REGULATOR**

If there are more than two parties to this application, please complete a **Form 1 – Parties list** and file with this form.

Notice

This is a Notice to the Queensland Industrial Relations Commission that the Appellant seeks to appeal against the decision of the Workers' Compensation Regulator, pursuant to the following section of the *Workers' Compensation and Rehabilitation Act 2003* [please tick one option]:

☐ s 548A(1) and s 549 – regarding an application for **compensation**☐ s 537E – regarding an application for review of a **compliance notice****Date of decision of the Workers' Compensation Regulator:***[Ensure to attach a copy of the decision to this Notice]*

1. Appellant's details

Title [please select]:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Mx	<input type="checkbox"/> Other: _____
Name of Appellant:						
Name of contact person:						
Postal/Service address:						
	Suburb/Town				Postcode	
Phone number:			Mobile number:			
Email address:						

2. Appellant's representative

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

3. Respondent

Name of Respondent:	WORKERS' COMPENSATION REGULATOR					
Street address:	Level 4, 150 Mary Street, BRISBANE QLD 4000					
Postal/Service address:	PO Box 10119					
	Suburb/Town BRISBANE, ADELAIDE STREET, QLD				Postcode 4000	
Phone number:	1300 362 128					
Email address:	appeals@oir.qld.gov.au					

4. Details of decision being appealed against

Please outline, in consecutively numbered paragraphs, the details of the decision being appealed against .

Please attach a schedule if more room required

5. Grounds of the appeal

Please outline, in consecutively numbered paragraphs, the reasons you are making this application to appeal.

Please attach a schedule if more room required

6. Facts relied upon

Please outline, in consecutively numbered paragraphs, the facts relied upon in the appeal.

Please attach a schedule if more room required

7. Decision sought

The Appellant seeks the following orders [please tick]:

- ☐ That the Appeal be allowed
- ☐ That the decision of the Respondent be set aside
- ☐ That the Respondent pay the Appellant's costs of the hearing
- ☐ Any other orders – outline below

8. Signature of Appellant or representative

Signature:

Name:

Date:

REMEMBER TO ATTACH A COPY OF THE DECISION BEING APPEALED AGAINST TO THIS NOTICE OF APPEAL