



# Form 9 – WCR notice of appeal

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

seal

## Information

- Use this form to appeal a decision of the Workers' Compensation Regulator to the Queensland Industrial Relations Commission.
- Please read this form carefully. Please 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 rejection of your form.
- Once your form has been processed the Industrial Registry will contact you and provide you with a sealed copy of the notice of appeal.

**PLEASE NOTE:** Practice Note 1 of 2018 - ELECTRONIC FILING AND HARD COPIES OF DOCUMENTS. Documents which are longer than 30 pages in length must be supplied to the Industrial Registry in hard copy before it will be accepted for filing.

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.

For further information please contact the Industrial Registry on 1300 592 987 or via email at [qirc.registry@qirc.qld.gov.au](mailto:qirc.registry@qirc.qld.gov.au)

**Appellant:**

V

**Respondent:**

**WORKERS' COMPENSATION REGULATOR**

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

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 / / .

## 1. Appellant

**Name of appellant:**

**Name of contact person:**

**Postal address:**

Suburb/Town

Postcode

**Phone number:**

**Fax number:**

**Mobile number:**

**Email address:**

### Does the applicant 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 applicant. There is no requirement to have a representative.

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

No

## 2. Appellant's representative

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

## 3. Respondent

This notice of appeal must be served on:

### Workers' Compensation Regulator

<b>Street address:</b>	347 Ann Street		
	Suburb/Town	Brisbane	Postcode 4000
<b>Postal address:</b>	PO Box 10119, BRISBANE ADELAIDE STREET QLD 4000		
<b>Phone number:</b>	1300 362 128	<b>Fax number:</b>	(07) 3811 6443
<b>Email address:</b>	<a href="mailto:appeals@oir.qld.gov.au">appeals@oir.qld.gov.au</a>		

For information on completing the notice of appeal see the [Workers' Compensation Appeal Guide](#) located on our website at [www.qirc.qld.gov.au](http://www.qirc.qld.gov.au)

## 4. Details of decision being appealed against

*(attach a copy of the decision being appealed) 1000 character limit. (Note: If more than 1000 characters are required please attach a schedule)*

## 5. Grounds of the appeal

*(using numbered paragraphs, please specify the grounds of the appeal) 3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)*

## 6. Facts relied on

*(using numbered paragraphs, please specify the facts relied upon in the appeal) 3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)*

## 7. Decision sought

**The Appellant seeks the following orders:**

That the Appeal be allowed;

That the Respondent's decision dated (insert date of decision being appealed) / / be set aside;

That the Respondent pay the Appellant's costs of and incidental to the Appeal.

*(any other orders):*

## 8. Signature of appellant or representative

**Signature:**

**Name in full** (please print):

**Date:**

/ /