



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

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:

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Postal address:

	Suburb/Town	Postcode

Phone number:

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Fax number:

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Mobile number:

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Email address:

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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

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

3. Respondent

This notice of appeal must be served on:

Workers' Compensation Regulator

Street address:	347 Ann Street		
	Suburb/Town	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		

4. Details of decision being appealed against

(attach a copy of the decision being appealed) 1000 character limit.

5. Grounds of the appeal

(using numbered paragraphs, please specify the grounds of the appeal) 3000 character limit.

6. Facts relied on

(using numbered paragraphs, please specify the facts relied upon in the appeal) 3000 character limit.

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:

/ /