



Government Gazette

OF THE STATE OF
NEW SOUTH WALES

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LEGISLATION

Online notification of the making of statutory instruments

Week beginning 6 April 2009

THE following instruments were officially notified on the NSW legislation website (www.legislation.nsw.gov.au) on the dates indicated:

Environmental Planning Instruments

[State Environmental Planning Policy \(Major Projects\) Amendment \(Bloomfield\) 2009](#) (2009-120) —
published LW 9 April 2009

Assents to Acts

ACTS OF PARLIAMENT ASSENTED TO

Legislative Assembly Office, Sydney 7 April 2009

IT is hereby notified, for general information, that Her Excellency the Governor has, in the name and on behalf of Her Majesty, this day assented to the undermentioned Acts passed by the Legislative Assembly and Legislative Council of New South Wales in Parliament assembled, viz.:

Act No. 7 2009 – An Act to provide for the registration of clubs, societies and other non-profit associations; to provide for the regulation of those associations after registration; and for other purposes. [Associations Incorporation Bill]

Act No. 8 2009 – An Act to amend the Law Enforcement (Powers and Responsibilities) Act 2002 with respect to search powers; and for other purposes. [Law Enforcement (Powers and Responsibilities) Amendment (Search Powers) Bill]

Act No. 9 2009 – An Act to amend the Western Lands Act 1901 as a result of a statutory review under section 3B of that Act; and for other purposes. [Western Lands Amendment Bill]

Act No. 10 2009 – An Act to appropriate additional amounts out of the Consolidated Fund for the years 2008–2009 and 2007–2008 for the purpose of giving effect to certain Budget variations required by the exigencies of Government. [Appropriation (Budget Variations) Bill]

Act No. 11 2009 – An Act to amend the Biofuel (Ethanol Content) Act 2007 to make further provision with respect to the required ethanol content in petrol sold in NSW and to make provision with respect to a required biodiesel content in diesel fuel; and for other purposes. [Biofuel (Ethanol Content) Amendment Bill]

Act No. 12 2009 – An Act to amend the Surveillance Devices Act 2007 to validate certain warrants granted under the Listening Devices Act 1984. [Surveillance Devices Amendment (Validation) Bill]

Act No. 13 2009 – An Act to amend the Children and Young Persons (Care and Protection) Act 1998 and other legislation to give effect to recommendations of the Special Commission of Inquiry into Child Protection Services in NSW; and for other purposes. [Children Legislation Amendment (Wood Inquiry Recommendations) Bill]

Act No. 14 2009 – An Act to establish an Office of the Hawkesbury-Nepean, to provide for its functions and to make other provision for the purposes of improving or maintaining the health of the Hawkesbury-Nepean river system. [Hawkesbury-Nepean River Bill]

RUSSELL D. GROVE, PSM,
Clerk of the Legislative Assembly

Orders



New South Wales

Superannuation Amendment (Sydney Metro) Order 2009

under the

Superannuation Act 1916

MARIE BASHIR, Governor

I, Professor Marie Bashir AC, CVO, Governor of the State of New South Wales, with the advice of the Executive Council, and in pursuance of section 92 of the *Superannuation Act 1916*, make the following Order.

Dated, this 8th day of April 2009.

By Her Excellency's Command,

JOSEPH TRIPODI, M.P.,
Minister for Finance

Explanatory note

Sydney Metro is a body corporate established under section 55B of the *Transport Administration Act 1988*, with effect on and from 27 January 2009.

The object of this Order is to amend Schedule 3 to the *Superannuation Act 1916* to add Sydney Metro to the employers listed in Part 1 of that Schedule. This amendment is taken to have commenced on the abovementioned date.

This Order is made under section 92 of the *Superannuation Act 1916*.

Clause 1 Superannuation Amendment (Sydney Metro) Order 2009

Superannuation Amendment (Sydney Metro) Order 2009

under the

Superannuation Act 1916

1 Name of Order

This Order is the *Superannuation Amendment (Sydney Metro) Order 2009*.

2 Commencement

This Order is taken to have commenced on 27 January 2009 and is required to be published in the Gazette.

3 Amendment of Superannuation Act 1916 No 28

Schedule 3 List of employers

Insert at the end of Part 1 (The Crown and other employers) of the Schedule:

Sydney Metro



New South Wales

State Authorities Superannuation Amendment (Sydney Metro) Order 2009

under the

State Authorities Superannuation Act 1987

MARIE BASHIR, Governor

I, Professor Marie Bashir AC, CVO, Governor of the State of New South Wales, with the advice of the Executive Council, and in pursuance of section 46 of the *State Authorities Superannuation Act 1987*, make the following Order.

Dated, this 8th day of April 2009.

By Her Excellency's Command,

JOSEPH TRIPODI, M.P.,
Minister for Finance

Explanatory note

Sydney Metro is a body corporate established under section 55B of the *Transport Administration Act 1988*, with effect on and from 27 January 2009.

The object of this Order is to amend Schedule 1 to the *State Authorities Superannuation Act 1987* to add Sydney Metro to the employers listed in Part 1 of that Schedule. This amendment is taken to have commenced on the abovementioned date.

This Order is made under section 46 of the *State Authorities Superannuation Act 1987*.

Clause 1 State Authorities Superannuation Amendment (Sydney Metro) Order 2009

State Authorities Superannuation Amendment (Sydney Metro) Order 2009

under the

State Authorities Superannuation Act 1987

1 Name of Order

This Order is the *State Authorities Superannuation Amendment (Sydney Metro) Order 2009*.

2 Commencement

This Order is taken to have commenced on 27 January 2009 and is required to be published in the Gazette.

3 Amendment of State Authorities Superannuation Act 1987 No 211

Schedule 1 Employers

Insert at the end of Part 1 (The Crown and other employers) of the Schedule:

Sydney Metro



New South Wales

State Authorities Non-contributory Superannuation Amendment (Sydney Metro) Order 2009

under the

State Authorities Non-contributory Superannuation Act 1987

MARIE BASHIR, Governor

I, Professor Marie Bashir AC, CVO, Governor of the State of New South Wales, with the advice of the Executive Council, and in pursuance of section 27 of the *State Authorities Non-contributory Superannuation Act 1987*, make the following Order.
Dated, this 8th day of April 2009.

By Her Excellency's Command,

JOSEPH TRIPODI, M.P.,
Minister for Finance

Explanatory note

Sydney Metro is a body corporate established under section 55B of the *Transport Administration Act 1988*, with effect on and from 27 January 2009.

The object of this Order is to amend Schedule 1 to the *State Authorities Non-contributory Superannuation Act 1987* to add Sydney Metro to the employers listed in Part 1 of that Schedule. This amendment is taken to have commenced on the abovementioned date.

This Order is made under section 27 of the *State Authorities Non-contributory Superannuation Act 1987*.

Clause 1 State Authorities Non-contributory Superannuation Amendment (Sydney Metro) Order 2009

State Authorities Non-contributory Superannuation Amendment (Sydney Metro) Order 2009

under the

State Authorities Non-contributory Superannuation Act 1987

1 Name of Order

This Order is the *State Authorities Non-contributory Superannuation Amendment (Sydney Metro) Order 2009*.

2 Commencement

This Order is taken to have commenced on 27 January 2009 and is required to be published in the Gazette.

3 Amendment of State Authorities Non-contributory Superannuation Act 1987 No 212

Schedule 1 Employers

Insert at the end of Part 1 (The Crown and other employers) of the Schedule:

Sydney Metro

OFFICIAL NOTICES

Department of Lands

ARMIDALE OFFICE

108 Faulkner Street (PO Box 199A), Armidale NSW 2350

Phone: (02) 6770 3100 Fax (02) 6772 8782

REVOCATION OF RESERVATION OF CROWN LAND

PURSUANT to section 90 of the Crown Lands Act 1989, the reservation of Crown Land specified in Column 1 of the Schedule hereunder, is revoked to the extent specified opposite thereto in Column 2 of the Schedule.

TONY KELLY, M.L.C.,
Minister for Lands

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
Land District: Tenterfield.	The whole being Lot 102,
Local Government Area: Tenterfield Shire Council.	DP No. 751504, Parish Clifton, County Clive, of an area of 203.4 hectares.
Locality: Clifton.	
Reserve No.: 96265.	
Public Purpose: Future public requirements.	
Notified: 20 August 1982.	
File No.: AE06 H 194/1.	

Note: Revocation required due to conversion of Perpetual Lease 128872 (Fi.102/751504), Anthony Paul RHODES and Gavin John RHODES.

DUBBO OFFICE
142 Brisbane Street (PO Box 865), Dubbo NSW 2830
Phone: (02) 6883 3300 Fax: (02) 6882 6920

ROADS ACT 1993

Order

Transfer of a Crown Road to a Council

IN pursuance of the provisions of section 151, Roads Act 1993, the Crown road specified in Schedule 1 is transferred to the Roads Authority specified in Schedule 2, hereunder, as from the date of publication of this notice and as from that date, the road specified in Schedule 1 ceases to be a Crown road.

TONY KELLY, M.L.C.,
Minister for Lands

SCHEDULE 1

Part Crown Public Road through Lot 129 in DP 754979 (eastern most 190m) and Crown Public Road South of Lot 133 in DP 754979, Parish of Piambra, County of Napier.

SCHEDULE 2

Road Authority: Warrumbungle Shire Council.

File No.: W392667.

Council's Reference: LU0007.

ESTABLISHMENT OF RESERVE TRUST

PURSUANT to section 92(1) of the Crown Lands Act 1989, the reserve trust specified in Column 1 of the Schedule hereunder, is established under the name stated in that Column and is appointed as trustee of the reserve specified opposite thereto in Column 2 of the Schedule.

TONY KELLY, M.L.C.,
Minister for Lands

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
Mudgee Recreation and Water Supply (R96117) Reserve Trust.	Reserve No.: 96117. Public Purpose: Public recreation and water supply. Notified: 25 June 1982. File No.: DB82 R 51.

NOTIFICATION OF CLOSING OF ROADS

IN pursuance of the provision of the Roads Act 1993, the roads hereunder specified are closed and the road ceases to be public road and the rights of passage and access that previously existed in relation to the road are extinguished.

TONY KELLY, M.L.C.,
Minister for Lands

Description

Land District – Mudgee;
L.G.A. – Mid-Western Regional Council

Lot 82, DP 1127630 in the Parish of Mudgee, County of Wellington.

File No.: W386513.

Note: On closing, title for the land in Lot 82 remains vested in the Mid-Western Regional Council as operational land.

REVOCATION OF RESERVATION OF CROWN LAND

PURSUANT to section 90 of the Crown Lands Act 1989, the reservation of Crown Land specified in Column 1 of the Schedule hereunder, is revoked to the extent specified opposite thereto in Column 2 of the Schedule.

TONY KELLY, M.L.C.,
Minister for Lands

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
Land District: Coonabarabran. Local Government Area: Warrumbungle Shire Council. Locality: Parish Coonabarabran, County Gowen. Reserve No.: 753378. Public Purpose: Future public requirements. Notified: 29 June 2007. Lot 572, DP No. 44949, Parish Coonabarabran, County Gowen. Lot 573, DP No. 44949, Parish Coonabarabran, County Gowen. Lot 574, DP No. 44949, Parish Coonabarabran, County Gowen. Lot 308, DP No. 753378, Parish Coonabarabran, County Gowen. File No.: DB06 H 96.	The part being Lot 572, DP No. 44949, Parish Coonabarabran, County Gowen; Lot 573, DP No. 44949, Parish Coonabarabran, County Gowen and Lot 574, DP No. 44949, Parish Coonabarabran, County Gowen, of an area of 2.016 hectares.

Note: Sale of Lots 572-574, DP 44949 to David Murray Martin.

GOULBURN OFFICE**159 Auburn Street (PO Box 748), Goulburn NSW 2580****Phone: (02) 4824 3700 Fax: (02) 4822 4287****APPOINTMENT OF TRUST BOARD MEMBERS**

PURSUANT to section 93 of the Crown Lands Act 1989, the persons whose names are specified in Column 1 of the Schedule hereunder, are appointed for the terms of office specified, as members of the trust board for the reserve trust specified opposite thereto in Column 2, which has been established and appointed as trustee of the reserve referred to opposite thereto in Column 3 of the Schedule.

TONY KELLY, M.L.C.,
Minister for Lands

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>
Terrence Leslie JENNER (re-appointment).	Murringo Sportsground Trust.	Reserve No.: 54740. Public Purpose: Public recreation. Notified: 5 August 1921. File No.: 09/02971/1.

Term of Office

For a term commencing 1 June 2009 and expiring 31 May 2014.

GRAFTON OFFICE**76 Victoria Street (Locked Bag 10), Grafton NSW 2460****Phone: (02) 6640 3400 Fax: (02) 6642 5375****NOTIFICATION OF CLOSING OF ROAD**

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the land comprised therein ceases to be a public road and the rights of passage and access that previously existed in relation to the road are extinguished. On road closing, title to the land comprising the former public road vests in the body specified in the Schedule hereunder.

TONY KELLY, M.L.C.,
Minister for Lands

Description

Land District – Murwillumbah; L.G.A. – Byron

Road Closed: Lot 1, DP 1132265 at Ewingsdale, Parish Brunswick, County Rous.

File No.: GF05 H 764.

Schedule

On closing, the land within Lots 1, DP 1132265 remains vested in the State of New South Wales as Crown Land.

Description

Land District – Lismore; L.G.A. – Ballina

Road Closed: Lot 1, DP 1135349 at Wollongbar, Parish Tuckombil, County Rous.

File No.: GF05 H 411.

Schedule

On closing, the land within Lot 1, DP 1135349 remains vested in the State of New South Wales as Crown Land.

APPOINTMENT OF TRUST BOARD MEMBERS

PURSUANT to section 93 of the Crown Lands Act 1989, the persons whose names are specified in Column 1 of the Schedules hereunder, are appointed for the terms of office specified, as members of the trust board for the reserve trust specified opposite thereto in Column 2, which has been established and appointed as trustee of the reserve referred to opposite thereto in Column 3 of the Schedules.

TONY KELLY, M.L.C.,
Minister for Lands

SCHEDULE 1

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>
Karen Irene CARR (new member), John Carl Andrew PITKIN (re-appointment), June Ethel GREENE (re-appointment).	Eatonsville Public Recreation Reserve Trust.	Reserve No.: 31266. Public Purpose: Public recreation. Notified: 4 August 1900. File No.: GF80 R 258 vol 2.

Term of Office

For a term commencing the date of this notice and expiring 9 April 2014.

SCHEDULE 2

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>
Denis Neil HANSEN (re-appointment), John Allan JOHNSTON (re-appointment), Maxine Ann ARMSTRONG (re-appointment).	Tunglebung Public Recreation Reserve Trust.	Reserve No.: 83448. Public Purpose: Public recreation. Notified: 22 September 1961. File No.: GF80 R 148/2.

Term of Office

For a term commencing the date of this notice and expiring 9 April 2014.

HAY OFFICE
126 Lachlan Street (PO Box 182), Hay NSW 2711
Phone: (02) 6990 1800 Fax: (02) 6993 1135

APPOINTMENT OF TRUST BOARD MEMBERS

PURSUANT to section 93 of the Crown Lands Act 1989, the persons whose names are specified in Column 1 of the Schedule hereunder, are appointed for the terms of office specified, as members of the trust board for the reserve trust specified opposite thereto in Column 2, which has been established and appointed as trustee of the reserve referred to opposite thereto in Column 3 of the Schedule.

TONY KELLY, M.L.C.,
Minister for Lands

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>
Floyd Douglas SUTCLIFFE (new member), Phillip John BEASLEY (re-appointment), Graeme Allan HUXLEY (re-appointment), Owen Frederick PASCOE (re-appointment), Colin Francis HARRINGTON (re-appointment), Raymond John CHRISTOFF (re-appointment), Paul Richard BROWN (new member).	Goolgowi Sports Ground Trust.	Reserve No.: 61523. Public Purpose: Public recreation. Notified: 8 November 1929. File No.: HY80 R 79.

Term of Office

For a term commencing 19 June 2009 and expiring
18 June 2014.

MAITLAND OFFICE

Corner Newcastle Road and Banks Street (PO Box 6), East Maitland NSW 2323
Phone: (02) 4937 9300 Fax: (02) 4934 2252

ROADS ACT 1993**Order**

Transfer of a Crown Road to a Council

IN pursuance of the provisions of section 151, Roads Act 1993, the Crown road specified in Schedule 1 is transferred to the Roads Authority specified in Schedule 2 hereunder, as from the date of publication of this notice and as from that date, the road specified in Schedule 1 ceases to be a Crown road.

TONY KELLY, M.L.C.,
Minister for Lands

SCHEDULE 1

Parish – Teralba; County – Northumberland;
Land District – Newcastle;

Local Government Area – Lake Macquarie City Council

That part of the Crown public road known as Wallsend Road 20.115 m wide and variable width separating part Lot 5400, DP 1128817 from Lots 12-14, DP 1131335; Lot 51, DP 1042775; Lot 1, DP 1118987 and road variable width north of Lot 794, DP 1094413 to the south eastern corner of Lot 5401, DP 1128817 and having an area of 4620 square metres at Cameron Park.

SCHEDULE 2

Roads Authority: Lake Macquarie City Council.

Council's Reference: F2008/01184.

Lands File Reference: 09/04030.

ERRATUM

IN the notification appearing in the *New South Wales Government Gazette* of 16 July 1976, Folio 3030, under the heading "DECLARATION OF ROADS TO BE PUBLIC ROAD UNDER PROVISIONS OF THE PUBLIC ROADS ACT, 1902" Parish of Wilmot, County of Gloucester the description should read: "The whole of the road between Portions 21 and 22 (exclusive of that part already dedicated in road R. 23368-1603r)".

TONY KELLY, M.L.C.,
Minister for Lands

MOREE OFFICE**Frome Street (PO Box 388), Moree NSW 2400****Phone: (02) 6750 6400 Fax: (02) 6752 1707****REVOCATION OF RESERVATION OF CROWN
LAND**

PURSUANT to section 90 of the Crown Lands Act 1989, the reservations of Crown Land specified in Column 1 of the Schedules hereunder, are revoked to the extent specified opposite thereto in Column 2 of the Schedules.

TONY KELLY, M.L.C.,
Minister for Lands

SCHEDULE 1*Column 1*

Land District: Narrabri.
Local Government Area:
Narrabri Shire Council.
Reserve No.: 96496.
Purpose: For future public
requirements.
Notified: 10 December 1982.
File No.: ME04 H 652/3.

Column 2

Reserve 96496, comprising
Lots 41, 42 and 43 in DP
704650, Parish Tunis, County
Baradine, having an area of
471.5 hectares.

SCHEDULE 2*Column 1*

Land District: Bingara.
Local Government Area:
Gwydir Shire.
Reserve No.: 93752.
Purpose: Future public
requirements.
Notified: 10 October 1980.
File No.: ME05 H 291.

Column 2

Reserve 93752 comprising
Lots 93 and 94 in DP 754842,
Parish Hall, County
Murchison, with an area of
25.9 hectares.

NOWRA OFFICE**5 O'Keefe Avenue (PO Box 309), Nowra NSW 2541****Phone: (02) 4428 9100 Fax: (02) 4421 2172****REVOCATION OF RESERVATION OF CROWN
LAND**

PURSUANT to section 90 of the Crown Lands Act 1989, the reservation of Crown Land specified in Column 1 of the Schedule hereunder, is revoked to the extent specified opposite thereto in Column 2 of the Schedule.

TONY KELLY, M.L.C.,
Minister for Lands

SCHEDULE*Column 1*

Land District: Queanbeyan.
Local Government Area:
Yass Valley.
Locality: Gundaroo.
Reserve No.: 130000.
Public Purpose: Future
public requirements.
Notified: 20 June 1986.
File No.: GB80 H 1994.

Column 2

The whole being Lots 1-5,
section 5, DP No. 758488,
Parish Gundaroo, County
Murray, of an area of 1.664
hectares.

NOTIFICATION OF CLOSING OF ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the land comprised therein ceases to be public road and the rights of passage and access that previously existed in relation to the road is extinguished. On road closing, title to the land comprising the former public road vests in the body specified in the Schedule hereunder.

TONY KELLY, M.L.C.,
Minister for Lands

Description

*Parishes – Kiah and Nullica; County – Auckland;
Land District – Bega;
Local Government Area – Bega Valley*

Road Closed: Lots 1-7 (inclusive), DP 1135217 at Kiah.
File No.: NA04 H 327.

Schedule

On closing, the land within Lots 1-7 (inclusive), DP 1135217 remains vested in the State of New South Wales as Crown Land.

ORANGE OFFICE
92 Kite Street (PO Box 2146), Orange NSW 2800
Phone: (02) 6391 4300 Fax: (02) 6362 3896

NOTIFICATION OF CLOSING OF PUBLIC ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the land comprised therein ceases to be a public road and the rights of passage and access that previously existed in relation to the road are extinguished. On road closing, title to the land comprising the former public road vests in the body specified in the Schedule hereunder.

TONY KELLY, M.L.C.,
 Minister for Lands

SCHEDULE

Description

*Parish – Nangar and Belubula; County – Ashburnham;
 Land District – Molong; Shire – Cabonne*

Road Closed: Lots 1 and 2 in Deposited Plan 1133477.

File No.: OE05 H 161.

Note: On closing, title to the land comprised in Lots 1 and 2 remains vest in the Crown as Crown Land.

TAMWORTH OFFICE
25-27 Fitzroy Street (PO Box 535), Tamworth NSW 2340
Phone: (02) 6764 5100 Fax: (02) 6766 3805

**REVOCATION OF RESERVATION OF CROWN
 LAND**

PURSUANT to section 90 of the Crown Lands Act 1989, the reservation of Crown Land specified in Column 1 of the Schedule hereunder, is revoked to the extent specified opposite thereto in Column 2 of the Schedule.

TONY KELLY, M.L.C.,
 Minister for Lands

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
Land District: Tamworth.	The whole being Lot 245,
Local Government Area: Liverpool Plains Shire Council.	DP No. 751034, Parish Werrie, County Buckland, of an area of 718.6 hectares.
Locality: Werrie.	
Reserve No.: 76589.	
Public Purpose: Generally.	
Notified: 19 February 1954.	
File No.: TH93 H 52.	
Note: Conversion.	

TAREE OFFICE
98 Victoria Street (PO Box 440), Taree NSW 2430
Phone: (02) 6591 3500 Fax: (02) 6552 2816

NOTIFICATION OF CLOSING OF ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the land comprised therein ceases to be a public road and the rights of passage and access that previously existed in relation to the road are extinguished. On road closing, title to the land comprising the former public road vests in the body specified in the Schedule hereunder.

TONY KELLY, M.L.C.,
 Minister for Lands

Description

Land District – Taree; L.G.A. – Greater Taree

Road Closed: Lots 1 and 2, DP 1133471 at Possum Brush and Nabitac, Parish Talawahl, County Gloucester.

File No.: TE05 H 21.

Schedule

On closing, the land within Lots 1 and 2, DP 1133471 remains vested in the State of New South Wales as Crown Land.

Description

Land District – Kempsey; L.G.A. – Nambucca

Road Closed: Lot 1, DP 1134718 at Utungun, Parish Allgofera, County Raleigh.

File No.: 07/3274.

Schedule

On closing, the land within Lot 1, DP 1134718 remains vested in the State of New South Wales as Crown Land.

Description

Land District – Taree; L.G.A. – Nambucca

Road Closed: Lot 1, DP 1128999 at Utungun, Parish Allgofera, County Raleigh.

File No.: TE06 H 83.

Schedule

On closing, the land within Lot 1, DP 1128999 remains vested in the State of New South Wales as Crown Land.

Description

Land District – Taree; L.G.A. – Great Lakes

Road Closed: Lot 1, DP 1135347 at Bungwahl, Parish Topi Topi, County Gloucester.

File No.: TE05 H 45.

Schedule

On closing, the land within Lot 1, DP 1135347 remains vested in the State of New South Wales as Crown Land.

Department of Primary Industries

FISHERIES MANAGEMENT ACT 1994

Section 8 Notification – Fishing Closure

Botany Bay and Georges River

I, GEORGE DAVEY, Executive Director, Fisheries, Compliance and Regional Relations, pursuant to section 8 of the Fisheries Management Act 1994, and with the delegated authority of the Minister for Primary Industries and the Director-General of the NSW Department of Primary Industries pursuant to sections 227 and 228 of the Act, do by this notification, prohibit recreational fishers from taking fish of the species specified in Column 1 of Schedules 1 to 3 to this notification, by the methods of fishing specified opposite in Column 2 of Schedules 1 to 3, from the waters described opposite in Column 3 of Schedules 1 to 3.

This prohibition is effective for a period of up to one year from the date of publication of this notification, unless sooner amended or revoked.

SCHEDULE 1

Woolooware Bay

<i>Column 1 Species</i>	<i>Column 2 Methods</i>	<i>Column 3 Waters</i>
Shellfish.	All methods.	The whole of the waters of Woolooware Bay within the boundaries of a line drawn from the northern extremity of Taren Point to the Port channel marker situated approximately 600m nor' north west from the western extremity of Pelican Point thence from that channel marker in a south westerly direction to Shell Point thence following the foreshore in a northerly direction to the point of commencement.

SCHEDULE 2

Botany Bay and Georges River

<i>Column 1 Species</i>	<i>Column 2 Methods</i>	<i>Column 3 Waters</i>
Oysters.	All methods except when taken in accordance with the provisions of the NSW Shellfish Program.	The whole of the waters (including tidal waters) of Botany Bay and Georges River, together with all their tributaries, creeks, bays, lakes and inlets.

SCHEDULE 3

Georges River and tributaries

<i>Column 1 Methods</i>	<i>Column 2 Waters</i>
By means of traps of every description as prescribed by the Fisheries Management (General) Regulation 2002.	Salt Pan Creek - all waters upstream of a line drawn commencing at the Henry Lawson Drive road bridge across the creek to the nearest point on the opposite bank. Georges River - all waters upstream of a line drawn generally westerly from the Rabaul Road boat ramp at Georges Hall, including Prospect Creek, Cabramatta Creek and Chipping Norton Lake.

Dated this 9th day of April 2009

GEORGE DAVEY,
Executive Director,
Fisheries, Compliance and Regional Relations,
NSW Department of Primary Industries

MINERAL RESOURCES

NOTICE is given that the following applications have been received:

EXPLORATION LICENCE APPLICATIONS

(T09-0067)

No. 3677, WESTLIME PTY LIMITED (ACN 090 152 828), area of 12 units, for Group 2, dated 7 April 2009. (Orange Mining Division).

(T09-0068)

No. 3678, WESTLIME PTY LIMITED (ACN 090 152 828), area of 9 units, for Group 2, dated 7 April 2009. (Orange Mining Division).

(T09-0069)

No. 3679, John BATES, area of 40 units, for Group 1, dated 9 April 2009. (Broken Hill Mining Division).

MINING LEASE APPLICATIONS

(T09-0002)

No. 327, MOOLARBEN COAL MINES PTY LIMITED (ACN 108 601 672), area of about 116 hectares, to mine for coal, dated 20 March 2009. (Orange Mining Division).

(09-2202)

No. 330, AUSTAR COAL MINE PTY LIMITED (ACN 111 910 822), area of about 9.16 hectares, for the purpose of any cable, conveyor, pipeline, telephone line or signal, any building or mining plant, any drillhole or shaft for ventilation, drainage, access, bridge and road, dated 26 March 2009. (Singleton Mining Division).

IAN MACDONALD, M.L.C.,
Minister for Mineral Resources

NOTICE is given that the following application has been granted:

EXPLORATION LICENCE APPLICATION

(T08-0234)

No. 3608, now Exploration Licence No. 7331, VALE AUSTRALIA EA PTY LTD (ACN 081 724 101), Counties of Culgoa and Narran, Map Sheet (8239), area of 59 units, for Group 1, dated 18 March 2009, for a term until 18 March 2011.

IAN MACDONALD, M.L.C.,
Minister for Mineral Resources

NOTICE is given that the following applications for renewal have been received:

(C91-0015)

Authorisation No. 438, BENGALLA MINING COMPANY PTY LIMITED (ACN 053 909 470), area of 660 square metres. Application for renewal received 6 April 2009.

(C96-2388)

Exploration Licence No. 5306, BICKHAM COAL COMPANY PTY LIMITED (ACN 087 270 899), area of 3040 hectares. Application for renewal received 8 April 2009.

(C00-1585)

Exploration Licence No. 5888, BICKHAM COAL COMPANY PTY LIMITED (ACN 087 270 899), area of 2040 hectares. Application for renewal received 8 April 2009.

(T02-0450)

Exploration Licence No. 6080, RAPTOR MINERALS LIMITED (ACN 101 168 343), area of 49 units. Application for renewal received 14 April 2009.

(T03-0014)

Exploration Licence No. 6085, ALKANE RESOURCES LTD (ACN 000 689 216), area of 21 units. Application for renewal received 7 April 2009.

(06-7055)

Exploration Licence No. 6767, SULTAN CORPORATION LIMITED (ACN 061 219 985), area of 13 units. Application for renewal received 8 April 2009.

(06-7099)

Exploration Licence No. 6787, CAPITAL MINING LIMITED (ACN 104 551 171), area of 15 units. Application for renewal received 6 April 2009.

(T03-0672)

Mining Purposes Lease No. 268 (Act 1973), Gerhard WIESENBERGER, area of 3.033 hectares. Application for renewal received 6 April 2009.

(T02-0543)

Mining Purposes Lease No. 332 (Act 1973), Ross SLACK-SMITH and Genise Janet SLACK-SMITH, area of 4 hectares. Application for renewal received 8 April 2009.

IAN MACDONALD, M.L.C.,
Minister for Mineral Resources

RENEWAL OF CERTAIN AUTHORITIES

NOTICE is given that the following authorities have been renewed:

(T93-0617)

Exploration Licence No. 4620, NEWCREST OPERATIONS LIMITED (ACN 009 221 505) and JERVOIS MINING LIMITED (ACN 007 626 575), County of Bathurst, Map Sheet (8731), area of 10 units, for a further term until 18 November 2010. Renewal effective on and from 7 April 2009.

(T02-0010)

Exploration Licence No. 6016, CENTRAL WEST GOLD NL (ACN 003 078 591), County of Westmoreland, Map Sheet (8830), area of 1 units, for a further term until 24 October 2010. Renewal effective on and from 1 April 2009.

(T03-0899)

Exploration Licence No. 6311, AUGUR RESOURCES LTD (ACN 106 879 690), County of Gordon, Map Sheet (8632), area of 49 units, for a further term until 26 September 2010. Renewal effective on and from 1 April 2009.

(04-534)

Exploration Licence No. 6328, CLANCY EXPLORATION LIMITED (ACN 105 578 756), County of Lincoln, Map Sheets (8633, 8733), area of 14 units, for a further term until 24 October 2010. Renewal effective on and from 7 April 2009.

(06-0246)

Exploration Licence No. 6654, RAPTOR MINERALS LIMITED (ACN 101 168 343), County of Ashburnham, Map Sheet (8531), area of 23 units, for a further term until 19 October 2010. Renewal effective on and from 9 April 2009.

(06-218)

Exploration Licence No. 6662, CLANCY EXPLORATION LIMITED (ACN 105 578 756), County of Lincoln, Map Sheets (8633, 8733), area of 15 units, for a further term until 14 November 2010. Renewal effective on and from 7 April 2009.

(06-239)

Exploration Licence No. 6673, DEFIANCE RESOURCES LTD (ACN 119 700 220), County of Gordon, Map Sheets (8532, 8632), area of 24 units, for a further term until 4 December 2010. Renewal effective on and from 1 April 2009.

(06-4088)

Exploration Licence No. 6699, STANNUM PTY LTD (ACN 121 771 695), Counties of Blaxland and Cunningham, Map Sheets (8132, 8232), area of 51 units, for a further term until 9 January 2011. Renewal effective on and from 7 April 2009.

IAN MACDONALD, M.L.C.,
Minister for Mineral Resources

CANCELLATION OF AUTHORITIES AT REQUEST OF HOLDERS

NOTICE is given that the following authorities have been cancelled:

(05-258)

Exploration Licence No. 6380, MERIDIAN MINERALS LIMITED (ACN 125 825 532), County of Mootwingee and County of Yungnulgra, Map Sheets (7336, 7436), area of 40 units. Cancellation took effect on 6 April 2009.

(05-258)

Exploration Licence No. 6495, MERIDIAN MINERALS LIMITED (ACN 125 825 532), County of Young, Map Sheet (7435), area of 15 units. Cancellation took effect on 6 April 2009.

(05-258)

Exploration Licence No. 6517, MERIDIAN MINERALS LIMITED (ACN 125 825 532), County of Tandora and County of Young, Map Sheets (7334, 7434), area of 83 units. Cancellation took effect on 6 April 2009.

(06-64)

Exploration Licence No. 6625, OROYA MINING LIMITED (ACN 009 146 794), County of Phillip and County of Wellington, Map Sheets (8732, 8832, 8833), area of 50 units. Cancellation took effect on 10 April 2009.

(06-226)

Exploration Licence No. 6637, MERIDIAN MINERALS LIMITED (ACN 125 825 532), County of Bland and County of Clarendon, Map Sheets (8428, 8429), area of 91 units. Cancellation took effect on 6 April 2009.

(06-226)

Exploration Licence No. 6642, MERIDIAN MINERALS LIMITED (ACN 125 825 532), County of Bland and County of Gipps, Map Sheets (8329, 8330, 8429, 8430), area of 132 units. Cancellation took effect on 6 April 2009.

(07-247)

Exploration Licence No. 7078, OROYA MINING LIMITED (ACN 009 146 794), County of Roxburgh and County of Wellington, Map Sheet (8832), area of 28 units. Cancellation took effect on 10 April 2009.

IAN MACDONALD, M.L.C.,
Minister for Mineral Resources

POULTRY MEAT INDUSTRY ACT 1986

Poultry Meat Industry Advisory Group

I, IAN MACDONALD, M.L.C., NSW Minister for Primary Industries, pursuant to section 6A(3)(c) of the Poultry Meat Industry Act 1986, hereby appoint the following persons as grower members of the Poultry Meat Industry Advisory Group from the date of this appointment for a term of two years.

Brian McKELVEY,
Andrew STEVENSON and
Joseph VELLA.

Dated this 23rd day of March 2009.

IAN MACDONALD, M.L.C.,
Minister for Primary Industries

POULTRY MEAT INDUSTRY ACT 1986

Poultry Meat Industry Committee

I, IAN MACDONALD, M.L.C., NSW Minister for Primary Industries, pursuant to sections 4(3)(a) and 4(4) of the Poultry Meat Industry Act 1986, hereby appoint the following person as an independent member and Chairman of the Poultry Meat Industry Committee from the 1st July 2008 to 30 June 2010.

Stephen CARROLL.

Dated this 23rd day of March 2009.

IAN MACDONALD, M.L.C.,
Minister for Primary Industries

POULTRY MEAT INDUSTRY ACT 1986

Poultry Meat Industry Committee

I, IAN MACDONALD, M.L.C., NSW Minister for Primary Industries, pursuant to section 4(3)(b) of the Poultry Meat Industry Act 1986, hereby appoint the following persons as independent members of the Poultry Meat Industry Committee from the 1st July 2008 to 30 June 2010.

Peter PULLEY and
James SAMPHIER

Dated this 23rd day of March 2009.

IAN MACDONALD, M.L.C.,
Minister for Primary Industries

Roads and Traffic Authority

ROAD TRANSPORT (DRIVER LICENSING) ACT 1998

ORDER

I, MICHAEL BUSHBY, Acting Chief Executive of the Roads and Traffic Authority, in pursuance of section 21A of the Road Transport (Driver Licensing) Act 1998, do, by this my Order, approve the following type of interlock device as an approved interlock device as described hereunder:

Type of device:

Guardian WR3 Interlock Device.

Dated: Sydney, 9 April 2009.

MICHAEL BUSHBY,
Acting Chief Executive,
Roads and Traffic Authority

ROAD TRANSPORT (GENERAL) ACT 2005

Notice under Clause 20 of the Road Transport (Mass, Loading and Access) Regulation 2005

OBERON COUNCIL, in pursuance of Division 4 of Part 2 of the Road Transport (Mass, Loading, Access) Regulation 2005, by this Notice, specify the routes and areas on or in which 25 metre B-Doubles may be used subject to any requirements or conditions set out in the Schedule.

BRUCE FITZPATRICK,
General Manager,
Oberon Council
(by delegation from the Minister for Roads)
Dated: 9 April 2009

SCHEDULE

1. Citation

This Notice may be cited as Oberon Council 25 Metre B-Double route Notice No. 03/2009.

2. Commencement

This Notice takes effect on the date of gazettal.

3. Effect

This Notice remains in force until 30th September 2010 unless it is amended or repealed earlier.

4. Application

This Notice applies to those 25 metre B-Double vehicles which comply with Schedule 1 of the Road Transport (Mass, Loading and Access) Regulation 2005 and Schedule 2 of the Road Transport (Vehicle Registration) Regulation 2007.

5. Routes

<i>Type</i>	<i>Road No.</i>	<i>Road Name</i>	<i>Starting Point</i>	<i>Finishing Point</i>
25.	MR256.	Abercrombie Road, Oberon Council.	O'Connell Road.	"Paling Yards" (No. 7056).

ROAD TRANSPORT (GENERAL) ACT 2005

Notice under the Road Transport (Mass, Loading and Access) Regulation 2005

I, MICHAEL BUSHBY, acting Chief Executive of the Roads and Traffic Authority, in pursuance of the Road Transport (Mass, Loading, Access) Regulation 2005, make the amendment in the Schedule to the routes and areas previously specified on or in which 19 metre B-Double vehicles may be used.

MICHAEL BUSHBY
Acting Chief Executive,
Roads and Traffic Authority

SCHEDULE**1. Citation**

This Notice may be cited as the Roads and Traffic Authority B-Double Repeal Notice No. 1/2009.

2. Commencement

This Notice takes effect on the date of gazettal.

3. Amendment

Omit the following routes from Part 1 – B-Double Routes within the Sydney Region of Appendix 2 – B-Double Routes in New South Wales.

<i>Type</i>	<i>Road No.</i>	<i>Road Name</i>	<i>Starting Point</i>	<i>Finishing Point</i>
19.	220.	Old Northern Road, Dural.	Mid Dural Road.	Unnamed road accessing Camilleri Stock Feed, Maroota.

ROAD TRANSPORT (GENERAL) ACT 2005

Notice under the Roads Transport (Mass, Loading and Access) Regulation 2005

I, MICHAEL BUSHBY, acting Chief Executive of the Roads and Traffic Authority, in pursuance of the Road Transport (Mass, Loading, Access) Regulation 2005, by this Notice, specify the routes and areas on or in which 25 metre B-Doubles may be used subject to any requirements or conditions set out in the Schedule.

MICHAEL BUSHBY,
Acting Chief Executive,
Roads and Traffic Authority

SCHEDULE**1. Citation**

This Notice may be cited as the Roads and Traffic Authority B-Double Notice No. 02/2009.

2. Commencement

This Notice takes effect on the date of publication in the *New South Wales Government Gazette*.

3. Effect

This Notice remains in force until 30 September 2010 unless it is amended or repealed earlier.

4. Application

This Notice applies to those B-Double vehicles which comply with Schedule 1 of the Road Transport (Mass, Loading and Access) Regulation 2005 and Schedule 2 of the Road Transport (Vehicle Registration) Regulation 2007.

5. Routes

<i>Type</i>	<i>Road No.</i>	<i>Road Name</i>	<i>Starting Point</i>	<i>Finishing Point</i>
25.	160.	Old Northern Road, Maroota.	Mid Dural Road.	Unnamed road accessing Camilleri Stockfeeds, Maroota.

ROADS ACT 1993

Notice of Dedication of Land as Public Road at Penshurst
in the Hurstville City Council area

THE Roads and Traffic Authority of New South Wales,
by its delegate, dedicates the land described in the
schedule below as public road under section 10 of the
Roads Act 1993.

T D Craig
Manager, Compulsory Acquisition & Road Dedication
Roads and Traffic Authority of New South Wales

SCHEDULE

ALL those pieces or parcels of land situated in the
Hurstville City Council area, Parish of St George and
County of Cumberland, shown as:

Lots 20 to 39 inclusive Deposited Plan 713974; and

Lot A Deposited Plan 328811.

(RTA Papers: FPP 204.1181; RO 204.11003)

ROADS ACT 1993

Notice of Dedication of Land as Public Road at Beverly
Hills and Narwee in the Hurstville City Council area

THE Roads and Traffic Authority of New South Wales,
by its delegate, dedicates the land described in the
schedule below as public road under section 10 of the
Roads Act 1993.

T D Craig
Manager, Compulsory Acquisition & Road Dedication
Roads and Traffic Authority of New South Wales

SCHEDULE

ALL those pieces or parcels of land situated in the
Hurstville City Council area, Parish of St George and
County of Cumberland, shown as:

Lots 61 to 65 inclusive Deposited Plan 739396; and

Lots 16 to 21 inclusive Deposited Plan 264543.

(RTA Papers: FPP 204.1180; RO 204.11003)

ROADS ACT 1993**LAND ACQUISITION (JUST TERMS
COMPENSATION) ACT 1991**

Notice of Compulsory Acquisition of an Interest in Land
at Rozelle and Drummoyne in the Leichhardt Municipal
Council and Canada Bay Council areas

THE Roads and Traffic Authority of New South Wales by
its delegate declares, with the approval of His Excellency
the Lieutenant Governor, that the interest in land
described in the schedule below is acquired by
compulsory process under the provisions of the Land
Acquisition (Just Terms Compensation) Act 1991 for the
purposes of the Roads Act 1993.

T D Craig
Manager, Compulsory Acquisition & Road Dedication
Roads and Traffic Authority of New South Wales

SCHEDULE

A lease for a specified period of 30 months, as described
in Memorandum AE293511 recorded at Land and
Property Information NSW, of all those pieces or parcels
of land situated in the Leichhardt Municipal Council area,
Parish of Petersham and County of Cumberland shown as:

Lot 1 on RTA Sketch SW0865, being part of the land in
Certificate of Title 661/729277, being also part of the land
in Reserve No 89316 for Public Recreation notified in
Government Gazette No 137 of 15 November 1974 on
pages 4436 and 4437 and said to be in the possession of
the Crown and Leichhardt Municipal Council (reserve
trust manager);

Lot 2 on RTA Sketch SW0865, being part of the land in
Certificate of Title 632/752049, being also part of the land
in Reserve No 100045 for Public Recreation notified in
Government Gazette No 36 of 20 February 1987 on pages
978 and 979 and said to be in the possession of the Crown
and Leichhardt Municipal Council (reserve trust
manager); and

Lot 3 on RTA Sketch SW0865, being part of the land in
Certificate of Title 1032/1052174 and said to be in the
possession of Leichhardt Municipal Council;

excluding any existing easements and positive covenants
from the compulsory acquisition of the said Lots.

ALSO a lease for a specified period of 30 months, as
described in Memorandum AE293511 recorded at Land
and Property Information NSW, of all those pieces or
parcels of land situated in the Canada Bay Council area,
Parish of Concord and County of Cumberland shown as:

Lot 1 on RTA Sketch SW0862a, being part of the land in
Certificate of Title 7056/93678, being also part of the land
dedicated for Public Recreation notified in Government

Gazette No 90 of 12 July 1911 on page 3811 and said to
be in the possession of the Crown and Canada Bay
Council (reserve trust manager); and

Lot 1 Deposited Plan 1111116 exclusive of the land
marked (X) on the said Deposited Plan, being part of the
land in Certificate of Title 1/1111116 and said to be in the
possession of Canada Bay Council.

(RTA Papers: FPP 8M9315)

Department of Water and Energy

WATER ACT 1912

AN application for a licence under Part 2 of the Water Act 1912, being within a Proclaimed (declared) Local Area under section 5(4) of the Act. An Application for a licence under section 10 of Part 2 of the Water Act 1912, has been received as follows:

Lachlan River Valley

GEOFFREY JOHN FAHEY, for 2 pumps and 4 dams on unnamed watercourses on Lot 3, DP 589985; Lots 15 and 16, DP 754108; Lot 19, DP 177796 and Lot 262, DP 754108, Parish Crookwell, County King, for conservation of water for stock and domestic purposes and water supply for irrigation (new licence – amalgamation of existing licences and additional entitlement obtained by way of permanent transfer) (Reference: 70SL091128).

Any inquiries regarding the above should be directed to the undersigned on (02) 6850 2800. Written objections, from any local occupier or statutory authority, specifying grounds and how their interests are affected, must be lodged with the Department of Water and Energy, PO Box 291, Forbes NSW 2871, within 28 days of the date of this publication.

LYN GORHAM,
Senior Licensing Officer

AN application for a licence under the section 10 of Part 2 of the Water Act 1912, as amended, has been received as follows:

Sam Raymond GALEA and Linda Marion GALEA for a pump on Nepean River on Part Lot 134, DP 854541, Parish Weromba, County Camden, for the irrigation of 2.0 hectares (replacement licence and permanent transfer of 32.0 megalitres from 10SL045700 – no increase in annual water entitlement – not subject to the 1995 Hawkesbury/Nepean Embargo) (Reference: 10SL056845).

Any inquiries regarding the above should be directed to the undersigned on (02) 9895 7194. Written objections, from any local occupier or statutory authority, specifying grounds and how their interests are affected, must be lodged with the Department of Water and Energy, PO Box 3720, Parramatta NSW 2124, within 28 days of the date of this publication.

WAYNE CONNERS,
Licensing Officer

AN application under Part 2 of the Water Act 1912, being within a Proclaimed (declared) Local Area under section 5 (4) of the Act. An application for a licence under section 10 of Part 2 of the Water Act 1912, has been received as follows:

Darling River Valley

NEW SOUTH WALES MURRAY WETLANDS WORKING GROUP for a block bank in Andruco Lagoon, within Lot 3, DP134705 (“Sand Hills Tapio”), Parish Tapio, County Wentworth, for water conservation purposes (Reference: 60SL085518). This proposed structure will be used in association with a Water Management Act 2000, combined approval and a water access licence held by the applicant.

Any inquiries regarding the above should be directed to the undersigned on (03) 5051 6211. Written objections, from any local occupier or statutory authority, specifying grounds and how their interests are affected, must be lodged with the Department of Water and Energy, PO Box 363, Buronga NSW 2739, within 28 days of the date of this publication.

PETER WINTON,
Licensing Officer

Other Notices

ANTI-DISCRIMINATION ACT 1977

Exemption Order

UNDER the provisions of section 126 of the Anti-Discrimination Act 1977, an exemption is given from sections 8, 51, 52 and 53 of the Anti-Discrimination Act 1977, to Wentworth Community Housing, to designate, advertise and recruit for an Aboriginal Trainee Housing Worker.

This exemption will remain in force for a period of five years from the date given.

Dated this 8th day of April 2009.

STEPAN KERKYASHARIAN, AM,
President,
NSW Anti-Discrimination Board

ASSOCIATIONS INCORPORATION ACT 1984

Transfer of Incorporation Pursuant to Section 48(4)(a)

TAKE notice that the company GUNNEDAH AERO CLUB LIMITED formerly registered under the provisions of the Corporations Act 2001, is now incorporated under the Associations Incorporation Act 1984, as GUNNEDAH AERO CLUB INC, effective 14 April 2009.

Dated: 14 April 2009.

ROBYN DONNELLY,
Delegate of Commissioner,
Office of Fair Trading

ASSOCIATIONS INCORPORATION ACT 1984

Cancellation of Incorporation pursuant to Section 54

TAKE notice that the incorporation of the following associations is cancelled by this notice pursuant to section 54 of the Associations Incorporation Act 1984.

Cancellation is effective as at the date of gazettal.

ABCCCS The Antique Bottle, Ceramic and Collectables Club of Sydney Incorporated Y2478747

The Order of the Militia Crucifera Evangelica (O.M.C.E.) Inc 1797

SGP Flying Club Inc Y1403306

Synapse Art Initiatives Inc Y1711146

Sydney Employment Net/Work Incorporated Y2302700

The Save Deep Creek Committee Inc Y1711244

Signing Interpreters North Coast Inc Y1248530

Southern Skills Incorporated Y0982209

Salt Ash Social Club Inc Y1158629

Space (Shellharbour Peoples Association for Conservation of the Environment) Incorporated Y2056830

Tutti Benvenuti - All Welcome Inc Y1353634

Macleay Valley Bird Observers Club Inc Y1398603

The Southern Sydney Retailers Association Incorporated INC9885645

Soligeia (Aust) Inc Y1274334

Sands (NSW) Incorporated Y0496218

Southern Highlands Triathlon Club Incorporated Y1877246

Solitary Islands Blue Water Fishing Club Inc Y1725816

Sydney Jokers Basketball Team and Social Club Incorporated Y1788146

Southgate Inn Fishing Club Incorporated Y1462530

Sydney Sikhs Sports and Social Club Inc Y1743324

Save Our Motorists Organisation Group Incorporated Y2026842

Summerland Christian Broadcasters Incorporated Y1974544

South West Shires Folk Music Club Incorporated Y2228630

St John Vianneys Sports Club Inc Y0724531

South Dubbo Softball Club Inc Y1158237

Sydney Hills Tourism Inc Y1571916

The Shaft Fishing Club Inc Y1654126

Sunflower Incorporated INC9876980

Sawtell Association of Surfers Boardriders Club Incorporated INC9881010

Maryland Touch Association Inc Y1727712

Merriwa/Cassilis Bachelor and Spinster Committee Inc Y0192735

Midstate Arabian Association Inc Y1122316

Ministry of God Mission Inc Y0403606

Mungindi Little Athletics Centre Inc Y0761426

Mount Kuring-Gai Sports Club Inc Y0707824

Mt Kembla Craft Society Incorporated Y1642920

Marfan Syndrome Association Incorporated Y1816812

Manilla Arts Council Incorporated Y2871601

Manilla Residents Action Group Inc INC9879870

Mudgee District Senior Cricket Association Incorporated Y1905422

Mascot Main Street Incorporated Y2410207

Muswellbrook Sharks Rugby League Club Incorporated Y0220617

Macedonian Cultural & Social Association 'Prespa' Incorporated Y1421745

Macedonian Youth Organisation Association Inc Y1520645

Youshi Do Kai Society (Australia) Incorporated Y2486308

Macquarie Cobras Junior Rugby League Football Club Inc Y1521005

Marrickville Arts, Cultural and Community Services Association Inc Y1407539

Mind Plus Inc Y1360933

Mangoplah Cookardinia United Cricket Club Incorporated Y1722433

Marra Creek Reclamation Group Incorporated Y1758844

Master Electroplaters Association of New South Wales Incorporated Y1819509

Merimbula Boat Owners Association Incorporated Y1755216	Heal (Health Education Aids Liaison) Incorporated Y2304400
Merriwa Pottery Group Incorporated Y1753320	The Hospitality Training Company Australia N.P.O. Incorporated Y2440440
Mirah Al Safiri Charity Inc Y1718419	Maubanin and Friends Association of NSW Australia Incorporated Y2287805
Moree Musical & Dramatic Society Incorporated Y1809513	Macedonian Australian Ethnic Schools Association of Sydney Area Incorporated Y2447517
Moslem Alawy Solidarity Centre (MASCC) Inc Y1827511	Pakistan Muslim League of Australia Quaid-I-Azam Group Incorporated Y2191628
MPS Spruik Group Incorporated Y1804136	Segue Community Concert Band Incorporated Y2258324
Macedonian Coordinating Committee of NSW Incorporated Y2009302	The Syrian Arab Community Incorporated Y2362529
Macedonian Information Centre of Australia Inc Y1921230	Warringah Model Engineers Incorporated Y2394021
Matrit Ladies Charitable Association Incorporated Y1969141	Al-Jaafaria Society Incorporated Y2188611
Middle East Community Television Incorporated Y2068330	The Australian Arm Wrestling Association Incorporated Y2301801
Mogendoura Creek Care Programme Incorporated Y2016111	Al-Moustafa Islamic Association Incorporated Y2328233
Monash Senior Netball Club Incorporated Y1959145	Camden Haven Little Athletics Association Incorporated Y2294124
Liverpool Olympic Sports and Social Club Inc Y1511548	Commercial Furniture Industry Association of Australia Incorporated Y2286318
Lockhart Basketball Association Inc Y1401410	Coffin Rock Landcare Group Incorporated Y1860026
Lake Cargelligo Landcare Group Inc Y1610203	Cobar Minor League Inc Y1718517
Like Minds Incorporated Y1582811	City of Wollongong Lord Mayor's Giving Tree Appeal Incorporated Y2312745
Lithgow Bears Rugby League Football Club Inc Y1607921	Campbelltown Inline Hockey Club Incorporated Y2464322
Liverpool CBD Action Association Inc Y1637615	Casino Womens Hockey Club Inc Y1601008
Lebanese Care & Health Association Inc Y1654910	Central Economic Zone Inc Y1731138
Gunnedah and District Lapidary Club Inc Y1337826	Cumberland Ryde Hornsby Athletic Club Incorporated Y1936211
Bligh Park Softball Club Inc Y1906615	Cumberland Baseball Association Inc Y0879344
Breast Cancer Research Foundation Incorporated Y1931912	Cobar Tennis Club Incorporated Y1497307
Engadine Gym Tri Club Incorporated Y1825909	Clean Seas Coalition C.S.C. Incorporated Y1797145
Lions Club of Cronulla Inc Y0644136	Cherry City Streeters Incorporated Y2025306
The Rabbit Breeders Association of New South Wales Inc Y0630740	Central Tablelands Motor Sports Association Incorporated Y1802044
Bulga Landcare Group Incorporated Y2117103	Manilla Rodeo Committee Incorporated Y2782942
Tovine Christian Ministries Inc Y1702833	Northside C.L.C. Management Incorporated Y2537418
'Trebava' Serbian Humanitarian Association Inc Y1743030	Ocean Shores Arts Council Incorporated Y2680708
Tailulu College Ex-Students Association of NSW Incorporated Y1920233	North Shore Filipino Association Inc Y1370145
Australian Entertainment Industry Health and Safety Association Incorporated Y2484118	Killalea Region Landcare Group Incorporated Y2641231
Buddha's Light International Association World Charity Fund Incorporated Y2326043	Australian & Indonesian Friendship Association Incorporated Y2749104
Lane Xang Club Incorporated Y2104312	Singles for Christ Incorporated Y2246726
Shaws Bay Hotel Volleyball Association Incorporated Y2156923	Coalition of Hawkesbury and Nepean Groups for the Environment Inc Y1162104
Sean Stanton Ministries Incorporated Y2332345	Sydney Womens Rugby League Inc Y1622634
Studio 7 Fine Arts Incorporated Y2438812	Aboriginal Narconon Australia Incorporated Y2905024
Dar Al-Arqam Incorporated Y2238136	Illawarra Society Caring for Hearing Impaired Children Inc Y1474030
Emanuelu Christian Church Incorporated Y2226048	CMI Christian Mission International Incorporated Y2564219

The Building Automation and Controls Contractors Association Inc Y0481335
 Aequanimitas Association Inc Y1388901
 Australian Lebanese Sports Club Inc Y1115311
 Australian-Serbian Arts Society Incorporated Y2090244
 The Nicholas Hampton Rainbow Foundation Incorporated INC9874112
 Upper Merimbula Creek Landcare Group Incorporated Y2119342
 Spanish Migrants, Residents & Travellers Co-ordinating Committee of Australia & Australasia Incorporated Y2510447
 S.W.I.M Inc Y0684610
 Toys on Tap Incorporated Y2249619
 Tiny Time Incorporated Y2380625
 Out West Social Club Incorporated Y2137242
 Science, Technology, Education & Media Centre Incorporated Y1760521
 Sussex Inlet & Districts Softball Club Incorporated Y1575120
 Sydney Dim Sim Chefs Membership Association Incorporated Y1749110
 St Clair Community Organic Farm Inc Y1559312
 Shoalhaven O.L.M.A. Committee Incorporated Y1671225
 Sonsense Ministries Inc Y0477811
 St Columbkilles Junior Rugby League Football Club Inc Y1388705
 Sapphire Coast Radio Control Club Inc Y1525532
 Scubateering Association Inc Y1525434
 Shoalhaven Acoustic Music Inc Y1339232
 Singleton Squash Club Inc Y1533142
 South Coast Equipment Employees Social Club Inc Y1441443
 St Andrew's Restoration Fund Inc Y1445921
 St Izidor Fund Inc Y1513738
 Sydney Australia-Asia Business Association Incorporated Y2260148
 Suyato-Pokrovski Church of the Moscow Patriarchate in Australia Incorporated Y1410605
 Samoan Seventh Day Adventist Reform Movement Church Inc Y1492714
 Seabreeze Fungus Face Committee Incorporated Y1485023
 Sydney International Jazz Festival Inc Y1472232
 Shere Punjab Association of Australia Incorporated Y1553820
 The Singles Sailing Society Inc Y1613537
 Summerland Junior Rugby League Inc Y1470238
 Star Earth Tribe Incorporated Y1789045
 Sydney Noren Kai Incorporated Y1792307
 Semberija Serbian Humanitarian Society Incorporated Y1794644

Sydney Jet Sports Boating Association Incorporated Y1808124
 S.C.O.P.E. - South Coast Off Road Preservation Enthusiasts Incorporated Y1813331
 Skills 2001 Incorporated Y1853707
 Splitters Creek Odds 'N' Sods Incorporated Y1853805
 Sydney Urim Presbyterian Church Inc Y1738803
 Woolgoolga Blue Sox Baseball Club Inc Y0852226

Dated: 6 April 2009.

ROBERT HAYES,
 A/Manager,
 Financial Analysis Branch,
 Registry of Co-operatives and Associations,
 Office of Fair Trading,
 Department of Commerce

ASSOCIATIONS INCORPORATION ACT 1984

Cancellation of Incorporation pursuant to Section 55A
 TAKE notice that the incorporation of the following associations is cancelled by this notice pursuant to section 55A of the Associations Incorporation Act 1984.

Cancellation is effective as at the date of gazettal.

Mayhem Mini Trucks Inc INC9883481
 Peace on Earth Angel Incorporated INC9884521
 Australia Chinese Writer Exchanges Association Incorporated INC9883723
 Rozelle Festival Incorporated INC9882081
 Zonta Club of Middle Harbour Incorporated INC9883256
 52 Days Ministries Incorporated INC9887010
 Sydney Harbour Radio Incorporated INC9878181
 Miromaa Aboriginal Language and Technology Centre Inc INC9889470
 Grape Vine Community Service Club Inc INC9888447
 Dated: 8 April 2009.

ROBERT HAYES,
 A/Manager,
 Financial Analysis Branch,
 Registry of Co-operatives and Associations,
 Office of Fair Trading,
 Department of Commerce

CHARITABLE TRUSTS ACT 1993

Order under Section 12

Cy-Pres Scheme Relating to
 the Estate of the Late Marjorie Jean Crosland

SECTION 9(1) of the Charitable Trusts Act 1993, permits the application of property cy-pres where the spirit of the original trust can no longer be implemented.

Marjorie Jean Crosland died on 16 August 2007. Her will, dated 24 September 1985, left one half-share of the residue of her estate to 'The Queen Victoria Memorial Hospital' at Wentworth Falls. When the will was made, the Hospital operated as a home for aged persons. The facility was closed in 1999, and alternative aged care facilities were operating in

the Blue Mountains area at the time of Ms Crosland's death. The land and buildings of the Queen Victoria Memorial Hospital had been sold to a party not connected with the public hospital system.

I have formed a view that a gift to a Hospital is a gift for a charitable purpose and that this gift was upon trust for a charitable purpose. I consider that the original gift has failed and that this is an appropriate matter in which the Attorney General should approve a cy-pres scheme under section 12(1) (a) of the Charitable Trusts Act 1993.

I have approved a recommendation that the Attorney General establish a cy-pres scheme pursuant to section 12 of the Charitable Trusts Act 1993, to permit the bequest in the will to the 'Queen Victoria Memorial Hospital' to be gifted to the Sydney West Area Health Service to be held on trust and applied for the benefit and care of aged persons in the Blue Mountains area.

Therefore, pursuant to section 12 of the Charitable Trusts Act, I hereby order that the bequest in the will of Marjorie Crosland to the 'Queen Victoria Memorial Hospital' be applied cy pres and given to the Sydney West Area Health Service to be held on trust and used for the benefit and care of aged persons in the Blue Mountains area.

This Order will take effect 21 days after its publication in the *New South Wales Government Gazette*, in accordance with section 16(2) of the Charitable Trusts Act 1993.

Date of Order: 6 April 2009.

M. G. SEXTON, SC,
Solicitor General
(under delegation from the Attorney General)

CHILDREN (PROTECTION AND PARENTAL RESPONSIBILITY) ACT 1997

Safer Community Compact – Order

I, the Honourable JOHN HATZISTERGOS, M.L.C., Attorney General of the State of New South Wales, in pursuance of section 39 (1) of the Children (Protection and Parental Responsibility) Act 1997, do, by this my Order, approve Greater Taree City Council's Crime Prevention Plan as a Safer Community Compact for the purposes of Division 3 of Part 4 of that Act.

This Order takes effect on 21 April 2009 and remains in force until 20 April 2012.

Signed at Sydney, this 31st day of March 2009.

JOHN HATZISTERGOS, M.L.C.,
Attorney General

CONSTITUTION ACT 1902

Ministerial Arrangements During the Absence from Duty of the Premier and Minister for the Arts

PURSUANT to section 36 of the Constitution Act 1902, Her Excellency the Governor, with the advice of the Executive Council, has authorised the Honourable C. M. TEBBUTT, M.P., Deputy Premier, Minister for Climate Change and the Environment and Minister for Commence, to act for and on behalf of the Premier and Minister for Citizenship, as on and

from 19 April 2009, with a view to her performing the duties of the offices of the Premier, and Minister for the Arts during my absence from duty.

NATHAN REES, M.P.,
Premier

Department of Premier and Cabinet,
Sydney 2009.

CO-OPERATIVE HOUSING AND STARR-BOWKETT SOCIETIES ACT 1998

Notice under Section 601AC of the Corporations Act 2001 as Applied by Section 177 of the Co-Operative Housing and Starr-Bowkett Societies Act 1998

NOTICE is hereby given that the Co-operative mentioned below will be deregistered when three months have passed since the publication of this notice.

Southern Districts-Holroyd Administration Co-operative Limited.

Dated this 9th day of April 2009.

R. HAYES,
Delegate of the Registrar of Co-operatives

CO-OPERATIVE HOUSING AND STARR-BOWKETT SOCIETIES ACT 1998

Notice under Section 601AC of the Corporations Act 2001 as Applied by Section 177 of the Co-Operative Housing and Starr-Bowkett Societies Act 1998

NOTICE is hereby given that the Co-operative mentioned below will be deregistered when three months have passed since the publication of this notice.

Southern Districts Starr-Bowkett Co-operative Building Society (No. 12) Limited.

Dated this 9th day of April 2009.

R. HAYES,
Delegate of the Registrar of Co-operatives

DISTRICT COURT ACT 1973

District Court of New South Wales

Direction

PURSUANT to section 32 of the District Court Act 1973, I direct that the District Court shall sit in its civil jurisdiction at the place and time shown as follows:

Albury, 10:00 a.m., 20 April 2009 (2 weeks), (sittings cancelled).

Dated this 9th day of April 2009.

R. O. BLANCH,
Chief Judge

DISTRICT COURT ACT 1973

District Court of New South Wales

Direction

PURSUANT to section 173 of the District Court Act 1973, I direct that the District Court shall sit in its criminal jurisdiction at the place and time shown as follows:

Dubbo, 10:00 a.m., 9 June 2009 (1 week).

Dated this 6th day of April 2009.

R. O. BLANCH,
Chief Judge

GEOGRAPHICAL NAMES ACT 1966

Notice of proposal to amend several Address Locality Boundaries in the Wellington Local Government Area

PURSUANT to the provisions of section 8 of the Geographical Names Act 1966, the Geographical Names Board hereby notifies that it proposes to amend several address locality boundaries in the Wellington Local Government Area as shown on map GNB3696-2-A.

Council now proposes to amend the boundary between:

1. Mount Arthur, Ponto and Suntop
2. Geurie and Comobella
3. Loombah, Bournemouth and Eurimbla
4. Cundumbul and Bakers Swamp
5. Stuart Town, Euchareena and Farnham
6. Twelve Mile and Wuuluman
7. Medway, Elong Elong and Goolma
8. Wellington and Apsley

The above proposed amendments will result in the address localities of Loombah and Medway being discontinued as address localities and redesignated as Rural Place.

The proposed amended boundaries shown on map GNB3696-2A may be viewed at the Wellington Council Administration Centre, the Wellington Library, the Elong Elong Store, Geurie Post Office, Yeoval Post Office, Stuart Town Post Office, Goolma General Store and the office of the Geographical Names Board, Land and Property Information, 346 Panorama Avenue, Bathurst NSW 2795, from Friday, 17 April 2009, until Friday, 15 May 2009. The map can also be viewed and submissions lodged on the Geographical Names Board web site at www.gnb.nsw.gov.au during the consultation period.

Any person wishing to make comment upon this proposal may within one (1) month of the date of this notice write to the Secretary of the Board with that comment.

Submissions made in accordance with section 9 of the Geographical Names Act 1966, may be subject to a freedom of information application.

WARWICK WATKINS,
Chairperson

Geographical Names Board,
PO Box 143, Bathurst NSW 2795,
Tel.: 1800 025 700.

LOCAL GOVERNMENT ACT 1993

Proclamation

The Honourable JAMES SPIGELMAN, AC,
Lieutenant Governor

I, The Honourable JAMES SPIGELMAN, AC, Lieutenant Governor of the State of New South Wales, with the advice of the Executive Council, and in pursuance of the Local Government Act 1993, do hereby in accordance with section 206 of the Act constitute the area of Kogarah as the City of Kogarah.

Signed and sealed at Sydney, this 1st day of April 2009.

By Her Excellency's Command,

BARBARA PERRY, M.P.,
Minister for Local Government

GOD SAVE THE QUEEN!

OCCUPATIONAL HEALTH AND SAFETY REGULATION 2001 (Clauses 348 and 301)

Exemption Order No. 005/09

I, DOROTHEA BETTS, Acting General Manager, Occupational Health and Safety Division, of the WorkCover Authority of New South Wales, pursuant to Clause 348 of the Occupational Health and Safety Regulation 2001, make the following Order.

Dated this 8th day of April 2009.

DOROTHEA BETTS,
Acting General Manager
Occupational Health and Safety Division,
WorkCover Authority of New South Wales

Occupational Health and Safety Regulation 2001
Exemption Order No. 005/09

1. Name of Order

This Order is the Occupational Health and Safety Regulation 2001 Exemption Order No. 005/09.

2. Commencement

This Order commences on the 8th April 2009, and has effect for a period of five years from that date.

3. Exemption

Operators (or persons employing, directing or allowing an operator) of Burndy WejTap tool codes WTRB and WTY and Homac Powertap tool codes PT-Tool -S and PT-Tool-L undertaking the work specified in Schedule 1 are exempt from clause 301 of the Occupational Health and Safety Regulation 2001 (requirement to hold a certificate of competency in relation to explosive-powered tools), but only if the conditions specified in Schedule 2 are complied with.

SCHEDULE 1

This Exemption applies to persons undertaking connection of electrical cables with a combination of a "wedge" and a "spring C" in electricity distribution systems using Burndy WejTap tool codes WTRB, WTY or HOMAC Powertool codes PT-Tool-S and PT-Tool-L.

SCHEDULE 2

1. An operator of the Wedge tool must be over 18 years of age.
2. An operator must not be subject to any infirmity, including colour blindness, which might render the operator unable to safely use the Wedge tool.
3. An operator must not be a person who has had any relevant certificate, qualification or exemption in relation to explosive-powered tools suspended or cancelled within the previous 5 years.

4. Prior to undertaking use of the Wedge tool under this Exemption, an operator must have been trained and assessed to be competent in the safe use of the Wedge tool and in the selection, handling and storage of the related explosive cartridges in a safe manner, as a minimum, to the standard of safety stipulated in the manufacturer's instructions for the Wedge tool. For the purposes of this clause, self training and assessing is not acceptable.
5. The operator must obtain a written record of the training received and assessment undertaken in relation to the Wedge tool, signed by the trainer and assessor, and must produce that record for inspection when required by: an employer, a principal contractor, the person in control of premises where the Wedge tool is to be used or by a WorkCover Inspector.

POISONS AND THERAPEUTIC GOODS ACT 1966

Order under Clause 175(1)

Poisons and Therapeutic Goods Regulation 2008

Withdrawal of Drug Authority

IN accordance with the provisions of Clause 175(1) of the Poisons and Therapeutic Goods Regulation 2008, an order has been made on Dr Reddall Ernest LESLIE, MPO:057090 of 76 Prince Street, Orange NSW 2800, prohibiting him until further notice as a medical practitioner from having possession of and supplying drugs of addiction as authorised by Clause 101 of the Regulation and issuing a prescription for a drug of addiction as authorised by Clause 77 of the Regulation.

This order is to take effect on and from 14 April 2009.

Professor DEBORA PICONE, AM,
Director-General

Department of Health, New South Wales,
Sydney, 8 April 2009.

Civil Procedure Act 2005

Pursuant to section 13 of the *Civil Procedure Act 2005*, I direct that a registrar of the Court (including a person acting as the registrar or as a deputy to the registrar) may exercise the functions of the Court as stated in Parts 1 to 3 of the schedule to this direction.

Dated: 9 April 2009

J J Spigelman AC
Chief Justice of New South Wales

Schedule.

Part 1

The functions of the Court as provided for in Column 1 but subject to the restriction (if any) mentioned in Column 3.

The matter in column 2 is inserted for convenience of reference only and does not affect the operation of the direction.

Civil Procedure Act 2005

Column 1	Column 2	Column 3
Section	Description	Restriction
Section 14	Dispense with rules in particular cases	Restricted to those matters which a registrar may deal with
Section 26(1)	Referral to mediation	By consent of the parties or expressly unopposed
Section 38(1)	Referral to arbitration	
Section 43	Order for rehearing of arbitration	
Section 45	Discontinuance of rehearing	
Section 61(1), (2), and (3)(f) and (g)	Directions as to practice and procedure	
Section 64	Amendment of documents	
Section 65	Amendment of originating process after expiration of limitations period	
Section 66	Adjournment of proceedings	
Section 67	Stay of proceedings	Restricted to those matters which a registrar may deal with

Section 68	Attendance and production	
Section 86	Orders and terms	Restricted to those matters which a registrar may deal with
Section 93 (2)	Judgment for Detention of Goods	Restricted to default judgments
Section 98	Costs	Restricted to those matters which a registrar may deal with
Section 100	Interest up to judgment	In respect of a judgment given or entered under Part 16 of the Rules
Section 101	Interest after judgment	In respect of a judgment given or entered under Part 16 of the Rules
Section 107	Deferral of payments and payments by instalments	
Section 108	Order for examination of judgment debtor	
Section 134	Extension of period of enforcement of stale judgment	
Section 135(2)(b)	Prohibit Sheriff from acting on writ of execution	Restricted to a writ of execution issued pursuant to a judgment given by default
Section 140	Transfer of proceedings from the District Court or a Local Court	Only if by consent or expressly unopposed
Section 146	Transfer of proceedings to the District Court or a Local Court	On if by consent or expressly unopposed

Uniform Civil Procedure Rules 2005

Column 1	Column 2	Column 3
Section	Description	Restriction
Rule 1.12	Extension and abridgment of time	Excluding abridging time for service of a summons
Rule 1.13	Fixing time	
Part 2	Case management generally	Except a direction or order the subject of a restriction elsewhere in this direction.
Rule 4.10(4)	Rejection of documents	
Rule 4.13	Place for filing	
Part 5	Preliminary discovery	
Rule 6.1	Leave to take step without filing appearance	
Rule 6.5	Continuation of proceedings wrongly commenced by Statement of Claim	
Rule 6.6	Continuation of proceedings wrongly commenced by Summons	
Rule 6.16	Postpone return day in summons	

Rule 6.18	Leave to join causes of action	
Rule 6.19	Leave to join parties in proceedings involving common questions	
Rule 6.20	Leave to join parties having joint entitlement	
Rule 6.21	Stay proceedings until jointly liable persons added as defendants	
Rule 6.22	Order separate trials or other order to avoid inconvenient joinder	
Rule 6.24	Order addition of parties	
Rule 6.27 and 6.28	Join third party and determine date of commencement of proceedings relating to them	
Rule 6.29	Order removal of party	
Rules 6.30 and 6.31	Effect of change of party in proceedings	
Rule 6.32	Future conduct of proceedings	
Rule 7.3	Leave to an unrepresented litigant to issue subpoena	
Rule 7.15(5)	Leave to replace tutor in proceedings	
Rule 7.18	Appointment and removal of tutor	
Rule 7.21	Striking out appearance of person sued in a business name	
Rule 7.22	Leave to proceed before amendment made	
Rule 7.29	Withdrawal of solicitor	
Rule 9.8(a)	Leave to separately determine cross-claims	
Rule 9.9	Leave for proceedings to continue together	
Rule 10.1	Service of filed documents	
Rule 10.2	Service of affidavits	Restricted to those matters which a registrar may deal with
Rule 10.7	Orders as to the giving of notice by the Court	
Rule 10.14	Substituted and informal service	
Rule 10.15	Possession of land; service by affixing copy of originating process	
Rule 10.16	Service on person in default by filing	
Rule 11.4	Leave to proceed when originating process served outside Australia	
Rule 11.5	Leave to serve documents outside Australia and	

	confirmation thereof	
Rule 12.1 and 12.3	Leave to discontinue	
Rule 12.4	Stay of further proceedings to secure costs of discontinuance of proceedings	
Rule 12.5	Leave to withdraw an appearance	
Rule 12.7(1)	Dismiss proceedings for want of due despatch by plaintiff	Provided at least one month's notice of the proposal to make such an order has been given to the plaintiff
Rule 12.8	Other grounds for dismissal	
Rule 12.10	Stay to secure costs after dismissal	
Rule 13.6	Dismiss for non appearance of plaintiff	
Rule 14.2	Dispense with further pleadings	
Rule 14.3	Time for filing defence	
Rule 14.5	Further pleadings	
Rules 14.22 – 14.24	Verification of pleadings	
Part 15	Particulars	Except for an order to dismissal the proceedings under UCPR 15.16
Part 16	Default judgment	
Part 18	Motions	Restricted to those matters which a registrar may deal with
Part 19	Amendment	
Rules 20.2 and 20.3	Directions about mediation	
Rules 20.9 – 20.12	Arbitration	
Rule 20.34	Acknowledgement of a liquidated claim	
Part 21	Discovery/Inspection/Production	
Part 22	Interrogatories	
Rule 23.4	Order for medical examination	
Rule 23.7	Order for rehabilitation test	
Rule 23.8	Inspection of property	
Rule 23.9	Default in compliance under Part 23	Except for an order that judgment be given, a defence be struck out or that the proceedings, or any part of the relief claimed in the proceedings be dismissed.
Rules 24.3, 6, 9, and 14	Taking evidence otherwise than at trial	Except where the order is made under section 7 or section 10 of the Foreign Evidence Act.
Rules 26.3, 4, 5, and 8	Receivers	
Rule 28.5	Consolidation, etc	
Rule 31.4	Service of witness statements	
Rule 31.5	Notice under s 67 or s 99 of the Evidence Act	
Rule 31. 19	Directions before calling expert witnesses	
Rule 31.20 (2) (a)	Service of experts' reports	
Rule 31. 32 (3)	Abridge time for service of	

	subpoena on medical witness	
Part 33	Subpoenas	
Part 34	Notice to produce at hearing	
Rule 35.1	Using irregular affidavit	
Rule 35.2	Cross examination of Deponent	Restricted to those matters which a registrar may deal with
Rule 35.9	Filing of affidavit	
Rule 36.1A	Consent Orders	Restricted to those matters which a registrar may deal with
Rule 36.11	Entry of judgment or orders	Unless the Court directs entry to be effected in a specified manner.
Rule 36.14	Service of Judgment or Order	Restricted to those matters which a registrar may deal with
Rule 36.16	Setting aside default judgment	
Rule 36.17	"Slip rule"	
Rule 36.18	Variation of judgment or order against party operating under unregistered business name	
Rule 37.4	Instalment Orders	
Rule 37.6	Variation of Instalment Orders	
Rules 38.1 – 38.5	Examination of judgment debtor	
Rule 38.7	Application of Part to persons that are corporations	
Part 39	Enforcement of judgments	
Rule 41.8(2)	Payment of interest accruing on money paid into Court	
Rule 41.9	Non-attendance of parties following notice by Court	
Part 42	Order for costs	Restricted to proceedings in which the registrar has a function under an Act or the Rules, or in which the function has been delegated by this direction, or in which a matter has been referred to the registrar by a Judge or Associate Judge.
Rule 42.19	Costs of Discontinued Proceedings	
Rule 42.21	Security for costs	
Rule 42.28	Costs on Instalment Orders	
Rule 45.2	Entry and Removal from specialist list	Except for Commercial List and Technology and Construction List matters
Part 46	Accounts and Enquiries	Except UCPR 46.12(4)(b)
Rule 49.22	Stay registrar's decision	Limited to staying the decision under review

Part 2 Supreme Court Rules

The functions of the Court as provided for in Column 1 but subject to the restriction (if any) mentioned in Column 3.

The matter in column 2 is inserted for convenience of reference only and does not affect the operation of the direction.

Column 1	Column 2	Column 3
Part and/or rule	Description	Restriction
Part 51B—		
Rule 5 (8)	Direction concerning filing of affidavit	
Rule 9	Direction concerning filing of affidavit	
Part 58	Taking evidence for foreign and Australian courts and tribunals	
Part 59A	Enforcement of external judgments	
Part 68—		
Rule 2 (2) (c) (ii)	Administration of estates: determination of question	
Part 71A—		
Rule 6 (2)	Notifying the Sheriff of change in interest rate	
Rule 7	Assessment of costs and expenses	
Part 80 -		
Rule 18 (4)	Time for advertising winding up application	
Rule 21 (1)	Order substituting plaintiff	
Rule 62	Examination of person concerned with corporation	
Part 80A—		
Rule 36	Examination of persons concerned with corporations	

Part 3 General

1 Orders under the following legislation as provided –

Commercial Arbitration Act 1984

section 33 (enforcement of an award)

Contractors Debts Act 1997

section 7 (1) (certification of a debt)

Conveyancing Act 1919

section 66G (appointment of trustees to property, where there is no defendant)

Co-operatives Act 1992

clause 10 of Schedule 4 (remuneration of a receiver, etc)

Corporations Act 2001 (Commonwealth)

section 425 (remuneration of a receiver, etc)

section 429 (3) (extending the period for a report)

section 440D (1) (leave to proceed against a company under administration) provided the claim against the company is, or includes, a claim for damages for personal injury

section 449E (1) (remuneration of an administrator)

section 459A (winding up a company in insolvency)

section 459R (extending the period for determination of a winding up application)

section 461(1)(k) (winding up a company on just and equitable grounds) where there has been an order by the Court hearing the application that ASIC reinstate the company under s.601AH(2)

section 465B (substitution of applicants for winding up)

section 471B (leave to proceed against a company in liquidation) provided the claim against the company is, or includes, a claim for damages for personal injury

section 473 (1) (removal of liquidator appointed by the Court) where the application is not opposed,

section 473 (2) (remuneration of a provisional liquidator)

section 473 (3) (remuneration of a liquidator)

section 473 (7) (liquidators vacancy) where the application is not opposed

sections 480 and 481 (1) (release and deregistration)

section 484 (2) (b) (remuneration of a special manager)

section 486 (inspection of books of a company in a winding up by the court)

section 500 (2) (granting of leave to proceed against a company after the passing of a resolution for voluntary winding up)

section 511 (voluntary winding up) on an application to exercise the power of the court under s 486

section 542 (3) (destruction of books)

sections 596A, 596B and 596F (examination of persons about corporations)

section 597 (examination of persons concerned with corporations) except subsection (15)

section 601AH (2) (reinstatement) where the summons by which the application is made has been served on ASIC and not opposed by ASIC

section 1335 (ordering security for costs that may be payable by a plaintiff corporation)

Any matter which arises in a winding up by the court and is referred to a registrar by a Judge or the Court of Appeal

Evidence Act 1995

section 50 (proof of voluminous or complex documents)

section 168 (2), (4) or (7) (time limits for making certain requests)

section 169 (1) (a), (b) or (d) (failure or refusal to comply with requests)

Making a finding as to:

- (a) whether a reasonable request has been made under section 167 of the Evidence Act within the time prescribed by section 168 (1), (3), (5) or (6) of that Act, and
- (b) whether a party has, without reasonable cause, failed or refused to comply with such a request

Evidence and Procedure (New Zealand) Act 1994 (Commonwealth)

section 16 (issuing of a certificate)

Evidence on Commission Act 1995.

sections 6 (ordering evidence to be taken abroad)

section 7 (directions on procedure about overseas evidence)

section 20 (ordering evidence to be taken outside NSW)

section 21 (directions on procedure about interstate evidence)

Foreign Judgments Act 1991 (Commonwealth)

section 6 (ordering that a foreign judgment be registered) where a request has been added under Part 59A rule 2 (3) SCR

section 15 (1) (issue of a certificate with respect to an action)

Motor Vehicles (Third Party Insurance) Act 1942.

section 14E (1) and (2) (joint hearing and transfer of proceedings into court on application by the GIO by consent or expressly unopposed)

Property (Relationships) Act 1984

Trial of proceedings concerning de facto relationships where referred by the Court.

Service and Execution of Process Act 1992 (Commonwealth)

section 29 (granting leave to serve a subpoena or summons outside NSW)

section 30 (1) (shortening time for service of a subpoena)

section 35 (3) (receipt of expenses of complying with a subpoena)

section 45 (3) (receipt of expenses of complying with an order to produce)

section 87 (4) (receipt of expenses of complying with a warrant)

Supreme Court Act 1970

section 72 (production for examination of a person confined)

Supreme Court (Corporations) Rules 1999

rule 11.3 (7) (access to an affidavit filed to support an application for an examination summons)

rule 11.4 (service of an examination summons)

rule 11.8 (1) (access to transcript of an examination, etc.)

Uncollected Goods Act 1995

Section 18 (exercising the jurisdiction of the Court, including granting leave under subsection (1))

- 2 Any judgment by consent and any order by consent or of course.
- 3 Accepting an undertaking given to the Court for the payment of a sum of money within a time specified in the undertaking.
- 4 The vouching or passing of the account of a receiver, manager, guardian, trustee, mortgagee or other fiduciary or the taking of any account, the making of any inquiry or the doing of any other thing to which Part 49 applies and which is directed by any judgment or order. (This paragraph does not apply in relation to accounts referred to in section 85 of the *Wills, Probate and Administration Act 1898*, or in Part 76 rule 32 which relates to Protective Business.)
- 5 Certifying a copy of a document to be a true copy where the registrar is authorised under any Act or Commonwealth Act or under the rules to issue or furnish a certificate or office copy of the document.
- 6 Order for costs provided:
 - (a) the proceedings are not brought under:
 - (i) section 384 or section 385 of the *Legal Profession Act 2004* (which relate to appeals, and applications for leave to appeal, against a decision or determination of a costs assessor), or
 - (ii) section 386 of the *Legal Profession Act 2004* (which relates to a suspension and an end of a suspension of a decision or determination of a costs assessor), and
 - (b) it is unlikely in the opinion of the registrar that the costs will exceed \$20,000.

- 7 Any matter which a Judge or an Associate Judge may conduct or deal with and is referred to a registrar by order of a Judge or Associate Judge.
- 8 Accepting an undertaking, or the continuation of an undertaking, given to the Court.
- 9 A registrar may exercise the functions of the Court for the purposes of, and in respect of all matters incidental to, the exercise of the registrar's powers under any Act, under any other provision of the rules, or under this direction.
- 10 A registrar may exercise the powers and perform the duties of the Court under the *Mutual Recognition Act* or under the *Trans-Tasman Mutual Recognition Act*.
- 11 Issuing subpoena.

Note: Powers of the Registrar in Probate continue as specified in Supreme Court Rules Pt78 r5

WORKCOVER GUIDELINES FOR CLAIMING COMPENSATION BENEFITS

Workers Compensation Act 1987

Workplace Injury Management and Workers Compensation Act 1998

Explanatory Note

These guidelines are made under section 376(1) of the *Workplace Injury Management and Workers Compensation Act 1998*. The guidelines refer to sections in both the *Workers Compensation Act 1987* (referred to as 'the 1987 Act') and the *Workplace Injury Management and Workers Compensation Act 1998* (referred to as 'the 1998 Act').

The guidelines set out the procedures for:

- the initial notification of an injury and making provisional liability payments
- the making and handling of claims for weekly payments and medical expenses compensation
- disputing all or part of the claim for weekly payments or medical expenses
- reducing or terminating weekly payments
- making and handling claims for lump sum compensation (permanent impairment and pain and suffering)
- making and handling claims for work injury damages.

These guidelines replace guidelines dated 27 October 2006 and published in the *Government Gazette No. 129*.

These guidelines commence on 1 May 2009.

A step taken in claims making or handling in accordance with the replaced guidelines is as valid as it would have been if done under these guidelines.

Questions about these guidelines should be directed to the WorkCover NSW Information Centre on 13 10 50.

John Watson
A/ Chief Executive Officer
WorkCover NSW

Dated: 14 April 2009.

APPLICATION OF THESE GUIDELINES

These guidelines apply to:

- injuries notified from 1 January 2002
- claims made from 1 January 2002, even if the injury was received before 1 January 2002.

These guidelines apply to workers, employers and insurers within the meaning of the *Workers Compensation Act 1987* and the *Workplace Injury Management and Workers Compensation Act 1998*. Insurers include Scheme Agents for the Nominal Insurer and self and specialised insurers who hold a licence under Division 3 of Part 7 of the 1987 Act.

These guidelines do not apply to:

- the workers compensation company within the meaning of the *Coal Industry Act 2001*; or
- claims arising from the dust diseases which are referable to the NSW Dust Disease Board or the NSW Dust Disease Tribunal.

DEFINITION

Injury is defined in Section 4, Part 1 of the *Workers Compensation Act 1987*:

- (a) *“means personal injury arising out of or in the course of employment;*
- (b) *includes-*
 - i. *a disease which is contracted by a worker in the course of employment and to which the employment was a contributing factor; and*
 - ii. *the aggravation, acceleration, exacerbation or deterioration of any disease, where the employment was a contributing factor to the aggravation, acceleration, exacerbation or deterioration; and*
- (c) *does not include (except in the case of a worker employed in or about a mine to which the Coal Mines Regulation Act 1982 applies) a dust disease, as defined by the Workers Compensation (Dust Diseases) Act 1942, or the aggravation, acceleration, exacerbation or deterioration of a dust disease, as so defined”.*

STRUCTURE OF THESE GUIDELINES

These guidelines contain six parts:

- Part 1 Initial Notifications and Provisional Liability
- Part 2 Making and Handling a Claim for Weekly Payments and Medical Expenses Compensation
- Part 3 Disputing all or Part of the Claim for Weekly Payments and Medical Expenses
- Part 4 Terminating or Reducing Weekly Payments of Compensation
- Part 5 Making and Handling a Claim for Lump Sum Compensation (Permanent Impairment and Pain and Suffering)
- Part 6 Making and Handling a Claim for Work Injury Damages
- Appendix 1 Application for Review by Insurer

GOVERNING PRINCIPLES

The WorkCover guidelines are founded on the following principles:

1. **timeliness** To satisfy legislative requirements, workers, employers, insurers and other persons acting on behalf of the worker or employer will obtain and provide information about the injury in a timely manner.
2. **active decision making** Insurers are required to obtain certain information to make certain assessments.
3. **sound up-to-date decisions** Insurers will make sound decisions on the information available within the timeframes the law allows and they will review and update decisions as they receive new information.
4. **documented reasons** Insurers will record the reasons for their decisions and show that they have considered all relevant information.
5. **peer review** Insurers will arrange for all decisions to dispute all or part of a claim, to terminate or reduce weekly payments, or to decline provisional payments on the basis of a reasonable excuse, to be reviewed by a suitably experienced person
6. **consent** Worker's consent to the collection, use and disclosure of personal and health information when they sign the claim form or medical certificate
7. **privacy** Section 243 of the 1998 Act, the Commonwealth privacy law, the National Privacy Principles and the NSW *Health Records and Information Privacy Act 2002* apply to the information collected and used for the purposes of handling the worker's claim. In relation to workers compensation claims, medical advice will be kept confidential and information released to other parties only on a "need to know" basis eg medical information would only be released to an employer if it was relevant to an injured worker's return to work.

AIMS

The aims of these guidelines are to:

- ensure the prompt management of a worker's injuries
- ensure a worker's timely, safe and durable return to work as early as possible having regard to the nature of the injury
- give workers certainty and proper income support while they are incapacitated by work injuries
- facilitate timely and sound decision-making
- reduce disputes
- maintain the employment relationship between the worker and the employer
- clarify all issues in dispute and promptly resolve disputes if they do occur
- set the requirements for making a claim under the 1998 Act for compensation benefits pursuant to the 1987 Act.

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PART 1 INITIAL NOTIFICATIONS AND PROVISIONAL LIABILITY

Chapter 3 of the 1998 Act sets out workers', employers' and insurers' obligations to participate and co-operate in injury management for injured workers.

Part 3 of Chapter 7 of the 1998 Act sets out an insurer's duty to accept provisional liability and commence weekly payments to an injured worker.

Part 3 of the 1987 Act sets out compensation benefits payable to injured workers.

1. Provisional Liability

Provisional liability enables an insurer to make available compensation benefits to provide income support and effect injury management strategies for an injured worker without admitting liability. An insurer that fails to commence weekly payments as required by section 267 of the 1998 Act is guilty of an offence. *Reference section 267(5) of the 1998 Act.*

Provisional liability requires an insurer to commence making weekly payments by way of income support on a provisional basis within 7 days of receiving initial notification, unless the insurer is able to properly rely on one of the 7 formal reasonable excuses (see Clause 7, Part 1) and this is communicated to the worker within the 7 days. This enables payments to be made to an injured worker without delay. *Reference section 267 of the 1998 Act.* These weekly compensation payments may be made under section 36, 38 or 40 of the 1987 Act.

An important feature of provisional liability is that, after initial notification, the insurer is to collect information that is sufficient to enable them to make a soundly based decision to commence weekly payments of compensation.

Provisional liability also applies to provision of compensation benefits under section 60 (eg ambulance services, medical or related treatment, hospital treatment and occupational rehabilitation services, etc). *Reference section 280 of the 1998 Act.*

2. Initial Notification of Injury

An initial notification means the first notification of a workplace injury that is given to the relevant insurer. *Reference section 266 of the 1998 Act.* A worker, employer or their representative (for instance, a medical practitioner) can make the initial notification of workplace injury to the relevant insurer.

All incidents involving an injury, where workers compensation is payable or may be payable, are to be notified to the insurer within 48 hours. *Reference section 44 of the 1998 Act.*

The notification may be in writing (including by electronic means) or verbally (including over the phone).

The insurer must have implemented systems and allocated sufficient resources to make sure that the person giving the information is guided through the process to assist them to give all the information needed for the notification to be handled swiftly, efficiently and fairly.

Minimum Identifying Information for Initial Notification

At the initial notification, the insurer is to gather the following information.

2.1 Worker's information:

- name
- contact details
- residential address
- date of birth.

2.2 Employer's information:

- business name
- business address.

2.3 Treating doctor information:

- name (the insurer may need to be flexible in relation to workers in remote rural areas where access to medical treatment is not readily available); or
- if the worker is hospitalised, name of hospital.

2.4 Injury or illness and accident details:

- date and time of workplace injury or period of time over which the illness/injury emerged from date of first symptoms
- description of how the workplace injury happened
- description of the workplace injury.

2.5 Notifier information:

- name of person making the initial notification
- relationship to worker or employer
- contact details, telephone and address.

Supporting Information

It is good practice to gather supporting information at the initial notification. This may include:

- employer's policy number
- employer contact name and position/title
- employer's telephone number and/or email address
- telephone number of treating doctor
- date of consultation with treating doctor
- diagnosis of workplace injury
- worker's capacity to return to work and expected return to work date
- details of any time off work
- person to whom the payment is to be paid
- current weekly wage details.

The initial notification is complete when the worker, employer or representative has provided the minimum identifying information to the insurer. If information is missing which is essential for the insurer to make a decision about the worker's entitlement to provisional liability, the insurer must, within the next 3 working days, inform the person (verbally or in writing) who made the notification that the notification is incomplete. The person may then make another initial notification. If the missing information does not prevent a decision being made, the insurer may start payments.

3. No Identifiable Workers Compensation Policy

If the insurer cannot identify a current policy that covers the worker who is the subject of an initial notification within 7 days after the notification is made, then the insurer is to either:

- contact the employer, and the person who made the notification and request more information in order to identify the policy. If the policy still cannot be identified, then the insurer is to inform the employer and the person who made the notification that the insurer is not the current insurer. The insurer must then refer the notification to WorkCover's Claims Assistance Service (CAS) and notify the worker; or
- pass the notification to the current insurer, if the identity of the current insurer can be determined, and notify the worker.

4. Consideration that the Injury is Work Related

After the initial notification, the insurer is to obtain medical information to verify that the worker has sustained a work related injury and to determine the worker's expected period of incapacity. This information may be obtained from:

- the treating doctor or hospital, subject to authority completed by the worker,
- the employer, or the employer's representative; or
- the worker or the worker's representative.

The information may be in any form, including a WorkCover medical certificate (although the insurer does not have to see a WorkCover medical certificate).

Information from the employer or a representative of the employer may:

- confirm or refute the claim that the worker has sustained a work related injury
- confirm or refute the details of the injury and the worker's expected period of incapacity, if the employer has those details.

If the employer believes the injury is not work related, the employer must provide evidence to support the assertion, eg medical evidence that the medical condition already existed and has not been aggravated by work, or factual evidence that the injury occurred in circumstances not arising out of or in the course of employment.

However, suspicion, innuendo, anecdotal or unsupported information received from any source, including the employer alone, is not acceptable evidence and cannot be the basis for not commencing provisional payments.

5. Confirm Worker Status

If there is any doubt that the injured person is a worker within the meaning of the workers compensation legislation, the insurer is to verify the worker's status.

The relevant definition of worker is in section 4 of the 1998 Act, and provisions in regard to deemed workers are in section 5 and Schedule 1 of the 1998 Act which concerns the special categories of "Deemed employment" of workers, ie various factual situations outlined in the schedule where the legislation deems or makes a person a worker under the Act, although they may not satisfy the common law test of an employment relationship.

Acceptable evidence of the worker's status is the employer agreeing to that status, or the insurer seeing copies, or having verbal confirmation, of any of the following of the worker's:

- current payslip
- payroll number
- bank statement that includes regular employer payment entries
- contract of employment.

If the worker and employer disagree as to the worker's status, then the insurer is required to consider the governing principles of these guidelines when making a decision.

6. Action Following Initial Notification

When an insurer receives an initial notification, it is to:

- 6.1** issue a claim notification number to the notifier at the time of initial notification (if made by telephone) and to the worker and employer in writing within 7 days after the notification is made
- 6.2** make early contact with the worker, employer and nominated treating doctor (if appropriate) to gather information to use in considering if provisional liability is appropriate and to assist in making decisions about reasonably necessary services and the claims estimate
- 6.3** start injury management if the worker is likely to be incapacitated (total or partial) for more than 7 continuous days, even if any of the days are not work days. *Reference section 45 of the 1998 Act*
- 6.4** approve provisional liability for weekly compensation benefits and commence weekly payments of compensation within 7 days unless the reasonable excuses apply (see Clause 7, Part 1)
- 6.5** decide the period of time for which benefits will be paid on the basis of the nature of the injury, the period of the worker's incapacity and the expected future period of incapacity
- 6.6** decide whether to approve provisional liability for medical expenses up to \$7,500 or approve medical expenses as part of an injury management plan within 7 days. *Reference sections 50 and 280 of the 1998 Act.*

Note: The only reason for not approving provisional liability for compensation benefits is if an insurer has a reasonable excuse (see Clause 7, Part 1).

Note: All medical expenses must meet the test of 'reasonably necessary' in order to be approved by the insurer (see Clause 10, Part 1).

If the insurer decides to approve provisional liability for compensation benefits, the insurer must give written notice about the decision to commence payment to the worker and employer as soon as practicable after payments start. *Reference sections 267 and 269 of the 1998 Act.*

- 6.7** include in the notice to the worker and employer:
 - that benefits have commenced on the basis of provisional acceptance of liability

PART 1

- the period of expected weekly payments of compensation
- the amount to be paid each week and how that amount is calculated
- whether the insurer or the employer will pay the worker
- what the worker should do if they do not receive payment
- that an injury management plan will be developed, if required
- the worker's entitlement to make a claim, including details of how to make a claim
- a copy of the WorkCover brochure for injured workers, *Information for injured workers*, is to be given to the worker. *Reference section 269 of the 1998 Act.*

If the worker has returned to work, the insurer's letter is to advise that the worker does not have to make a claim unless the worker expects further problems from the workplace injury.

If the worker has not returned to work, the letter should include advice to the worker that if the worker expects to be off work for more than the period approved by the insurer, a claim may need to be made and a claim form should be enclosed (see clause 2, Part 2).

- 6.8** include in the notice to the employer details about how the weekly payments of compensation are to be made and for small employers a copy of the WorkCover brochure, *Employers guide: what to do if an injury occurs*.

If a worker does not immediately have time off work following initial notification but later requires time off, the insurer is to commence weekly payments of compensation within 7 days of becoming aware that the worker is to be off work.

7. Reasonable Excuse to Not Commence Provisional Payments

The insurer has a reasonable excuse for not commencing provisional liability payments if:

7.1 there is insufficient medical information –

the insurer has a reasonable excuse if it does not have enough medical information to establish there is an injury or that the injury cannot be related to the worker's employment (refer to Clause 4, Part 1). However, the insurer may have to allow special consideration for workers in remote rural areas if access to medical treatment is not readily available. This reasonable excuse can only be utilised in circumstances where there has been a failure to provide a medical certificate or information to the insurer despite requests from the insurer

7.2 the injured person is unlikely to be a worker –

- the worker has been unable to verify their status as a worker as described above; or
- the employer is able to verify that the worker is not a worker

7.3 the insurer is unable to contact worker –

and is unable to do so after trying repeatedly by phone or electronic means, and at least once in writing

7.4 the worker refuses access to information –

the insurer has a reasonable excuse if the worker will not consent to the release or collection of personal or health information in relation to the workplace injury to determine the worker's entitlement to compensation benefits under provisional liability

7.5 the injury is not work related –

the insurer has a reasonable excuse if the employer has provided acceptable evidence that the worker did not sustain an injury or the worker's employment is not a substantial contributing factor to the injury. Evidence that may lead to this conclusion is set out in Clause 4, Part 1. Employment is required to be a substantial contributing factor (not **the** substantially contributing factor) under section 9A of the 1987 Act. It may be a substantial contributing factor, even if it is one of a number of factors

7.6 the injury is not a significant injury –

if the injury is not significant, (ie the worker is likely to be incapacitated for work, whether partial or total or a combination of both, for less than 7 continuous days), the insurer may extend the time to assess provisional liability entitlements to 21 days after the initial notification is made.

If the insurer does that, then within 7 days of the initial notification, the insurer is to notify the worker in writing that a decision will be made within 21 days of the initial notification.

7.7 the injury is notified after 2 months –

the insurer has a reasonable excuse if the notice of injury is not given to the employer within 2 months after the date of the injury. However, the insurer may ignore this excuse if a liability is likely to exist and if it believes paying compensation benefits to the worker under provisional liability will be an effective injury management intervention

7.8 if the insurer has a reasonable excuse for not accepting provisional liability and commencing payments, it is to –

- give written notice to the worker within 7 days after the initial notification
- inform the employer as soon as practicable.

Reference sections 267 and 268 of the 1998 Act.

7.9 the insurer's notice to the worker is to include the following –

- details of the reasonable excuse, including copies of all information, documents, and medical reports that are relevant and were considered in making the decision
- How the issue will be resolved by the insurer or how the worker may resolve the issue

- that the worker may contact WorkCover's Claims Assistance Service on 13 10 50 or their union for assistance
- that the worker can make a claim for compensation and that claim will be determined within 21 days of receipt by the insurer
- details of how to make a claim
- a claim form

Reference section 268 of the 1998 Act

7.10 the insurer's notice to the employer is to include the following –

- details of the reasonable excuse given to the worker
- that the employer may contact WorkCover's Claims Assistance Service on 13 10 50 for assistance.

8. The insurer has satisfied its obligations to start paying:

8.1 if the insurer and the employer have agreed in writing that the employer is to pay a worker for any time off work, and the insurer has confirmed with the employer –

- the amount of weekly payments and how that amount was calculated
- the period for which the employer is authorised to pay
- any special conditions the insurer requires

8.2 if the period to be paid is for a closed period and is to be paid in one amount, and the insurer has confirmed in writing to the employer –

- the period to be paid
- the amount to be reimbursed to the employer
- that the amount will be paid to the employer within a further 7 days
- that the employer must pay the worker as soon as practicable

Reference section 264 (3) of the 1998 Act

8.3 if ongoing payments are to be made and the insurer and employer agree that for this worker and this injury the employer will pay, and the insurer has given the employer written confirmation of this agreement including at least –

- employer's agreement to make payments to the worker on their usual pay day
- the amount of weekly payments to be paid to the worker and how that amount was calculated
- the approved period of payment
- any special conditions the insurer requires, eg the requirement for the worker to provide ongoing WorkCover medical certificates to the employer for continuing payments
- the time when the insurer will pay the first payment to the employer
- the schedule for ongoing weekly payments, if applicable
- that the employer must pay the worker as soon as practicable

Reference section 264 (3) of the 1998 Act

- how the employer can withdraw from the agreement

8.4 if the insurer pays the employer before the employer pays the worker and the insurer has given the employer written confirmation of at least –

- the period paid and amount
- that the employer must pay the worker as soon as practicable.

Reference section 264 (3) of the 1998 Act

8.5 if the insurer pays the worker directly, the insurer has satisfied its obligations if it has made the weekly payment direct to the worker. In that case, the insurer is to arrange with the worker about the payment of taxation in accordance with the *Income Tax Assessment Act 1936* of the Commonwealth and *the Income Tax Assessment Act 1997* of the Commonwealth.

Provisional weekly payments cannot be deducted from or held against a worker's entitlements. Any such deductions can be recovered as a debt by the worker. *Reference section 233 of the 1998 Act.*

9. Period of Payment of Provisional Liability

The insurer is to continue to make weekly payments of compensation for the expected period of provisional liability. This period (up to a maximum of 12 weeks) will be determined by the nature and seriousness of the worker's injury and the expected period of incapacity.

The 12 week period for weekly payments of compensation starts on the first day the worker becomes entitled to this payment. The 12 week period can be paid under sections 36, 38 or 40 of the 1987 Act. If payment is stopped during the 12 week period, the period of non-payment is not included in the 12 week period.

10. Provisional Liability for Medical Expenses

The insurer can pay section 60 benefits up to \$7,500 provided they are reasonably necessary for the management of the injury, as would be required by the insurer if liability had been admitted.

Relevant factors in determining reasonably necessary treatment

The treatment or service must have the purpose and potential effect to:

- alleviate the consequences of the injury
- maintain the worker's state of health; or
- slow or prevent its deterioration given the injury.

A decision about reasonably necessary treatment must include consideration of all of the following: appropriateness, effectiveness, the alternatives available, cost benefit and its acceptance among the medical profession:

appropriateness – the capacity to relieve the effects of the injury

effectiveness – the degree to which the treatment will potentially alleviate the consequences of the injury

alternatives – consideration must be given to all other viable forms of treatment for the injury

cost benefit – there must be an expected positive benefit, given the cost involved, that should deliver the expected health outcomes for the worker

acceptance – the acceptance of the treatment among the medical profession must be considered, ie is it a conventional method of treatment and would medical practitioners generally prescribe it?

There are no time limits over what period the medical treatment can be given as long as the \$7,500 limit is not exceeded. *Reference section 280 of the 1998 Act.* The insurer can pre-approve above \$7,500 in exceptional circumstances.

WorkCover fees orders are gazetted and set out the maximum fee amount for which an employer is liable under the Act for treatment of an injured worker. The insurer must not pay above these amounts.

If the worker has paid for reasonably necessary medical treatment, the insurer is to reimburse the worker within 7 days after the worker requests payment.

If the worker has paid for travelling expenses to receive medical treatment or to attend a medical appointment that the insurer has arranged, the insurer is to reimburse the worker within 7 days after the worker requests payment.

11. Need for a WorkCover Medical Certificate

Reference section 270 of the 1998 Act.

If the insurer has commenced making weekly payments of compensation, the insurer is entitled to request the worker to provide a WorkCover medical certificate covering any period of incapacity for which payments have been or are to be made.

The request can be made to the worker or the worker's representative in writing or verbally. If the request is made verbally then it must be confirmed in writing. When the insurer makes the request, it is to notify the worker:

- of the period of incapacity the WorkCover medical certificate is required to cover
- that the worker must give the WorkCover medical certificate to the insurer within 7 days after the request or within a period agreed by the insurer and worker
- that weekly payments may be discontinued if the WorkCover medical certificate is not received by the insurer.

12. Circumstances Affecting Payment under Provisional Liability:

12.1 If a worker returns to pre-injury duties and is then off work again

Provisional liability can be paid for a cumulative total of 12 weeks, even if the worker returns to work for intermittent periods and workers compensation is not paid during those periods.

If the worker returns to work and is then off work again, the insurer may pay weekly payments of compensation for the periods the injured worker is 'off work' under provisional liability. These periods must not exceed a cumulative total of 12 weeks, and apply where the worker has had a recurrence and this additional period will progress injury management and return to work for the worker. However, if the worker had resumed pre-injury work and sustained a further injury or aggravated the original injury, this is a new injury and a further potential 12 weeks of provisional liability may be payable

12.2 If payments are made for at least 8 weeks

Once an insurer has paid weekly payments of compensation to a worker under provisional liability for at least 8 weeks, the insurer is to notify the worker that they will need to make a claim if they will require payments of compensation to be paid beyond 12 weeks because of ongoing partial or total incapacity. (*Refer to clause 2, Part 2 re Need for a Claim Form*).

12.3 After a reasonable excuse no longer exists

If the reasonable excuse the insurer relied on for not commencing provisional weekly payments ceases to exist, the insurer must commence payment within 7 days (unless information identifying a further reasonable excuse exists and is relied on by the insurer)

12.4 If the initial notification of injury is a claim

An insurer must commence payments of compensation benefits under provisional liability within 7 days of the claim being received, unless the insurer has a reasonable excuse. *Reference sections 267 and 275 of the 1998 Act.*

The requirement to commence provisional payments is waived if liability for the claim is determined, and notice of this decision given to the worker within 7 days of receipt of the claim.

13. Ceasing Provisional Liability for Weekly Payments of Compensation

Provisional liability for weekly payments of compensation ceases for one of the following reasons:

- 13.1** if the worker returns to work before the end of the approved period for provisional liability for weekly payments and is not incurring any economic loss; or
- 13.2** if the worker makes a claim and this claim is accepted.

In either of the above cases, the insurer need not notify the worker that the provisional liability for weekly payments of compensation is to cease.

14. Circumstances in which Provisional Liability may be Discontinued

Provisional liability may be discontinued if the following circumstances occur:

- 14.1** if the worker unreasonably fails to comply with a requirement of Chapter 3 of the 1998 Act in respect of injury management. *Reference section 57 (1) and (2) of the 1998 Act*
- 14.2** if the worker does not provide a WorkCover medical certificate that certifies the worker's incapacity within 7 days after the insurer requested the certificate. *Reference section 270 (1) (a) and (2) of the 1998 Act, or*
- 14.3** if the worker does not authorise a provider of medical or hospital treatment or occupational rehabilitation services to give an insurer the information specified in section 270 (1) (b) of the 1998 Act within 7 days after the insurer making the request. *Reference section 270 (1) (b) and (2) of the 1998 Act*

- 14.4** if the insurer receives new credible evidence (eg the worker is not a worker as defined, employment is not a substantial contributing factor to the injury) that was not available at the time the provisional payments began.

In the four circumstances described above, the insurer must send the worker written notice that provisional liability and payments have been discontinued and must send a copy to the employer and service providers, if appropriate. The notice must inform the worker that provisional payments have been discontinued, the reason that they have been discontinued, attach all documents and medical reports relevant to the decision. In the case of non-compliance, the notice must detail any action that the worker can take to comply and enable the insurer to re-commence provisional liability and make payments. The notice must also inform the worker and employer that they may contact WorkCover's Claims Assistance Service on 13 10 50, their union or employer association for further information (see section 74 notices, Part 3 of these guidelines).

15. Re-opening a Provisional Liability Claim

The insurer may recommence provisional liability on a notification of injury in the following circumstances:

- 15.1** for administration purposes to make further payments
- 15.2** if provisional liability for payment of compensation benefits has ceased or been discontinued for reasons described above at Clauses 13.1 and Clauses 14.1 to 14.4 and the worker becomes eligible again for compensation benefits, the payments can start again if the cumulative totals are not exceeded (12 weeks of weekly payments of compensation and \$7,500 of expenses under section 60 of the 1987 Act). Any periods for which weekly payments of compensation are not made because they have been stopped is not included in the 12 weeks
- 15.3** recurrence of original injury, ie spontaneous re-emergence of symptoms needing treatment or causing incapacity as opposed to a new injury which is an aggravation or further incident, impacting on the same area of the body as the original claim
- 15.4** claim is litigated.

The insurer must notify the employer within 7 days that provisional liability has been re-opened, unless it has only been re-opened for administrative purposes.

PART 2 MAKING AND HANDLING A CLAIM FOR WEEKLY PAYMENTS AND MEDICAL EXPENSES COMPENSATION

1. Time Limits for Making a Claim

Claims are generally to be made within 6 months of the injury. *Reference section 261(1) of the 1998 Act.*

Before a worker can make a claim the worker must give notice of injury to the employer except in special circumstances. *Reference section 254 of the 1998 Act.*

A notice of injury may be given orally or in writing and must be given to any person designated by the employer for that purpose (eg as specified in an employer's return to work program) or to any person under whose supervision the worker is employed (which may include a person other than a direct supervisor).

A notice of injury must state:

- the name and address of the person injured
- the cause of the injury (in plain language)
- the date on which the injury happened.

2. Need for a Claim Form

In most circumstances, the need for a claim form can be waived and the claim taken to have been made.

A claim form is only required if:

- a reasonable excuse notice has been issued and the reason continues to exist
- compensation is claimed or payable beyond the provisional liability period for weekly payments of compensation or where medical expenses under provisional liability may exceed \$7,500 and there is insufficient information to determine ongoing liability
- an injury notification is made but there is insufficient information to determine liability. (See clause 7.9, Part 1 for requirements for a notice).

3. Minimum Information Required to Make a Claim

If a claim is to be made it is to be completed on the claim form available from the employer's insurer for workers compensation purposes. The claim form must be completed to the full extent that the relevant information is available and must include the worker's particulars, injury details, injured worker's declaration, work details and employer's particulars. Further information in support of the claim should be provided as soon as possible after it is received. In making a claim, the worker must provide all reports and documents that they rely upon in making the claim as soon as possible after that information is received to either:

- the employer from whom they are claiming workers compensation benefits
- the insurer responsible for providing the employer's workers compensation insurance.

If the claim is for weekly payments of compensation, the worker must provide a WorkCover medical certificate (if one has not already been given to the insurer or employer) or a medical report that includes the information normally provided on a WorkCover medical certificate.

If a worker has completed a claim form in relation to one claim for an injury, that information is relevant for any subsequent claim for weekly payments, section 60 expenses or permanent impairment that is related to the same injury.

Where an injury has been sustained by a worker while on a journey, a journey claim form is to be completed.

4. Employer Actions when Served with a Claim

Within 7 days after an employer receives a claim, the employer must complete their relevant sections on the form and send the claim to the insurer responsible for covering the worker for compensation. From then on, if the insurer requests more information, the employer must respond within 7 days of receiving the request with all information that is reasonably attainable. *Reference section 264 (1) and (2) of the 1998 Act.* The employer must also forward to the insurer, within 7 days of receipt, any documentation the employer receives in respect of the claim.

Failure by the employer to forward the information to the insurer within 7 days, where the information is in the employer's possession or reasonably obtainable, renders the employer liable for prosecution under section 264(1) of the 1998 Act. *Reference Clause 14A of the Workers Compensation Regulation 2003.*

An employer must, within 14 days of a request from the worker, supply to the worker the wage and earning details set out in section 43(2) of the 1987 Act.

Failure by the employer to forward the information to the worker within 14 days, without reasonable excuse, renders the employer liable for prosecution under section 43(2A) of the 1987 Act.

5. Insurer Actions when Served with a Claim

Once the insurer receives the claim for weekly compensation or medical compensation benefits, they are responsible for gathering further information from all relevant sources to enable the claim to be determined within 21 days, unless one of the following reasons for not determining the claim applies:

- expiry date beyond the due date, ie. The expiry date of the expected provisional liability period for weekly payments is greater than the claim determination due date. If a determination is still required, the insurer must determine the claim prior to the conclusion of the approved period of provisional liability
- returned to work, ie the worker has returned to work on pre-injury duties and received payments for the amounts claimed, and is not expected to be entitled to receive any further compensation benefits resulting from the injury
- medical expenses only, ie the claim is for only medical compensation benefits and liability has been provisionally accepted for the claimed expenses
Reference section 280 of the 1998 Act
- deficient claim, ie within 7 days after the insurer received the claim, the insurer has notified the worker in writing that the claim contains an error that is material, ie not obvious or typographical and how to correct that deficiency. This could include –
 - worker has failed or refuses to sign the declaration form
 - no medical certificate received (where weekly compensation payments

are claimed).

The worker may correct the error at any time. When the error is corrected, the claim is then made and the insurer must determine it within 21 days of the correction being notified to them.

The insurer is also to notify the employer within 7 days that a claim has been made by their worker.

If the insurer cannot find a current policy that covers a claim within 7 days after the claim is made, then the insurer is to either:

- contact the employer and person who made the claim, and request more information in order to identify the policy. If the policy still cannot be identified, then the insurer is to inform the employer and the person who made the claim that the insurer is not the current insurer. The insurer must then refer the claim to WorkCover's Claims Assistance Service (CAS) on 13 10 50; or
- pass the claim to the current insurer if known. (May be identified by a request for an employer's past claims experience from the new insurer or from the cancellation request made by the employer)
- pass the information in writing on to the worker or the worker's representative.

Upon request from a worker or a worker's representative, a copy of medical information or a report from a treating medical practitioner should be supplied. If the insurer is of the opinion that supplying the worker with a copy of a medical report would pose a serious threat to the life or health of the worker or any other person, the insurer may instead supply the medical report to a medical practitioner nominated by the worker for that purpose.

6. Evidence to Support a Decision on Liability

Information which the insurer can use to inform their decision on liability includes the initial report of injury, the claim form, the WorkCover medical certificate completed by the nominated treating doctor (and signed by the worker), further information received from the worker and the responses made by the worker, employer and doctor during any contact made with them by the insurer.

It is the role and responsibility of the insurer to gather sufficient information to enable them to make a soundly based decision on liability and on any other aspect of the claim within the prescribed time-frame.

When seeking a report, especially from medical practitioners, an insurer must state clearly that the worker will have an entitlement under the legislation to a copy of the report.

Gaining objective, evidence based medical information from the nominated treating doctor, which explains and clarifies issues regarding the injury, treatment and any period of incapacity, is particularly important.

When a decision is made to deny liability, all documents relevant to that decision must be made available to the worker, as set out in Part 3, Clause 4.7.

7 Accepting Liability

When liability is accepted, the insurer must notify the worker and employer that workers compensation benefits will commence and that they will include the provision of reasonably necessary services as set out in Division 3 of Part 3 of the 1998 Act.

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Include in the notice to the worker and employer:

- that benefits have commenced on the basis of acceptance of liability
- the amount to be paid each week and how that amount is calculated
- whether the insurer or the employer will pay the worker
- what the worker should do if they do not receive payment
- that an injury management plan will be developed, if required
- a copy of the WorkCover brochure for injured workers, *Information for injured workers. Reference section 269 of the 1998 Act.*
- a copy of the WorkCover brochure, *Employers guide: what to do if an injury occurs*, to small employers (if not previously provided).

7.1 Weekly payments of compensation are to be determined, and continue to be made based on:

- wage records supplied by the employer
- the current medical certificate supplied by the worker
- current work status
- the application of Sections 36 to 40 of the 1987 Act.

Section 84 of the 1987 Act provides that weekly payment of compensation is payable at the employer's usual time of payment – at fortnightly or shorter intervals, or at intervals agreed between the employer/insurer and the worker.

7.2 Reasonably necessary services must be approved by the insurer once the need for treatment has been justified in a report or a treatment plan which specifies:

- the services proposed
- the anticipated outcome
- duration
- frequency
- cost of the service.

If there is insufficient or inadequate information upon which to make a soundly based decision, further information should be requested from the treatment provider. Failing this, it may be necessary to obtain an independent opinion.

When notifying the treatment provider of approval, the insurer should specify the costs approved, consistent with WorkCover fee schedules where these have been gazetted, or with rates that are customarily charged in the community. Once a plan is approved, the insurer is liable for costs, unless they advise the provider that liability for the services has been declined before the services are provided.

Insurers should make payments to service providers in a timely manner to guarantee continuity of service provision.

8 No Response from the Insurer

If the insurer does not respond to a new claim or a request for a specific benefit under Part 3, Divisions 2, 3 and 5 of the 1987 Act within 21 days, the worker can seek assistance from WorkCover's Claims Assistance Service (CAS) on 13 10 50 or their union. CAS will issue the worker with a CAS reference number upon initial

contact and then contact the insurer to facilitate a response.

CAS will send a letter to the worker within 7 days of the request advising either:

- the insurer's response (ie the action the insurer has taken or will take); or
- that there is still no response.

Once the 7 days has elapsed, the worker may lodge a dispute with the Workers Compensation Commission (WCC) quoting the CAS reference number and attaching the CAS letter. For the purpose of relying on the CAS reference number or letter to commence proceedings in the WCC, the CAS inquiry must be made no earlier than 7 days before the time limit for determining the claim has expired.

9. Managing Employer Expectations

Decisions on liability, reduction or termination of weekly benefits or declination of other entitlements, are to be advised to the employer of the injured worker. This is of particular importance whilst the cost of claim impacts on the employer's premium.

Small employers are unlikely to have knowledge or experience of the workers compensation system and should be provided with additional information e.g WorkCover Brochure, *Employers guide: what to do if an injury occurs*.

10. Requests from Employers and Union representatives

Insurers are to respond to requests from union and employer representatives on behalf of their members with appropriate consent from the member.

11 Managing Worker Obligations

11.1 Failure to comply with injury management

Section 57 of the 1998 Act states that if a worker fails unreasonably to comply with a requirement of Chapter 3 of the 1998 Act after being requested to do so by the insurer, the worker has no entitlement to weekly payments of compensation during the period that the failure continues.

To ensure a fair process and before proceeding to suspend weekly payments of compensation, the insurer is to explore the reasons for non-compliance and assist the worker to comply with the requirement. The insurer is to take steps to give the worker the opportunity to comply with the requirement and explain to the worker that weekly payments of compensation may be suspended if they do not comply and they will not be entitled to be paid for the period of suspension. In the event of suspension, they will be notified in writing. The notice under section 57 of the 1998 Act should contain similar information to that contained in a notice under section 54 of the 1987 Act. (Refer to clause 6, Part 4, of these guidelines). The worker should be advised to contact their union or WorkCover's Claims Assistance Service for further information.

11.2 Non-participation by the nominated treating doctor

Section 47 of the 1998 Act states that the worker must, when requested to do so by the insurer, nominate as the worker's treating doctor for the purpose of an injury management plan for the worker, a medical

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practitioner who is prepared to participate in the development of, and in arrangements under, the plan.

If the nominated treating doctor does not reasonably participate in injury management, the insurer is to write to the worker (with a copy to the nominated treating doctor and employer) advising them that if the doctor does not participate, they may need to change their nominated treating doctor using the procedure for changing the nominated treating doctor that is stated on the injury management plan. *Reference section 47(6) of the 1998 Act.* The insurer is to ask the worker to show the letter to the doctor and request the doctor to participate. The insurer is to follow this procedure and consider any reasons the worker may have for remaining with the doctor despite the non-participation of the doctor.

11.3 Failure by worker to attend medical examination at the direction of the employer

Section 119 of the 1998 Act requires a worker who has given notice of injury to submit to an examination by a medical practitioner, provided and paid by the insurer/employer, if so required. The insurer is to ensure that the worker understands why they are being asked to comply with the requirement, that weekly payments of compensation may be suspended if they do not comply, and that in the event of suspension they will be notified in writing. Such notice must be given in accordance with the *WorkCover Guidelines on independent medical examinations and reports*.

To ensure due process and before proceeding to suspend weekly payments of compensation, the insurer is to explore the reasons for the non-compliance and assist the worker to comply with the requirement.

12. Reviewing the Claim

The claim should be reviewed at scheduled review points and when new information is received which may impact on the status and direction of the claim. The injury management plan and claims estimate need to be revised and updated in accordance with any information received.

13. Approval to Exceed the Statutory Maximum for Medical and Hospital Expenses

Insurers must apply to WorkCover when it is likely that medical and related expenses or hospital costs will exceed \$50,000 or a previously approved maximum amount.

14. Closing a Claim

A claim may be closed when a decision can be made that the worker has no ongoing entitlement to benefits and this decision is not being disputed. Factors to be considered include:

- worker has achieved optimal return to work and health outcomes
- all payments have been made
- no recovery action is current.

Prior to closing a claim, the worker is to be notified in writing giving the reason for the decision and that the claim may be reopened on receipt of sufficient reasons.

15. Re-opening a Claim

A claim can be re-opened after it has been closed for the following reasons:

- recurrence of original injury
- further payments or recoveries
- claim is litigated
- claims administration.

If a claim is re-opened again other than for administration purposes, a decision on the additional compensation benefits must be determined again within 21 days.

The insurer must also notify the employer within 7 days that a claim made by their worker has been re-opened, unless it is re-opened for administrative purposes.

PART 3 DISPUTING ALL OR PART OF A CLAIM FOR WEEKLY PAYMENTS AND MEDICAL EXPENSES

1. Relevant Legislation and Reasons for Disputing Liability

Section 74 of the 1998 Act applies when the insurer has credible evidence to indicate that they are not liable for all or part of a claim, meaning that they:

- do not commence weekly payments
- cease or reduce weekly payments after they have started (see also under Part 4); or
- decline to pay for a service that has been requested.

Note: A section 74 notice is not required when payments are to be reduced as a result of the application of a different rate of compensation after the expiration of an earlier period or incapacity for which a higher rate is payable. In this case, the insurer is to send a letter to the worker advising of the reduction, the new rate, how it is calculated, and the legislative basis for the change.

The reasons for disputing liability may include the evidence the insurer has regarding the liability for the provision of compensation benefits, for example:

- that the worker has not sustained an injury as defined in section 4 of the 1998 Act
- that the worker has no incapacity for work
- that the worker is not a worker, as defined in section 4 of the 1998 Act
- that employment is not a substantial contributing factor to the injury as set out in section 9A of the 1987 Act
- that psychological injury was wholly or predominantly caused by reasonable actions of the employer, as set out in section 11A of the 1987 Act
- that a service that has been requested under Part 3, Divisions 2, 3 and 5 of the 1987 Act is not reasonably necessary
- the incapacity or need for treatment or permanent impairment does not result from the injury.

2. Evidence Relevant to the Decision

The insurer must consider all evidence relevant to the claim to which the decision relates, including reports and plans submitted on behalf of the worker and independent reports obtained by the insurer. This evidence may include but is not limited to:

- the claim form
- medical certificates
- medical reports prepared by treating practitioners and specialists
- treatment plans
- return to work plans
- rehabilitation reports
- factual/investigative reports
- independent medical reports prepared by a specialist medical practitioner with qualifications relevant to the treatment of the injured worker's injury (refer to *WorkCover Guidelines on Independent Medical Examinations & Reports*)
- injury management consultant reports
- independent treatment review reports (eg independent physiotherapist consultant).

3. Internal Review Before Issuing a Dispute Notice

Before giving notice of the decision to dispute liability on all or part of the claim, the insurer must carry out an internal review of all of the evidence considered in arriving at the decision. This includes reviewing all documents which are relevant to the claim or any aspect of the claim to which the decision to dispute relates. At a minimum, the review is to be conducted by someone other than the person who has made the original decision and, by someone with requisite expertise, eg Technical Advisor or Senior Claims Supervisor. The reviewer(s) must have comprehensive knowledge of the legislation as it applies to the matter in dispute and the issues arising from it. Where a self insurer or specialised insurer does not have a person within their organisation who can review the decision, this review may be undertaken by a person external to the organisation with the requisite knowledge and expertise.

4. Requirements for a Notice Disputing Liability

Section 74 of the 1998 Act requires an insurer who disputes liability in respect of a claim, or any aspect of a claim, to give notice of the dispute to the worker and adhere to the requirements for the notice of dispute. All matters in dispute at that time must be given in this notice.

Clause 34 of the *Workers Compensation Regulation 2003* provides additional information to be included in a section 74 notice.

An insurer must comply with the requirements in section 74 and clause 34. Any defect in a notice should be corrected as soon as it comes to the insurer's attention.

A section 74 notice may not need to be given to a worker by an insurer if a correct section 54 notice, as per the 1987 Act, has been given. Section 54 of the 1987 Act deals with requirements for insurers to give notice to workers before discontinuing or reducing benefits. If a notice given by an insurer under section 54 contains all the information required by section 74, a separate section 74 notice is not required and the section 54 notice becomes the dispute notice.

A decision to dispute liability should not be made lightly.

The section 74 notice must give the worker notice, in clear and unambiguous language, of the issue(s) that are genuinely in dispute and the reason(s) for the dispute. It is not acceptable to list all potential issues that may arise under the legislation, regardless of their relevance to the claim under consideration. Nor is it acceptable to say, for example that "notice of injury" is disputed. The insurer must state precisely which aspect of that "notice of injury" is disputed, why it is disputed and upon which section or sub-section of the legislation it relies.

A section 74 notice will identify the issues that may be referred to the Workers Compensation Commission (WCC) for determination and must therefore be prepared by a responsible officer who has a detailed knowledge of the worker's claim and the legislation. The notice should only be prepared after a comprehensive and detailed consideration of the factual and legal issues in the claim.

A section 74 notice must:

- precisely identify, in plain language in the body of the document, the issue(s) in dispute AND, in respect of each issue, the insurer's reasoning for disputing the issue

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- identify the sections and, if necessary, the sub-sections of the legislation on which the insurer relies and that are relevant to the issues in dispute
- have attached to it any relevant document to which clause 37 of the *Workers Compensation Regulation 2003* applies. The obligation to provide a copy of a report applies to any report that is relevant to the claim or any aspect of the claim to which the decision relates, whether or not the report supports the reasons for the decision
- state that the worker has the right to request a review of the claim by the insurer
- state that the worker can seek advice or assistance from the Claims Assistance Service or from their trade union or from a lawyer
- state that the worker can refer the dispute for determination by the WCC
- if the insurer has referred or proposes to refer the dispute to the WCC, include a statement to that effect specifying the date of referral or proposed referral
- state that the matters that may be referred to the WCC are limited to matters notified in the notice, or in any notice issued after a further review, or in correspondence prior to a referral concerning an offer of settlement or in a request for further review.

A section 74 notice must be written in plain language, as specified in section 74(2B) and must include:

4.1 a statement of the matter(s) in dispute

This identifies the general, plain language nature of the workers compensation benefit(s) that is/are in dispute. It should also include who made the decision and the date it was made and who confirmed the decision and the date it was confirmed.

4.2 reasons the insurer disputes liability

A section 74 notice must show the legislative basis for the insurer to dispute liability by referring to the sections or clauses of the workers compensation legislation, regulations or guidelines that are relevant and relied upon by the insurer for its decision.

It is not acceptable to list standard grounds of objection that are not relevant to the actual issues in dispute.

4.3 a statement of the insurer and claimant issues relevant to the matter in dispute, The section 74 dispute notice must include a plain language description of all that the insurer has considered in coming to the decision to dispute liability for all or part of a worker's entitlement to workers compensation benefits.

The information provided must be comprehensive as it informs all parties of the line of reasoning that the insurer has relied on in disputing

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liability and will rely on if the claimant files an Application to Resolve a Dispute in the WCC.

It must be written on a case-by-case basis, as it must reflect the facts of the case. Precedents cannot be relied on.

All of the information that has been considered by the insurer (either provided by or on behalf of the worker or obtained by the insurer) in making the decision and the conclusions the insurer has drawn from this must be included.

The level of detail must be sufficient to substantiate the legislative basis (i.e. each section and sub-section of the Act cited) to dispute liability as shown in 4.2. This will assist the worker to accept the decision or decide if an optional review should be requested.

4.4 a statement identifying all reports and documents relevant to the claim or aspect of the claim to which the decision relates

The notice must refer to all reports in the possession of the insurer that were considered in making the decision to dispute the claim, or any aspect of the claim. This extends to reports and documents that do not support the decision reached but are still relevant and must include, but are not limited to:

- medical reports, certificates and clinical notes (including reports under sections 119 and 126 of the 1998 Act)
- treatment plans
- factual/investigation reports
- rehabilitation reports
- assessment reports under section 40A of the 1987 Act
- any other relevant reports
- wage details required to be supplied under section 43(2) of the 1987 Act.

Reference to reports must include the name and relevant qualifications of the person who wrote the report, and the date of the report.

4.5 a statement identifying the reports and documents submitted by the worker in making the claim

This refers to relevant information received by the insurer from the worker or on the worker's behalf in support of the worker's claim. It also includes information obtained from the worker pursuant to an obligation under section 71 of the 1998 Act to comply with any reasonable request by the insurer to furnish specified information (in addition to information furnished in the claim form).

The worker is limited to this information in any application for dispute resolution lodged with the WCC, except where the worker was not legally represented at the relevant time or where additional information is provided in a request for review (refer clause 4.7 below).

4.6 a statement identifying that all reports and documents relevant to the decision to dispute the claim, as referred to in 4.4 above (and which are in the possession of the insurer), are attached to the dispute notice.

A relevant report does not have to be attached where it has already been supplied to the worker provided it is identified in the statement referred to in clause 4.4 above.

If the insurer is of the opinion that supplying the worker with a copy of a report would pose a serious threat to the life or health of the worker or any other person, the insurer may instead :

- in the case of a medical report, supply the report to a medical practitioner nominated by the worker for that purpose; or
- in any other case, supply the report to a legal practitioner representing the worker; or
- when neither of the above options are appropriate, seek a direction or authority from WorkCover to redirect, eg this could be appropriate when a union is representing a worker.

Should a matter proceed to the WCC, both parties are limited to relying on reports and documents identified in the dispute notice or dispute review notice (refer clause 4.7 below) with the exception of those workers who are not represented by a solicitor.

4.7 a statement indicating that the worker can request a review of the claim by the insurer (optional review)

Section 287A of the 1998 Act provides the worker with an opportunity to request the insurer to review the decision to dispute the claim or any aspect of the claim at any time before an application for dispute resolution is lodged with the WCC. When a request for review is made, the claim must be reviewed by the insurer and a response made within 14 days after the request is made. A request is taken to have been made when it is first received by an insurer.

The statement in the notice must describe the procedure for requesting a review and indicate that the worker may raise further issues and introduce further supporting evidence when seeking the review. The notice must also include a statement advising the worker that this extra information must be provided if the worker is to include it in any application for dispute resolution referred to the WCC.

The optional review must be carried out in accordance with the insurer's complaints and disputes management model. At a minimum, the review is to be conducted by someone other than the person who has made the original decision and by someone with requisite expertise, eg technical advisor or senior claims supervisor. The reviewer(s) must have comprehensive knowledge of the legislation as it applies to the matter in dispute and the issues arising from it. Where a self insurer or specialised insurer does not have a person within their organisation who can review the decision, this review may be undertaken by a person external to the organisation with the requisite knowledge and expertise.

The response will either be to accept the worker's claim or issue a new dispute review notice (see Clause 5 below).

The request for an optional review of a dispute notice does not constitute a stay of the decision to terminate or reduce payments.

The worker may separately contact the insurer to seek clarification of the notice or correction of a defect.

A standard form for requesting the review is to be attached to the dispute notice. (See Appendix 1).

4.8 the notice must also include a statement advising that the worker may –

- contact WorkCover's Claims Assistance Service on 13 10 50
- seek assistance from the worker's union or a lawyer
- refer the dispute to the Registrar for determination by the WCC (including the postal and email address of the Registrar).

Where the insurer has referred or proposes to refer the dispute for determination by the WCC, the notice must also include a statement to that effect, specifying the date of referral or proposed referral.

4.9 a statement indicating that the matters that may be referred to the WCC are limited to matters notified in the dispute notice or in a dispute review notice.

5. Dispute Review Notice

If the insurer continues to dispute the claim following the optional review, they must issue a further dispute notice. The content of this dispute notice must comply with the requirements of section 74. Any **further reports** that have come into the possession of the insurer and that are relevant to the review decision are to be attached. The notice can refer to and rely on the content of the original section 74 notice and attachments, provided they remain applicable. Information and documents relevant to the dispute review decision are also to be attached, unless already provided.

The worker may request more than one review.

6. Section 74 template

Headings

1. A statement of the matter(s) in dispute.
2. Reasons the insurer disputes liability.
3. A statement of the insurer and claimant issues, relevant to the matter in dispute.
4. A statement identifying all reports and documents which were relevant to the claim or aspect of the claim to which the decision relates.
5. A statement identifying the reports and documents submitted by the worker in making the claim.

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6. A statement identifying that all reports and documents relevant to the decision to dispute the claim referred to in 4 above (and which are in the possession of the insurer) are attached to the dispute notice.
7. A statement indicating that the worker can request a review of the claim by the insurer (optional review).
8. Other matters (see 4.8 above).
9. A statement indicating that the matters that may be referred to the WCC are limited to matters notified in the dispute notice or in a dispute review notice.

PART 4 TERMINATING OR REDUCING WEEKLY PAYMENTS OF COMPENSATION

1. Relevant Legislation and Reasons for Terminating or Reducing Payments of Weekly Compensation

Section 54 of the *1987 Act* applies if a worker:

- has received weekly payments of compensation for a continuous period of at least 12 weeks
- has provided the worker's employer or the employer's insurer with a certificate by a medical practitioner specifying the expected duration of the worker's incapacity
- and the insurer has evidence to support the termination or reduction of payment of weekly compensation.

The insurer shall not discontinue payment, or reduce the amount, of the compensation during the period of incapacity so specified without giving the worker the prescribed period of notice of intention to discontinue payment of the compensation or to reduce the amount of the compensation.

Failure to give the prescribed period of notice under section 54 of the 1987 Act by the insurer or employer is an offence rendering the insurer liable for prosecution under section 54(1) and also liable to the worker to pay the amount of compensation that would have been payable had the prescribed period been properly observed.

The reasons for terminating or reducing payments may include:

- if the insurer receives evidence impacting on the claim with respect to entitlement to weekly compensation under section 40 or section 52A of the 1987 Act.

Note: A section 54 notice is not required for a reduction in weekly benefits when payments are reduced as a result of application of legislative requirements, eg. under section 37 or section 38 of the 1987 Act. In this case, the insurer is to send a letter to the worker advising of the reduction, the new rate, how it is calculated and the legislative basis for the change.

2. Evidence Relevant to the Decision

The insurer must consider all evidence relevant to the decision, including reports and plans submitted on behalf of the worker and independent reports obtained by the insurer. This evidence may include but is not limited to:

- the claim form
- medical certificates
- medical reports prepared by treating practitioners and specialists
- treatment plans
- return to work plans
- rehabilitation reports
- factual/investigative reports
- independent medical reports prepared by a specialist medical practitioner with qualifications relevant to the treatment of the injured worker's injury (refer to *WorkCover Guidelines on independent medical examinations and reports*)
- injury management consultant reports
- independent treatment reports (eg independent physiotherapist consultant).

All issues and information relevant to the decision are to be provided to the claimant when a decision to reduce or terminate payments is communicated to the claimant.

When seeking a report, especially from medical practitioners, an insurer must give clear advice that the worker will have an entitlement under the legislation to a copy of the report.

3. Internal Review Before Issuing a Notice to Terminate or Reduce Weekly Payments of Compensation

Before giving notice of the decision to terminate or reduce weekly payments of compensation, the insurer must carry out a review of all the evidence considered in arriving at the decision. This includes reviewing all documents which are relevant to the claim, or any aspect of the claim to which the decision to terminate or reduce relates. At a minimum, the review is to be conducted by someone other than the person who has made the original decision and by someone with requisite expertise, eg technical advisor, or senior claims supervisor. The reviewer(s) must have comprehensive knowledge of the legislation as it applies to the matter in dispute and the issues arising from it. Where a self insurer or specialised insurer does not have a person within their organisation who can review the decision, this review may be undertaken by a person external to the organisation with the requisite knowledge and expertise.

4. Requirements for a Notice to Terminate or Reduce Weekly Payments of Compensation

Section 54 of the 1987 Act provides that if an insurer terminates or reduces weekly compensation, they must give notice of the decision to reduce or terminate payments to the worker. It also sets out the requirements for the notice of dispute.

Clause 15 of the *Workers Compensation Regulation 2003* provides additional information to be included in a section 54 notice. An insurer must comply with the requirements in section 54 and clause 15. Any defect in a notice should be corrected as soon as it comes to the insurer's attention.

If a notice given by an insurer under section 54 contains all the information required by section 74 of the 1998 Act, a separate section 74 notice is not required in the event of a dispute and the section 54 notice becomes the dispute notice.

A decision to dispute liability should not be made lightly.

The section 54 notice must give the worker notice, in clear and unambiguous language, of the issue(s) that are genuinely in dispute and the reason(s) for the dispute. It is not acceptable to list all potential issues that may arise under the legislation, regardless of their relevance to the claim under consideration. Nor is it acceptable to say, for example that "notice of injury" is disputed. The insurer must state precisely which aspect of that "notice of injury" is disputed, why it is disputed and upon which section or sub-section of the legislation it relies.

A section 54 notice will identify the issues that may be referred to the Workers Compensation Commission (WCC) for determination and must therefore be prepared by a responsible officer who has a detailed knowledge of the worker's claim and the legislation. The notice should only be prepared after a comprehensive and detailed consideration of the factual and legal issues in the claim.

A section 54 notice must:

- precisely identify, in plain language in the body of the document, the issue(s) in dispute AND, in respect of each issue, the insurer's reasoning for disputing the issue
- identify the sections and, if necessary, the sub-sections of the legislation on which the insurer relies and that are relevant to the issues in dispute
- have attached to it any relevant document to which clause 37 of the *Workers Compensation Regulation 2003* applies. The obligation to provide a copy of a report applies to any report that is relevant to the claim or any aspect of the claim to which the decision relates, whether or not the report supports the reasons for the decision
- state that the worker has the right to request a review of the claim by the insurer
- state that the worker can seek advice or assistance from the Claims Assistance Service or from their trade union or from a lawyer
- state that the worker can refer the dispute for determination by the WCC
- if the insurer has referred or proposes to refer the dispute to the WCC, include a statement to that effect specifying the date of referral or proposed referral
- state that the matters that may be referred to the WCC are limited to matters notified in the notice, or in any notice issued after a further review, or in correspondence prior to a referral concerning an offer of settlement or in a request for further review.

A section 54 notice must be written in plain language, and must include the following in order to operate as a dispute notice as well as a section 54 notice:

4.1 a statement of the matter(s) in dispute

This identifies the general, plain language nature of the weekly compensation benefits claim that is/are in dispute. It should also include who made the decision and the date it was made and who confirmed the decision and the date it was confirmed.

4.2 reasons the insurer is terminating or reducing weekly payments of compensation

A section 54 notice must show the legislative basis for the insurer to terminate or reduce weekly compensation. The reasons must refer to those parts of the workers compensation legislation, regulations or guidelines that are relevant and relied upon by the insurer for its decision.

It is not acceptable to list standard grounds of objection that are not relevant to the actual issues in dispute.

4.3 a statement of the insurer and claimant issues relevant to the matter in dispute

The section 54 notice must include a plain language description of all that the insurer has considered in coming to the decision to dispute liability for all or part of a worker's entitlement to weekly compensation benefits.

The information provided must be comprehensive as it informs all parties of the line of reasoning that the insurer has relied on in disputing liability and will rely on if the claimant files an Application to Resolve a Dispute in the WCC.

It must be written on a case-by-case basis, as it must reflect the facts of the case. Precedents cannot be relied on.

All of the information that has been considered by the insurer (either provided by or on behalf of the worker or obtained by the insurer) in making the decision and the conclusions the insurer has drawn from this must be included.

The level of detail must be sufficient to substantiate the legislative basis (i.e. each section and sub-section of the Act cited) to dispute liability as shown in 4.2. This will also assist the worker to accept the discussion or determine if an optional review should be requested.

4.4 A statement identifying all reports and documents relevant to the claim or aspect of the claim to which the decision relates

The notice must refer to all reports and documents in the possession of the insurer which are relevant to the decision. This extends to reports that do not support the decision reached but are still relevant, and may include but are not limited to:

- medical reports, certificates and clinical notes (including reports under sections 119 and 126 of the 1998 Act)
- treatment plans
- factual/investigation reports
- rehabilitation reports
- assessment reports under section 40A of the 1987 Act
- any other relevant reports or documents
- wage details required to be supplied under section 43(2) of the 1987 Act.

Reference to reports must include the name and relevant qualifications of the person who wrote the report and the date of the report.

4.5 a statement identifying the reports and documents submitted by the worker in making the claim

This refers to relevant information received by the insurer from the worker in support of the worker's claim. It also includes information obtained from the worker pursuant to an obligation under section 71 of the 1998 Act to comply with any reasonable request by the insurer to furnish specified information (in addition to information furnished in the claim form).

The worker is limited to this information in any application for dispute resolution lodged with the WCC, except where the worker was not legally represented at the relevant time or where additional information is provided in a request for review (refer clause 4.7 below).

4.6 a statement identifying that all reports and documents relevant to the decision to terminate or reduce weekly payment as referred to in 4.4 above (and which are in the possession of the insurer) are attached to the dispute notice

A relevant report does not have to be attached where it has already been supplied to the worker provided it is identified in the statement referred to in clause 4.4 above.

If the insurer is of the opinion that supplying the worker with a copy of a report would pose a serious threat to the life or health of the worker or any other person, the insurer may instead:

- in the case of a medical report, supply the report to a medical practitioner nominated by the worker for that purpose; or
- in any other case supply the report to a legal practitioner representing the worker
- when neither of the above options are appropriate seek a direction or authority from WorkCover to redirect, eg this would be appropriate when a union is representing a worker.

Should a matter proceed to the WCC, both parties are limited to relying on reports and documents identified in the dispute notice or dispute review notice (refer clause 4.7 below) with the exception of those workers who are not represented by a solicitor.

4.7 a statement indicating that the worker can request a review of the claim (optional review)

Section 287A of the 1998 Act provides the worker with an opportunity to request the insurer to review the decision to dispute the claim, or any aspect of the claim, at any time before the dispute is referred to the WCC. When a request for review is made, the claim must be reviewed by the insurer and a decision made within 14 days of the request. A request is taken to have been made when it is first received by the insurer.

The statement in the notice must describe the procedure for requesting a review and indicate that the worker may raise further issues and introduce further supporting evidence when seeking the review. The notice must also include a statement advising the worker that this extra information must be provided if the worker is to include it for any application to dispute referred to the WCC.

The optional review is to be carried out in accordance with the insurer's complaints and disputes handling model. At a minimum, the review is to be conducted by someone other than the person who has made the original decision and by someone with requisite expertise. The reviewer(s) must have comprehensive knowledge of the legislation as it applies to the matters in dispute and the issues arising from it. Where a self insurer or specialised insurer does not have a person within their

PART 4

organisation who can review the decision, this review may be undertaken by a person external to the organisation with the requisite knowledge and expertise.

The response will be to either accept the workers response to the dispute notice or to issue a new dispute review notice (see clause 5 below).

The request for an optional review of a dispute notice does not constitute a stay of the decision to terminate or reduce payments.

The worker may separately contact the insurer to seek clarification of the notice or correction of a defect.

A standard form for requesting the review is to be attached to the dispute notice (see Appendix 1).

4.8 the notice must also include a statement advising that the worker may –

- contact WorkCover's Claims Assistance Service on 13 10 50
- seek assistance from the worker's union or lawyer
- refer the dispute to the Registrar for determination by the WCC (including the postal and email address of the Registrar).

The notice referred to in this section is also to include information about the possible entitlements of the injured worker under section 38 of the 1987 Act and the requirements for the worker to obtain those benefits if –

- the notice relates to a reduction in the amount of the worker's weekly compensation as a result of the application of section 40
- the injured worker is not in receipt of earnings
- the information has been supplied to the worker under section 40A
- a statement as to how the reduced compensation has been calculated
- the worker has not previously received section 38 benefits

4.9 a statement indicating that any matters that may be referred to the WCC are limited to matters notified in the dispute notice or in a dispute review notice

5. Dispute Review Notice

If the insurer maintains the original decision following the optional review, they must issue a further notice. This must contain the same type of information as the original section 54 notice. Any **further reports** that have come into the possession of the insurer and that are relevant to the review decision are to be attached. The notice can refer to and rely on the content of the original notice and attachments provided they remain applicable. Information and documents relevant to the dispute review decision are also to be attached unless already provided.

The worker may request more than one review.

6. Section 54 template

Note: The format for this template may also be used for a section 57 suspension notice.

Headings

1. A statement of the matter(s) in dispute.
2. Reasons the insurer is terminating or reducing weekly compensation.
3. Statement of the insurer and claimant issues relevant to the matter in dispute.
4. A statement identifying all reports and documents relevant to the claim or aspect of the claim to which the decision relates.
5. A statement identifying the documents submitted by the worker in making the claim which are relevant to the decision.
6. A statement identifying that all reports and documents relevant to the decision to terminate or reduce weekly payments of compensation referred to in 4. above (and which are in the possession of the insurer) are attached to the dispute notice.
7. A statement indicating that the worker can request a review of the claim.
8. Other matters – see 4.8 above.
9. A statement indicating that any matters that may be referred to the WCC are limited to matters notified in the dispute notice or in a dispute review notice.

PART 5 MAKING AND HANDLING A CLAIM FOR LUMP SUM COMPENSATION (PERMANENT IMPAIRMENT AND PAIN AND SUFFERING)

To be eligible for lump sum compensation under section 66 of the 1987 Act, a worker must have sustained an injury, as defined in section 4 of the 1998 Act, that resulted in permanent impairment. If the insurer is satisfied that an injury has resulted in permanent impairment and has reached maximum medical improvement, the insurer must initiate an assessment of permanent impairment to determine the lump sum compensation payable. This information is to first be requested from the treating specialist (refer to *Guidelines on independent medical examinations and reports* for protocols regarding this).

1. Minimum Information Required for a Worker to Initiate a Claim

If a claim is already in progress for the injury and the insurer has sufficient information regarding the injury sustained and is satisfied that the injury has resulted in permanent impairment and that it has reached maximum medical improvement, then the permanent impairment claim form is not required. If this claim proceeds as a dispute to the Workers Compensation Commission, a claim form is not to be required.

A permanent impairment claim form is required if a worker is initiating a claim for permanent impairment and pain and suffering (if applicable) related to an injury and has not previously made a claim in respect of the injury or if the insurer does not have sufficient information about the injury for which the claim is being made.

2. Relevant Particulars about a Claim. (Refer to section 282 of the 1998 Act).

The claim must include relevant particulars about the claim.

2.1 For injuries pre 1 January 2002:

- the injury received (as identified in claim for workers compensation. If no claim for compensation has been made, it will be necessary to separately make such a claim)
- all impairments arising from the injury
- the amount of loss as measured by the Table of Disabilities
- any previous injury, or any pre-existing condition or abnormality, to which any proportion of an impairment is or may be due (whether or not it is an injury for which compensation has been paid or is payable under Division 4 of Part 3 of the 1987 Act)
- details of all previous employment to the nature of which the injury is or may be due
- information as to whether or not the degree of impairment resulting from the injury is permanent
- a medical report supporting the amount of loss claimed.

2.2 **For injuries from 1 January 2002:**

- the injury received, as identified in claim for workers compensation. If no claim for compensation has been made, it will be necessary to separately make such a claim
- all impairments arising from the injury
- whether the condition has reached maximum medical improvement
- the amount of whole person impairment assessed in accordance with the *WorkCover Guides for the evaluation of permanent impairment*
- a medical report completed in accordance with the *WorkCover Guides for the evaluation of permanent impairment* by a medical specialist with qualifications and training relevant to the body system being assessed who has been trained in the *WorkCover Guides*
- If there is more than one impairment that requires assessment by different medical specialists, one specialist must be nominated as lead assessor and determine the final amount of whole person impairment
- if the claim is for permanent impairment of hearing, a copy of the audiogram used by the medical specialist in preparing the report that accompanies the claim.

3. **Claim for Pain and Suffering**

Reference section 67 of the 1987 Act.

To make a claim for pain and suffering the worker must provide relevant particulars about a claim:

- a claim for permanent loss or whole person impairment completed on the permanent impairment claim form
- evidence that the loss according to the Table of Disabilities is at least 10% of the maximum that can be awarded, or the level of whole person impairment is 10% or above
- a description of the effect the impairment has on their work, domestic and leisure activities
- the proportion of the maximum amount of compensation under section 67 claimed for the pain and suffering.

4. **Employer Action on Receipt of a Claim for Permanent Impairment**

Within 7 days after an employer receives a claim, the employer must send the claim to the insurer responsible for covering the worker for compensation. From then on, if the insurer requests more information, the employer must respond within 7 days of receiving the request with all information that is reasonably obtainable. The employer must also forward to the insurer within 7 days of receipt any documentation the employer receives in respect of the claim. *Reference section 264 (1) and (2) of the 1998 Act.*

Failure by the employer to forward the information to the insurer within 7 days, where the information is in the employer's possession or reasonably obtainable, renders the employer liable for prosecution under section 264(1) of the 1998 Act.

5. Insurer Action on Receipt of a Claim for Permanent Impairment

Reference section 281 of the 1998 Act.

When an insurer receives a claim for permanent impairment the insurer must determine the claim by the latest date of either:

- (a) within 1 month after the degree of permanent impairment first becomes fully ascertainable, as agreed by the parties or as determined by an approved medical specialist; or
- (b) within 2 months after the claimant has provided to the insurer all relevant particulars about the claim

For (a) above, 'fully ascertainable as agreed by the parties' means that

- the claimant has reached maximum medical improvement
- the medical report has been prepared by a WorkCover trained assessor of permanent impairment in accordance with the *WorkCover Guides for the evaluation of permanent impairment*
- the medical report has been provided to the insurer
- the level of permanent impairment (as per the medical report) is agreed by the insurer.

Claim to be determined within 1 month from the receipt of the report.

For (b) above the following applies:

- If the insurer considers the report is not in accordance with the *WorkCover Guides* the insurer advises the injured worker within 2 weeks of receipt of the claim that further information is required and seeks clarification from the author, with a copy of the request sent to the injured worker's legal representative. If the required information is not forthcoming within 10 working days the insurer arranges an independent medical examination.
- The insurer will determine the worker's entitlements and advise the worker within 2 months from the date of the examination of the worker or within 1 month of receiving that report, whichever is the earlier.

Referrals for an independent medical examination are only to be made when one or more of the questions outlined in "reasons for referral" on page 5 of the *Guidelines on Independent Medical Examinations and Reports* cannot be obtained from the treating medical practitioner or from the assessor who completed a report on level of permanent impairment.

The offer of payment to the injured worker must be in accordance with a properly completed report by a trained assessor of permanent impairment. If there is more than one way to assess the level of impairment the more beneficial result is to be chosen. (See paragraph 3.5 in the *WorkCover Guides for the evaluation of permanent impairment*).

When an offer is made it should be accompanied by the medical report on which this offer is based, see also Clause 8 in relation to a "complying agreement".

If the claim is served on the insurer, the insurer must notify the employer that a claim has been made within 2 working days.

If the insurer cannot find a current policy that covers a claim within 7 days after the

claim is made, then the insurer is to either:

- contact the employer, and the person who made the claim, and request more information in order to identify the policy. If the policy still cannot be identified, then the insurer is to inform the employer and the person who made the claim that the insurer is not the current insurer. The insurer must then refer the claim to WorkCover's Claims Assistance Service; or
- pass the claim to the current insurer, if the identity of the current insurer can be determined and notify the worker in writing.

6. No Response from the Insurer

If the insurer does not respond to a claim for permanent impairment within 2 months, the worker can seek assistance from WorkCover's Claims Assistance Service (CAS) on 13 10 50. CAS will issue the worker with a CAS reference number upon initial contact, and then contact the insurer to facilitate a response.

CAS will send a letter to the worker within 7 days of the request advising either:

- the insurer's response; or
- that there is still no response.

Once the 7 days has elapsed, the worker may lodge a dispute with the Workers Compensation Commission (WCC) quoting the CAS reference number and attaching the CAS letter. For the purpose of relying on the CAS reference number or letter to commence proceedings in the WCC, the CAS inquiry must be made no earlier than 7 days before the time limit for determining the claim has expired.

7. Insurer Accepts a Claim for Permanent Impairment

If the insurer is satisfied with the claim made, and the level of impairment properly assessed in accordance with the WorkCover Guides (for injuries from 1 January 2002), there is no need to obtain further assessments and an offer of payment will be made to the worker in accordance with section 66 of the 1987 Act.

Any payment for permanent impairment is to be in accordance with the level of permanent impairment assessed by a trained assessor of permanent impairment in accordance with the WorkCover Guides for injuries from 1 January 2002.

The offer needs to set out:

- the date of the injury
- the injury to which the offer relates
- the amount of the offer or extent of pre-existing condition or abnormality, if any
- the reports and documents relied upon in making the offer
- the reports and documents served and relied upon by the worker in support of the claim (the worker is limited to this information in any application for dispute resolution lodged with the WCC, except where the worker was not legally represented at the relevant time or where additional information is provided in further correspondence prior to referral to the WCC)
- a statement that if the offer is not accepted, the worker can:
 - contact WorkCover's Claims Assistance Service on 13 10 50
 - seek assistance from the worker's union or lawyer
 - apply to the Registrar for determination by the WCC one month after the offer is made (including the postal and email address of the Registrar).

- a statement that the matters that may be referred to the WCC are limited to matters notified in writing between the parties concerning the offer of settlement.

Copies of the reports and documents relied upon by the insurer in the making of the offer must be attached to the written advice of the offer to the worker. If the insurer is of the opinion that supplying the worker with a copy of a medical report would pose a serious threat to the life or health of the worker or any other person, the insurer may instead supply the medical report to a medical practitioner nominated by the worker for that purpose.

Where the outcome of the assessment of permanent impairment is **nil** whole person impairment and there are no other issues in dispute the insurer is to issue a letter to the worker that incorporates the following requirements:

- the date of injury
- the injury to which the claim relates
- the advice that a decision has been made that no offer will be made in respect of the worker's claim for lump sum compensation as the injury has not resulted in any degree of permanent impairment
- description of the reports and documents relied upon by the insurer in reaching the decision not to make an offer. NOTE: The reports and document must also be attached unless supply would pose a serious threat to the life or health of the worker or any other person, in which case they may be supplied to a medical practitioner nominated by the worker
- description of the reports and documents served and relied upon by the worker in support of the claim
- a statement that advises if the worker wishes to pursue their claim, the worker can:
 - contact WorkCover's Claims Assistance Service on 13 10 50
 - seek assistance from the worker's union or lawyer
 - apply to the Registrar for determination by the WCC one month after receipt of advice from the Insurer (including the postal and email address of the Registrar).
- that the matters that can be referred to the WCC are limited to matters notified in writing between the parties concerning the claim.

8. Complying Agreements

Reference section 66A of the 1987 Act.

Prior to making a payment to the worker for permanent impairment under section 66 of the 1987 Act and for pain and suffering under section 67 of the 1987 Act, the insurer must be satisfied that a worker has obtained independent legal advice in order to record the payment details as a complying agreement. Evidence of independent legal advice can be in either:

- a letter from the worker's solicitor; or
- details of the agreement regarding payment signed and returned to the insurer by the worker.

The following details must be included in a complying agreement:

- degree of permanent impairment
- medical report(s) relied on to assess the degree of permanent impairment
- amount of compensation payable in respect of degree of permanent impairment

PART 5

- amount of pain and suffering compensation (if applicable)
- date of agreement
- certification by insurer that it is satisfied that the worker has obtained independent legal advice.

The complying agreement may be contained in one or more documents which must be kept on the insurer's file.

9. Insurer Disputes Liability for the Claim

If an insurer disputes liability in respect of a claim for permanent impairment, the insurer must issue a section 74 Notice in accordance with Part 3 of these guidelines.

PART 6 MAKING AND HANDLING A CLAIM FOR WORK INJURY DAMAGES

1. General

A claim for work injury damages (WID) must meet two criteria:

- the work injury is a result of the negligence of the employer
- the work injury resulted in at least 15 percent whole person impairment (WPI).

A claim for WID can only be made where a claim for lump sum compensation for the work injury has been made pursuant to section 66 of the 1987 Act. The claim under section 66 must be made before or at the same time as the claim for WID. *Reference section 280A of the 1998 Act.*

Before a worker is entitled to claim for work injury damages the degree of WPI must have been assessed to be at least 15 percent. The assessment of WPI must have been made in accordance with the *WorkCover Guides for the Evaluation of Permanent Impairment*. *Reference sections 313, 314 and 322 of the 1998 Act and section 151H of the 1987 Act.*

2. Particulars of the Claim and Evidence Relied Upon

To make a claim for WID the worker must provide particulars about the claim and the evidence to be relied upon. This must include:

- details of the injury to the worker caused by the negligence or other tort of the employer
- degree of assessed WPI
- evidence of the negligent act/s of the employer
- economic loss that is being claimed as damages.

Reference section 282 of the 1998 Act.

3. Where Whole Person Impairment not Fully Ascertainable

Court proceedings for WID must be commenced within 3 years after the date on which the injury was received. *Reference section 151D of the 1987 Act.*

Where this time limit is reached but the WPI for the injured worker is not fully ascertainable, the worker should make a claim for WID setting out the particulars of the claim and the evidence to be relied upon as per clause 2 above, with the exception of the degree of assessed WPI.

4. Employer Action on Receipt of a Claim for Work Injury Damages

The employer must send the claim to the responsible insurer within 7 days of receipt.

If the insurer requests more information the employer must also respond within 7 days of receiving the request with all information that is reasonably obtainable. The employer must also forward any documents received in respect of the claim to the insurer within 7 days of receipt. *Reference section 264 (1) and (2) of the 1998 Act.*

5. Insurer Action on Receipt of a Claim for Work Injury Damages

The insurer is to determine the claim:

- within 1 month of the WPI being fully ascertainable; or
- within 2 months after all relevant particulars have been supplied, whichever is the later.

The insurer is to determine the claim by:

- accepting liability and making a reasonable offer of settlement; or
- disputing liability.

The insurer is to notify the worker of the determination.

This notification is to include whether or not the insurer accepts that the degree of WPI of the injured worker resulting from the work injury is sufficient for an award of damages.

Where liability is disputed the insurer is to issue a notice pursuant to section 74 of the 1998 Act in accordance with the requirements of Part 3 of these Guidelines.

Where liability is accepted and an offer of settlement is made it is to specify an amount of damages or a manner of determining an amount of damages.

Where only partial liability for the claim is accepted the offer is to include details sufficient to ascertain the extent to which liability is accepted. *Reference section 281 of the 1998 Act.*

6. Resolution of Dispute about Degree of Whole Person Impairment

If an insurer does not agree that the worker has at least 15 percent WPI the matter is to be resolved by an application to resolve the dispute at the WCC. This will be referred directly to an approved medical specialist (AMS). The AMS will make an assessment of the degree of WPI and this assessment will be binding on all parties. *Reference sections 313 and 314 of the 1998 Act.*

7. Requirement for Pre-Filing Statement before Commencing Court Proceedings

Before a worker can commence court proceedings for the recovery of work injury damages, the worker must serve on the employer or the insurer a pre-filing statement (PFS) setting out the particulars of the claim and the evidence that the worker will rely on to establish or support the claim.

The PFS cannot be served unless:

- the person on whom the claim is made wholly disputes liability for the claim; or
- the person on whom the claim is made has made an offer of settlement to the claimant, pursuant to the determination of the claim and when required by section 281 of the 1998 Act and one month has elapsed since the offer was made; or
- the person on whom the claim is made has failed to determine the claim as and when required by section 281 of the 1998 Act.

The PFS is to consist of a copy of the statement of claim intended to be filed in the court and is to include as attachments the information and other documents required by the Workers Compensation Acts and Workers Compensation Commission Rules including the certificate issued by an AMS or notification of acceptance that the work injury has resulted in a degree of WPI of at least 15 percent. *Reference section 315 of the 1998 Act.*

8 Insurer Action on Receipt of a Pre-Filing Statement

The insurer must respond to the PFS within 28 days after the PFS is received by:

- accepting or denying liability (wholly or in part)
- if the insurer does not accept liability, serving on the worker a pre-filing defence (PFD), setting out all particulars of the defence and evidence that the insurer will rely on in order to defend the claim (as the Workers Compensation Commission Rules may require).

If the insurer fails to respond to the PFS within 42 days the worker can commence court proceedings for the recovery of work injury damages and does not have to refer the dispute for mediation. *Reference Section 316 of the 1998 Act.*

If the PFS is defective the insurer must advise the worker within 7 days of receipt and include in the advice to the worker how the worker can fix the defect. If there is a dispute as to whether the PFS is defective this may be referred to the Registrar of the WCC for determination. *Reference Section 317 of the 1998 Act.*

9 Mediation

Before a worker can commence court proceedings the claim must be referred for mediation except as stated above in clause 8. This cannot happen until 28 days after the PFS has been served on the insurer. The worker must apply to the WCC for mediation.

The insurer may only decline to participate in the mediation if liability for the claim is wholly disputed. *Reference Section 318A of the 1998 Act.*

The mediator will attempt to bring the parties to agreement for the matter, so that court proceedings will not be necessary. If the mediator cannot bring the parties to agreement the mediator will issue a certificate certifying the final offers of settlement made by the parties in the mediation. *Reference Section 318B of the 1998 Act.*

If mediation is not successful the offers made at the mediation are not to be disclosed to the court in any subsequent court proceedings. *Reference Section 318E of the 1998 Act.*

10 Commencing Court Proceedings

Court proceedings may commence when:

- a worker has served a PFS on the insurer; and -
 - the insurer has failed to respond to the PFS within 42 days; or
 - the insurer has wholly disputed liability and declined to participate in mediation and the mediator has issued a certificate to this effect; or
 - mediation has taken place but has not been successful and the mediator has issued a certificate to this effect.

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If court proceedings commence all parties are limited to the matters raised in the PFS and the PFD and to the reports and other evidence disclosed in those statements except by leave of the court. Additionally, where an insurer fails to respond to the PFS within 42 days the insurer cannot dispute liability for the claim. *Reference Section 318 of the 1998 Act.*

APPENDIX 1

APPLICATION FOR REVIEW BY INSURER

This is an application form to request the review of a decision made to dispute a workers compensation claim (or any aspect of a claim). This application is made under section 287A of the *Workplace Injury Management and Workers Compensation Act 1998*.

Worker's name	
Insurer/Scheme Agent	
Claim number	

Requested by:

worker worker's representative dependant dependant's representative

Name	
Address	
Phone number	
Mobile number	
Fax number	

Decision to be Reviewed

Decision referred to in the notice under sections 74 or 287A of the *Workplace Injury Management and Workers Compensation Act 1998* or section 54 of the *Workers Compensation Act 1987* (please specify date of notice)

.....

Please identify the decision that you are requesting the insurer review:

- liability for the injury
 - medical expenses
 - amount of weekly payments
 - property damage
 - other (please specify).....
-
-

Reasons for Seeking the Review

Please provide:

- reasons in support of your application
- any further information which supports your reasons for requesting the review.

.....

.....

APPENDIX 1

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Additional Reports or Documents

Please list and provide copies of all further information, reports and documents in support of this application for review.

.....
.....
.....
.....

Important

If you have any new or additional matters that you want the insurer to consider, these must be raised with, and copies of relevant documents provided to the insurer, as part of this application. Should you later wish to dispute the decision at the Workers Compensation Commission, you must have supplied all information for consideration. The Workers Compensation Commission will not allow introduction of any information not previously considered by the insurer. The Workers Compensation Commission is limited to consideration of matters notified in the final dispute notice or in this application (reference section 289 of the *Workplace Injury Management and Workers Compensation Act 1998*).

Signed:.....
(worker or representative)

Dated:.....

WORKCOVER GUIDELINES ON INDEPENDENT MEDICAL EXAMINATIONS AND REPORTS

I, John Watson, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, under s119(4) and s376 of the *Workplace Injury Management and Workers Compensation Act 1998*, issue the following guidelines.

Dated, this 14th day of April 2009.

John Watson
A/ Chief Executive Officer
WorkCover Authority

WORKCOVER GUIDELINES ON INDEPENDENT MEDICAL EXAMINATIONS AND REPORTS

Workplace Injury Management and Workers Compensation Act 1998

These guidelines are issued under s119(4) and s376 of the *Workplace Injury Management and Workers Compensation Act 1998*. The guidelines set out WorkCover's policy in respect of independent medical examinations as well as the mandatory obligations for employers/insurers when referring a worker for a medical. They also provide guidance for all parties, including referrers, examining medical practitioners, and injured workers.

These guidelines replace guidelines dated 27 October 2006 and published in the Government Gazette No. 129.

These guidelines commence on 1 May 2009.

In this guideline, the *Workers Compensation Act 1987* is referred to as the 1987 Act, and the *Workplace Injury Management and Workers Compensation Act 1998*, is referred to as the 1998 Act.

Definition of Insurer

Insurer is an insurer within the meaning of the *Workers Compensation Act 1987* and the *Workplace Injury Management and Workers Compensation Act 1998* and includes Scheme Agents, and self and specialised insurers.

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INTRODUCTION

Purpose and Scope of the Guidelines

Medical questions that arise in the context of managing a workers compensation claim should be directed to the treating medical practitioner(s) in the first instance. The nature of the relationship between the injured worker and the practitioner(s), and their knowledge of the worker's medical history, before and after the injury, make their input invaluable to the management of the worker's injury.

Referral for an independent medical examination is only appropriate when information from the treating medical practitioner(s) is inadequate, unavailable or inconsistent and where the referrer has been unable to resolve the problem directly with these practitioner(s).

Against this background, the purpose of these guidelines is to provide the basis for a shared understanding of the role of independent medical examinations in the management of compensable injuries in the NSW workers compensation system.

The guidelines outline mandatory [as per section 119(4) of the 1998 Act] and other obligations for the referral, conduct and reporting of independent medical examinations, and complaints management.

Mandatory obligations are set out in Part 1 of these guidelines. These are made in accordance with section 119(4) of the 1998 Act which states that an examination of a worker who has given notice of an injury must be in accordance with the WorkCover guidelines.

The other obligations set out in the Introduction and Part 2 of the guidelines apply to all independent medical examinations.

This document is intended for use by those who:

- refer injured workers for independent medical examinations
- undertake independent medical examinations and provide reports
- use independent medical examination reports in managing injuries, claims and disputes.

This document is also intended for use by injured workers and their representatives. A brochure is available from WorkCover for injured workers who are referred for independent medical examinations. The NSW Medical Board policy *Medico-Legal Guidelines* provides useful information for workers and referrers (available from their website www.nswmb.org.au).

This document covers referrals by employers/insurers and lawyers involved in the workers compensation system, but not referrals to approved medical specialists by the Workers Compensation Commission of New South Wales.

Definition of Independent Medical Examination

Independent medical examination means an impartial assessment based on the best available evidence that is requested by a worker, a worker's solicitor or employer/insurer and undertaken by an appropriately qualified and experienced medical practitioner (**who is not in a treating relationship with the worker**) for the purposes of providing information to assist with workers compensation injury and claims management.

PART 1 MANDATORY OBLIGATIONS FOR EMPLOYERS/INSURERS

Part 1 sets out the mandatory obligations (pursuant to section 119(4) of the 1998 Act for employers/insurers when they require a worker to attend an independent medical examination.

Referral for an independent medical examination is only appropriate when information from the treating medical practitioner(s) is inadequate, unavailable or inconsistent and where the referrer has been unable to resolve the issues related to the problem directly with the practitioners.

All referrals for independent medical examinations are to be arranged at reasonable times and dates and with adequate notice provided to the worker, as outlined on page 7, 'Notification and explanation to the worker'.

Referrals for an independent medical examination are only to be made when answers to one or more of the questions outlined on page 5, 'Reasons for referral', cannot be obtained from the treating medical practitioner(s). If an injured worker submits a report from an assessor of permanent impairment regardless of whether they are the worker's treating medical practitioner or not and questions regarding that assessment arise, they are to be posed to the author in the first instance. If the response from the assessor is inadequate, unavailable, inconsistent or not received in 10 working days, a referral to an independent medical examiner may proceed.

All referrals to independent medical examiners are to be to appropriately qualified medical practitioners who have the expertise to adequately respond to the question(s) outlined in the referral. The independent medical examiner is to be a specialist medical practitioner with qualifications relevant to the treatment of the injured worker's injury. Care is to be taken when referring a worker with complex injuries. Referrers are to ensure that medical specialists with specific expertise are selected, eg. a hand or plastic surgeon for hand injuries, a spinal surgeon for complex back injuries, a neurosurgeon or rehabilitation specialist for head injuries.

If the worker has not been treated by a medical specialist, the referral is to be arranged with a medical practitioner with qualifications and expertise in the treatment of the worker's injury.

The employer/insurer must meet any reasonable costs incurred by the worker, including wages, travel and accommodation. This may include pre-payment of travel and accommodation expenses. If the worker is not reasonably able to travel unescorted, this may include expenses for the worker's escort. *Reference section 125 of the 1998 Act.*

A worker receiving weekly compensation payments can be required to submit themselves for subsequent independent medical examinations only when information from the treating medical practitioners remains inadequate, unavailable or inconsistent and where the referrer cannot resolve the issues related to the problem directly with the treating practitioner(s) and:

- the subsequent independent medical examination is with a specialist medical practitioner with qualifications relevant to the treatment of the injured worker's injury; and
- the employer/insurer has evidence that the worker's medical condition as a result of the injury has changed; or

- the employer/insurer has evidence of a change in the worker's health not resulting from the injury which will affect the worker's participation in the labour market; or
- the employer/insurer has evidence of a material change, or need for material change, in the manner or type of treatment; or
- the worker makes a claim for section 66 lump sum compensation or work injury damages; or
- the worker requests a review pursuant to a notice issued under section 54 of *the 1987 Act* or section 74 of the 1998 Act and includes additional medical information that the employer/insurer is asked to consider; or
- there has been at least 6 months since the last independent medical examination required by the employer/insurer; or
- the last independent medical examination was unable to be completed.

Subsequent independent medical examinations must be with the same medical practitioner unless they have ceased to practise (permanently or temporarily) in the specialty concerned, or they no longer practise in a location convenient to the worker, or both parties agree that a different medical practitioner is required.

If the worker considers the requirement to attend an independent medical examination is unreasonable, the worker is to advise the referrer of the reasons for their objection. The referrer must take account of this objection and advise the worker of their decision following this consideration. Benefits are not to be affected prior to adequate written notice being received by the worker following this consideration (see *WorkCover Guidelines for claiming compensation benefits, clause 9.3, Part 2*). Any decision to suspend payment of weekly compensation can only be made after the worker has had an opportunity to comply with a reasonable request and must be made on the basis of sound evidence and the worker advised in writing of the reasons for the suspension. The worker may contact WorkCover's Claims Assistance Service on 13 10 50 or their union for assistance in relation to such requests and decisions. The insurer is to respond to these requests.

PART 2 OBLIGATIONS FOR ALL INDEPENDENT MEDICAL EXAMINATIONS

Part 2 sets out the obligations for all independent medical examinations (in addition to the mandatory obligations set out in Part 1).

1. Referral for Independent Medical Examination

Reasons for referral

An independent medical examination is appropriate where the information required relates to:

- diagnosis of an injury reported by the worker and determining the contribution of work incidents, duties and/or practices to that injury
- diagnosis of the worker's ongoing condition and whether it still results from the injury
- recommendations and/or need for treatment
- fitness for pre-injury duties and hours, and the likelihood of, and timeframe for recovery
- fitness for other jobs/duties, including those in the worker's recent employment history (descriptions of such duties are to be provided to the independent medical examiner)
- what past and/or ongoing incapacity results from the injury
- physical capabilities and any activities that must be avoided

- an assessment of permanent loss (injuries pre 1 January 2002) or whole person impairment (injuries on and after 1 January 2002) resulting from the injury, including any proportion to be deducted that is due to a pre-existing injury, abnormality or condition.

Barriers in relation to return to work and difficulties in communicating with a treating doctor might best be resolved through use of an Injury Management Consultant (refer to WorkCover's *Guidelines on the Appointment and Functions of Injury Management Consultants*).

Responsibility of referrer

The referrer has a responsibility to ensure that:

- the referral is made to an appropriate medical practitioner
- an appointment can be made within a reasonable period of time (usually 4 weeks)
- all parties are informed of the appointment details of the examination
- the worker is provided with an explanation of the nature of the examination and the details of the appointment
- the worker's special needs are catered for, eg interpreter, disabled access
- the independent medical examiner is provided with details of the worker and the specific reason for the referral
- all the information relevant to the referral question(s) is provided to the independent medical examiner
- the independent medical examiner is paid promptly for providing the service at the rate set out in the Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order in force at the time of the examination (www.workcover.nsw.gov.au).
- there is no conflict of interest in relation to the worker and referrer.

It is not acceptable to list standard questions that are not relevant to the specific aspect of the claim leading to this referral.

Selection of an appropriate medical practitioner for the examination

It is important that the independent medical examiner who is selected to provide the examination is appropriately qualified and has the expertise to competently provide an opinion on the question(s) in the referral. The independent medical examiner is to be a medical specialist with qualifications relevant to the treatment of the injured worker's injury. If the worker has not been treated by a medical specialist, an appointment is to be arranged with a medical practitioner in a specialty relevant to the treatment of the worker's injury. If the referral includes a question of causation or treatment, the independent medical examiner is to be in current clinical practice.

If the medical report relates to a claim for permanent impairment, it must be completed in accordance with the *WorkCover Guides for the Evaluation of Permanent Impairment* by a medical specialist with qualifications and training relevant to the body system being assessed who has been trained in the WorkCover Guides.

If there is more than one impairment that requires assessment by different medical specialists, one specialist must be nominated as the lead assessor and determine the final amount of whole person impairment.

A subsequent examination is to be with the same independent medical examiner who conducted the original examination, whenever practical.

The location of the independent medical examiner's rooms should be as geographically close to the worker's home address as possible or accessible by direct transport routes. The rooms should contain appropriate facilities, including access for people with ambulatory difficulties, and accommodate the worker's specific physical needs.

Special requirements of the worker relating to gender, culture or language are to be accommodated.

If the worker wishes to have an accompanying person with them at the examination, the independent medical examiner's agreement to the presence of a companion is to be obtained.

The independent medical examiner should be able to provide an appointment within a reasonable time, usually 4 weeks, and a report of the examination within 10 working days, unless different arrangements are agreed by the parties.

Where it is the independent medical examiner's routine practice to record the examination on audio or video, the worker must be informed of this and be in agreement prior to the examination being scheduled. The recording of the examination is only to proceed if the worker consents.

Communication with the selected medical practitioner

The letter of referral to the independent medical examiner must provide clear direction about the question(s) to be addressed and the medical opinions sought.

Documents to be included

The independent medical examiner must be provided with all the information that is relevant to the questions to be addressed. Documents could include a claim form, medical certificates, witness reports, employer reports of injury, clinical notes/reports of treating doctors, medical reports, medical investigation reports, rehabilitation and functional assessment reports, job descriptions and duty statements, details of work with other employers and details of other settlements or awards.

Independent medical examiners are not able to order additional radiological or similar investigations so the results of all existing investigations are to be made available to the independent medical examiner.

Reports and/or electronic records of lay investigators are not to be provided with referrals for assessment of permanent impairment.

Documents are to be provided to the independent medical examiner at least 10 days prior to the arranged appointment. They should be provided in a manner that facilitates review/perusal by the independent medical examiner.

Notification and explanation to the worker

The worker is to be first advised in writing at least 10 working days before the appointment, unless a shorter time is required because of exceptional and unavoidable circumstances and agreed to by the parties, eg a need to consider an urgent request for treatment.

Advice about the appointment with the independent medical examiner must include:

- the specific reason for the examination
- an explanation of why the response from the treating practitioner or author of the assessment report to the insurer's enquiry was inadequate, inconsistent or unavailable
- the likely duration of the examination
- name, specialty and qualifications of the examiner
- date, time and location of the appointment and contact details of the examiner's offices and appropriate travel directions
- the need to be punctual
- what to take, eg x-rays, reports of investigations/tests, comfortable clothing to enable an appropriate examination to be conducted
- how costs are to be paid
- that a failure to attend the examination or an obstruction of the examination may lead to –
 - a suspension of weekly compensation and/or
 - the right to recover compensation under the 1987 Act
- that the worker may be accompanied by a person other than their legal representative with the agreement of the independent medical examiner, however, the accompanying person must not participate in the examination and may be required to withdraw from the examination if the examiner requests it
- that no one may be present during the actual physical/psychological examination of the injured worker, unless agreed by the worker and by the medical examiner
- whether the travel costs for an accompanying person will be met (this usually only applies if the worker requires an attendant as a result of the injury)
- how complaints are to be managed
- that the workers compensation legislation gives the worker or a nominee a right to a copy of any report relevant to a decision made by a referrer to dispute liability for, or reduce, compensation benefits.

A WorkCover brochure about independent medical examinations is to be provided to the worker with the written notice of the appointment.

2. Conduct of an Independent Medical Examination

The NSW Medical Board's policy *Medico-Legal Guidelines* provides principles for the independent medical examiner's conduct during the examination.

If the worker provides the independent medical examiner with any additional information at the time of the examination, this information is to be noted in the examiner's report.

If the injured worker fails to attend the examination, the independent medical examiner must notify the referrer as soon as possible.

3. Reporting an Independent Medical Examination

The suggested format for the report is attached as Attachment A.

The report is to be written in plain English and use accepted medical terminology as the intended audience is insurer staff, workers and workers' representatives, eg unions, legal representatives.

The report is to answer the referrer's question(s) and include other information elicited during the examination that is relevant to those questions. The independent

medical examiner's report will list the material reviewed, any facts relied upon, the relevant medical history, examination findings, and the medical reasons for their conclusions.

The report should be provided to the referrer within 10 working days of the examination, or within a different timeframe if agreed between the parties.

4. Corrections and Updating of Reports

Where a report contains an obvious error, the referrer may request the independent medical examiner to clarify and correct the report at no extra cost. Such requests are to be made in writing.

Where the referrer requests that the examiner review additional information and seeks a supplementary report, that report will attract an additional cost.

5. Complaints about Independent Medical Examinations

If the worker has concerns about the conduct of the independent medical examiner during the examination, they should raise those issues with the examiner at the time of the examination. The examiner should record the complaint and forward this to the referrer with their report and advise the worker to do likewise.

If the worker does not feel confident enough to do this, the worker should raise their concerns with the referring party as soon as possible after the examination. All insurers have in place a complaints management process. Making such a complaint can be facilitated by a union.

If the complaint is unable to be satisfactorily resolved, the worker may forward their complaint to WorkCover. WorkCover will advise the independent medical examiner of the complaint and provide an opportunity for the examiner to respond to the complaint.

WorkCover may refer the matter to the Health Care Complaints Commission, if it meets the criteria for such referral, eg more than 5 complaints about one independent medical examiner are received within a 12 month period and found to be justified, or if professional misconduct or fraudulent action are alleged. The worker may at any time make a complaint to WorkCover, the insurer, the Health Care Complaints Commission, or the NSW Medical Board.

6. Complaints about Workers

Independent medical examiners should report any unreasonably late or non-attendance by the worker to the referring party. Similarly, any inappropriate behaviour or behaviour which impeded the examination should likewise be brought to the notice of the referrer within 2 days.

7. Fees and Payments for Properly Completed Reports

The maximum fees to be charged and paid are those set out in the *Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order* in force at the time of the examination.

The referrer is to either:

- a. agree the category of report being requested with the independent medical examiner and confirm the request in writing indicating that payment will be made within 10 days of receipt of a properly completed report and invoice; or

- b. pay in accordance with a contractual arrangement between the medical practice and the referring body on receipt of a properly completed tax invoice. Either arrangement cannot agree to a fee above the maximum fee prescribed in the *Workers Compensation (Medical Examinations and Reports) Order*.

The referrer's liability to pay for a report will be contingent on the report containing the information listed in the standard format, or as agreed between the parties.

If it involves an assessment of permanent impairment for an injury on or after 1 January 2002, the assessment must be in accordance with the *WorkCover Guides for the evaluation of permanent impairment*.

In some instances, the referrer will require an assessment in accordance with the *WorkCover Guides for the evaluation of permanent impairment*, even though the injury is before 1 January 2002. The independent medical examiner must be advised if this is the case.

Use of an interpreter, multiple system injuries and more complex matters will attract a surcharge in addition to the basic fees. These are listed in the *Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order* current at the time of the examination.

The *Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order* classifies the problems to be addressed into standard, moderately complex and complex. Definitions of these are:

A. Standard Reports are reports relating solely to a single event or injury in relation to:

- causation; or
- fitness for work; or
- treatment; or
- simple permanent impairment assessment of one body system.

B. Moderately Complex Reports are:

- reports relating to issues involving a combination of two of the following:
 - causation
 - fitness for Work
 - treatment
 - simple permanent impairment assessment of one body system

or

- reports of simple permanent impairment assessment of two body systems or more than one injury to a single body system.

C. Complex Reports are:

- reports relating to issues involving a combination of 3 or more of the following:
 - causation

- fitness for Work
- treatment
- simple permanent impairment assessment of one body system.

or

- A complex method of permanent impairment assessment on single body system or multiple injuries involving more than one body system.

The referrer is to indicate the expected level of complexity on referral and the independent medical examiner should advise the reason for any difference from this level.

Fees for cancellations, non-attendance or late cancellation by the worker or another party, such as an interpreter, are included in the *Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order* current at the time of the examination.

Complaints about patterns of late or non-payment by insurers should be referred for investigation to the WorkCover doctors' hotline on 1800 661 111 or by email to provider.services@workcover.nsw.gov.au

ATTACHMENT A

Report format

- **Worker's details including:**
 - date of examination
 - worker's name
 - date of birth/age
 - details of who attended the examination (ie interpreter, family member or friend).
- **General history including:**
 - date of injuries
 - brief history of the circumstances of the injuries
 - job description/work tasks (when relevant).
- **Clinical history including:**
 - summary of injuries received and diagnoses made of the worker's condition.
 - summary of all treatment provided
 - details and dates of clinical investigations carried out
 - details of any previous or subsequent injuries, condition or abnormality.
- **Examination findings including:**
 - list of injuries assessed
 - your findings on comprehensive clinical examination, including negative findings
 - your comments on consistency of presentation and, where appropriate, how this compares to the medical reports and other material sighted.
- **Conclusions**
 - Your opinion in relation to the **specific questions** asked in the letter of referral (refer to page 5).
- If the referral is about **permanent loss of use** as a result of injuries received before 1 January 2002 or for **whole person impairment** for injuries received on or after 1 January 2002, questions regarding maximum medical improvement, whether the condition has resulted in a permanent impairment, and whether there is any deduction for a pre-existing condition must be addressed. A summary table (see Table 1) and a copy of all calculations must be included.

Table 1– Whole Person Impairment (WPI)

Body part or system	Date of injury	Chapter, page and paragraph number in WorkCover Guides	Chapter, page, paragraph, figure and table numbers in AMA5 Guides	% WPI	% WPI deductions pursuant to S323 for pre-existing injury, condition and abnormality	Sub-total/s % WPI in whole numbers (after any deductions in column 5)
1.						
2.						
3.						
Total % WPI (the Combined Table values of all sub-totals in whole numbers)						

WORKCOVER INTERIM PAYMENT DIRECTION GUIDELINES

Workplace Injury Management and Workers Compensation Act 1998

EXPLANATORY NOTE

These guidelines are made pursuant to sections 291 and 376 (1) of the *Workplace Injury Management and Workers Compensation Act 1998* (referred to in these guidelines as the 1998 Act) and refer in particular to the following provisions of the 1998 Act:

- section 267 (duty to commence weekly payments following initial notification of injury)
- section 274 (claims for weekly benefits – liability to be determined within 21 days)
- section 279 (claims for medical expenses – liability to be accepted within 21 days)
- section 292 (expedited assessment)
- section 295 (disputes to which Part 5 of Chapter 7 of the 1998 Act applies)
- section 297 (directions for interim payment of weekly payments or medical expenses compensation)
- section 298 (period for which interim payment of weekly payments can be directed)
- section 299 (revocation of Interim Payment Direction)
- section 300 (failure to comply with Interim Payment Direction)
- section 301 (effect of payment under Interim Payment Direction)
- section 378 (reconsideration of decisions).

The guidelines set out the procedures for making and determining an application for an Interim Payment Direction under Part 5 of Chapter 7 of the 1998 Act.

These guidelines replace guidelines dated 27 October 2006 and published in the Government Gazette No. 129.

These guidelines commence on 1 May 2009.

These guidelines are intended to assist workers, employers and insurers. Questions about Interim Payment Directions and these guidelines should be directed to the Registrar of the Workers Compensation Commission (referred to in these guidelines as the Registrar) or the WorkCover NSW Information Centre on 13 10 50.

John Watson
A/ Chief Executive Officer
WorkCover NSW

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INTERIM PAYMENT DIRECTIONS

1. Legislative Framework

These guidelines set out the procedures for referring and managing disputes dealt with by an Interim Payment Direction under Part 5 of Chapter 7 of the 1998 Act. These guidelines should be read in conjunction with the sections of the 1998 Act referred to in these guidelines, Clause 38 of the *Workers Compensation Regulation 2003*, Workers Compensation Commission Rules 2006, the Workers Compensation Commission Practice Directions, and approved forms and guides for completing the forms.

2. Intention of Interim Payment Directions

An Interim Payment Direction is intended to ensure that a worker is able to receive their correct entitlements, primarily where an insurer fails to commence payments or determine liability within the legislated timeframe, ie within 7 days after initial notification of an injury when provisional weekly benefits may be payable (and there is no reasonable excuse for non payment) or within 21 days of lodging a claim for weekly benefits or medical expenses.

Even where a dispute notice has been issued, some medical expenses disputes can best be resolved by expedited assessment, provided the cumulative amount is under \$7,500. This may also be the case in respect of a weekly payments dispute, eg where it is the first application to come before the Registrar and a question arises as to the validity or correctness of the dispute notice.

The Registrar will determine if it is appropriate for a matter to be dealt with by an expedited assessment and Interim Payment Direction. Where this is not appropriate, the Registrar will refer the matter to an arbitrator for final resolution of the dispute.

Where a matter is being dealt with as an interim payment direction application, and a dispute notice has not been issued, the insurer will review the claim and advise the outcome of the review to the Registrar and the worker. If a dispute notice has been issued as a result of the review and before a teleconference is conducted, it may then be appropriate, for the same reasons as set out above, for the dispute to be referred to an arbitrator for final resolution of the dispute.

Where a dispute notice has been issued in respect of a weekly payments dispute, the separate 'small claims' expedited assessment process is available for past weekly benefits for up to a maximum of 12 weeks of weekly benefits. This process will result in a Certificate of Determination being issued which will finalise the dispute.

Reference sections 298, 304A, 304B of the 1998 Act.

For further clarification of the application of the Interim Payment Direction process to particular applications refer to Part 8 of this guideline and to the Workers Compensation Commission Rules 2006.

Reference sections 292, 298 of the 1998 Act.

3. Interim Payment Directions

An Interim Payment Direction is a direction by the Registrar to pay:

- weekly payments of compensation for a period that does not exceed 12 weeks and can be for a period that is before the direction, but that period must not exceed 10 weeks
- medical expenses compensation for an amount up to \$7,500 (where the cumulative total of medical and related expenses under consideration in connection with the claim is likely to exceed \$7,500, the Registrar will refer the matter to an arbitrator for final resolution of the dispute).

Any payments authorised in an Interim Payment Direction must be in accordance with WorkCover gazetted fees orders.

Payments made by a respondent, pursuant to an Interim Payment Direction are made without an admission of liability.

Reference sections 297, 298 & 301 of the 1998 Act.

4. Types of Interim Payment Direction Applications

An application may be dealt with as an Interim Payment Direction application when any dispute concerns:

- weekly payments of compensation where:
 - provisional payments have not commenced within 7 days of initial notification of injury and there has been no reasonable excuse by the insurer for non payment
 - there has been a failure to determine liability within 21 days of a claim being made
 - a dispute notice has been issued and the matter is appropriate to be dealt with as an interim payment direction application (refer Clause 2)
- medical expenses compensation where:
 - there has been a failure to pay medical expenses within 21 days of a claim being made
 - a dispute notice has been issued and the matter is appropriate to be dealt with as an interim payment direction application (refer Clause 2).

Reference sections 267, 274, & 279 of the 1998 Act.

5. Requirement for Claiming Compensation

An application may be dealt with as an Interim Payment Direction application without a claim being made where:

- initial notification has been given to the insurer containing the minimum information required
- payment of weekly compensation has not commenced within 7 days without a reasonable excuse being issued by the insurer as specified in the *WorkCover Guidelines for Claiming Compensation Benefits*.

In all other cases a claim must be made in accordance with *WorkCover Guidelines for Claiming Compensation Benefits*.

Reference section 295 of the 1998 Act.

6. Interim Payment Direction for Weekly Payments Compensation

Presumption in favour of worker

The 1998 Act provides that the Registrar is to presume that an Interim Payment Direction for weekly payments of compensation is to be made unless any one or more of the following is the case:

- the worker has returned to work
- the worker did not report the injury to the employer as soon as possible after the injury happened
- the claim has minimal prospects of success
- there is not enough medical evidence available concerning the worker's period of incapacity
- a section 74 notice disputing liability has been served.

Where the presumption does not apply, the Registrar will determine how best to deal with the matter and may refer it to an arbitrator for final resolution of the dispute (refer Clause 2 above).

Reference section 297 of the 1998 Act.

Evidence based decision making

In deciding whether to make an Interim Payment Direction for weekly payments compensation the Registrar will consider:

- promotion of injury management and return to work
- available medical evidence that supports the claim and period of incapacity
- views of all parties.

Generally, an Interim Payment Direction should not be made when:

- a reasonable excuse for not commencing provisional payments has been notified to the worker by the insurer
- the provisional liability entitlements have been exhausted and the worker has not provided further evidence of their incapacity; or
- the worker has not provided information that the insurer has requested; or
- the worker has unreasonably failed to comply with an injury management plan and the insurer has notified the worker what the worker must do to comply with the injury management plan.

Reference section 297 of the 1998 Act.

7. Interim Payment Direction for Medical Expenses Compensation.

Presumption in favor of the worker

The Registrar is to presume an Interim Payment Direction for medical expenses is warranted where an injury management plan is in place or the insurer has accepted that the worker has received an injury, provided the Registrar is satisfied that the relevant treatment or service for medical expenses compensation is reasonably necessary:

- to prevent the worker's condition deteriorating; or
- to promote the worker's early return to work; or
- to relieve the worker's significant pain or discomfort.

Where the presumption does not apply, eg where a dispute notice has been served or where the cumulative total of medical and related expenses is likely to exceed \$7,500, the Registrar will determine how best to deal with the matter and may refer it to an arbitrator for final resolution of the dispute (refer Clause 2 above).

Evidence based decision-making

In deciding whether to make an Interim Payment Direction for medical expenses compensation the Registrar will consider:

- whether the treatment is reasonably necessary (for further information on 'reasonably necessary treatment' refer to *WorkCover Guidelines for Claiming Compensation Benefits*, Part 1, clause 10)
- the views of an approved medical specialist to whom the dispute is referred, if any
- WorkCover gazetted fees orders and treatment provider guidelines.

Reference section 297 of the 1998 Act.

8. Procedures at the Workers Compensation Commission (WCC)

Before the Registrar decides to make an Interim Payment Direction, the Registrar may:

- consider the information contained in the application and the reply
- consider the views of all parties
- request additional relevant information if necessary from the worker and/or insurer
- require documents be served and lodged
- schedule a teleconference within 14 days of referral of the dispute with the insurer, case manager and worker.

Following advice from the parties, if the Registrar is satisfied that sufficient information has been supplied in connection with an application for an Interim Payment Direction, the Registrar may determine the application without holding a teleconference.

Prescribed procedures for the production of documents under the Workers Compensation Commission Rules 2006 do not have application to Interim Payment Direction applications.

9. Imposing Conditions on Interim Payment Directions.

The Registrar may impose conditions on any interim payment order as the Registrar thinks fit. In doing so, the Registrar should consider the objectives of the WCC and the overall objectives of the workers compensation system.

The conditions may include a requirement that the worker submit medical certificates certifying the period of their incapacity.

Reference section 297 of the 1998 Act.

10. Notification to Parties

When the Registrar makes an Interim Payment Direction, a notice will be issued to the worker, employer and the insurer.

11. Compliance with an Interim Payment Direction

Unless otherwise directed within the notice:

- if the Interim Payment Direction is for weekly payments or for medical expenses the worker has already paid, the insurer must pay within 7 days of the notice being issued by the Registrar
- if the Interim Payment Direction is for other medical expenses compensation, the insurer must approve any treatment within 7 days of the notice being issued by the Registrar.

Reference section 297 of the 1998 Act.

12. Non-compliance with an Interim Payment Direction.

A person who fails to comply with an Interim Payment Direction is guilty of an offence and will be reported to WorkCover.

Reference section 300 of the 1998 Act.

13. Changing an Interim Payment Direction.

When the Registrar makes an Interim Payment Direction, payments must be made as directed except as follows:

- if new evidence that was not available when the Interim Payment Direction was made becomes available, a written application to revoke the Interim Payment Direction can be made as specified in Parts 14 below
- the Registrar will use these guidelines to review the application.

14. Revocation of an Interim Payment Direction

The Registrar, on the application of a party or on the Registrar's own motion, can revoke an Interim Payment Direction.

If the Registrar revokes an Interim Payment Direction, a notice will be provided to the parties and any obligation to make a payment under the direction ceases.

The revocation of an Interim Payment Direction does not affect the requirement to make payments directed to be paid before the revocation.

Reference section 299 of the 1998 Act.

15. The Effect of an Interim Payment Direction

Interim Payment Directions are not an admission of liability.

Reference section 301 of the 1998 Act.

PRIVATE ADVERTISEMENTS

COUNCIL NOTICES

ALBURY CITY COUNCIL

Roads Act 1993, Section 162

Road Naming

NOTICE is given that Albury City Council, in pursuance of section 9(a) of the Roads Regulation 2008, has named the (5) roads at Thurgoona. The (5) roads named are in a subdivision off Forest Drive.

Names Adopted:

Bolger Court, Cremin Court, Pickworth Street, Scott Place and Whitton Drive.

Mr LESLIE G. TOMICH, General Manager, Albury City Council, PO Box 323, Albury NSW 2640. [4548]

SNOWY RIVER SHIRE COUNCIL

Roads Act 1993, Section 162

Division 2, Part 2 – Roads (General) Regulation 2000

PURSUANT to section 162 of the Roads Act 1993, Snowy River Shire Council hereby renames Yens Bay Road Adaminaby to Bushrangers Hill Road and the as yet unnamed section of road around the lake between Old Cemetery Road and Old Adaminaby Road, Yens Bay Road. J. VESCIO, General Manager, Snowy River Shire Council, Myack Street, Berridale NSW 2628. [4549]

WAKOOL SHIRE COUNCIL

Local Government Act 1993

Land Acquisition (Just Terms Compensation) Act 1991

Notice of Compulsory Acquisition of Land

WAKOOL SHIRE COUNCIL declares with the approval of Her Excellency the Governor, that the land described in Schedule 1 below, excluding the land described in Schedule 2 below and any mines or deposits of minerals in the land, is acquired by compulsory process in accordance with the provisions of the Land Acquisition (Just Terms Compensation) Act 1991, for the purpose of industrial subdivision and re-sale. Dated at Moulamein, this 8th day of April 2009. C. CHAPMAN, General Manager, Wakool Shire Council, Private Bag 40, Moulamein NSW 2733.

SCHEDULE 1

Lot 73, DP 1117956.

SCHEDULE 2

Reserved road 20.12 wide and variable width as shown in DP 1117956. [4550]

WARRUMBUNGLE SHIRE COUNCIL

Local Government Act 1993

Land Acquisition (Just Terms Compensation) Act 1991

Notice of Compulsory Acquisition of Land

WARRUMBUNGLE SHIRE COUNCIL declares, with the approval of Her Excellency the Governor, that the land described in the Schedule below, excluding mines and deposits of minerals within the land, is acquired by compulsory process in accordance with the provisions of the Land Acquisition (Just Terms Compensation) Act 1991, for the purposes of a rural fire shed and training area. Dated at Coonabarabran, this 4th day of April 2009. ROBERT GERAGHTY, General Manager, Warrumbungle Shire Council, PO Box 191, Coonabarabran NSW 2357.

SCHEDULE

Lot 1, section 5, DP 758761. [4551]

ESTATE NOTICES

NOTICE of intended distribution of estate.—Any person having any claim upon the estate of MARIA MERZLIAKOV, late of Vaucluse Nursing Home, Vaucluse, in the State of New South Wales, widow, who died on 11 September 2008, must send particulars of the claim to the executor, German Kositsin, c.o. Djekovic, Hearne & Walker, Solicitors, 266A Oxford Street, Paddington NSW 2021, within one (1) calendar month from publication of this notice. After that time the assets of the estate and the property may be conveyed and distributed having regard only to the claims of which at the time of conveyance or distribution the executor has notice. Probate was granted in New South Wales on 23 October 2008. DJEKOVIC, HEARNE & WALKER, Solicitors, 266A Oxford Street, Paddington NSW 2021 (DX 225, Sydney), tel.: (02) 9331 1933. Reference: S.M. Hearne. [4552]

NOTICE of intended distribution of estate.—Any person having any claim upon the estate of PHYLLIS THORNTON CHATFIELD, late of Killara, in the State of New South Wales, who died on 8 October 2008, must send particulars of their claim to the executor, Paul Donald Stephenson, c.o. Messrs Barton & Co., Solicitors, 128/121-133 Pacific Highway, Hornsby NSW 2077, within one (1) calendar month from publication of this notice. After that time the executor may distribute the assets of the estate having regard only to the claims of which at the time of distribution they have notice. Probate was granted on 23rd February 2009. MESSRS BARTON & CO., Solicitors, Polaris, 128/121-133 Pacific Highway, Hornsby NSW 2077 (PO Box 344, Hornsby NSW 1630), (DX 9696, Hornsby), tel.: (02) 9476 1744. Reference: DFB/RS. [4553]

COMPANY NOTICES

NOTICE of final meeting of members.—QUIRINDI SEED CLEANERS PTY LTD, ACN 65 003 455 490 (in liquidation).—Notice is hereby given pursuant to section 509 of the Corporations Act 2001, that the final meeting of the members of the abovenamed company will be held on 12th May 2009, at 10:00 a.m., at the office of Stewart Partners Financial Services Pty Ltd, 179 George Street, Quirindi NSW 2343, for the purpose of having an account laid before them showing the manner in which the winding up has been conducted and the property of the company disposed of and hearing any explanation that may be given by the liquidator. Dated this 6th day of April 2009. COLIN WILLIAM STEWART, Liquidator, c.o. Stewart Partners Financial Services Pty Ltd 179 George Street, Quirindi NSW 2343, tel: (02) 6746 3100. [4554]

NOTICE of voluntary winding up.—BIJAN PTY LIMITED, ACN 000 455 130.—Notice is given in accordance with section 491(1) of the Corporations Law that a special meeting of Bijan Pty Limited convened and held on 8th April 2009, the following resolution was duly passed: “That the company be wound up voluntarily and that W. J. O’Donnell be appointed as liquidator”. W. J. O’DONNELL, Liquidator, c.o. O’Donnell Mirabito, Accountants, Shop 8, 1 Sturdee Parade (PO Box 389), Dee Why NSW 2099, tel.: (02) 9971 1828. [4555]

NOTICE of final general meeting.—ACN 000 366 487 PTY LIMITED, ACN 000 366 487 (in voluntary liquidation).—In accordance with section 509 of the Corporations Act notice is hereby given that the final general meeting of the abovenamed company will be held at 2/131 Clarence Street, Sydney NSW 2000, on 26th May 2009, at 10:00 a.m., for the purposes of having laid before it by the liquidator an account showing how the winding up has been conducted and the manner in which the assets of the company have been distributed and a hearing of an explanation of the account by the liquidator and to authorise the liquidator to destroy all books and records of the company on completion of all duties. Dated 14th April 2009. F. MacDONALD, Liquidator, c.o. K. B. Raymond & Co., Chartered Accountants, Level 2, 131 Clarence Street, Sydney NSW 2000 (GPO Box 4684, Sydney NSW 2001), tel.: (02) 9299 6521. [4556]

NOTICE of final meeting.—GILGANDRA MEDICAL CENTRE PTY LIMITED, ACN 104 742 029 (in voluntary liquidation).—Notice is hereby given that pursuant to section 509 of the Corporations Act 2001, that the final meeting of members of the abovenamed company will be held at the office of Pringle Moriarty & Co., Suite 12C, 44 Oxford Road, Ingleburn, on 19th May 2009, at 11:05 a.m., for the purpose of laying before the meeting the liquidators final account and report and giving any explanation thereof. Dated 14th April 2009. STANLEY MORIARTY, Liquidator, c.o. Pringle Moriarty & Co., Chartered Accountants, Suite 12C, 44 Oxford Road (PO Box 818), Ingleburn NSW 2565, tel.: (02) 9605 1344. [4557]

NOTICE of meeting of members.—In the matter of DEMILY PTY LTD, ACN 100 718 956 (in voluntary liquidation).—Notice is hereby given that pursuant to section 509 of the Corporations Law, the final meeting of members of the abovenamed company will be held at the offices of Murchison Services Pty Limited, Chartered Accountants, at Level 2, 53 Berry Street, North Sydney NSW 2060, on the 26th day of May 2009, at 12:00 o’clock in the forenoon for the purpose of laying before the meeting the liquidators’ final account and report and giving any explanation thereof. Dated this 8th day of April 2009. JAMES R. MURCHISON, Principal, Murchisons Services Pty Limited, Chartered Accountants, at Level 2, 53 Berry Street, North Sydney NSW 2060, tel.: (02) 9959 5599. [4558]

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