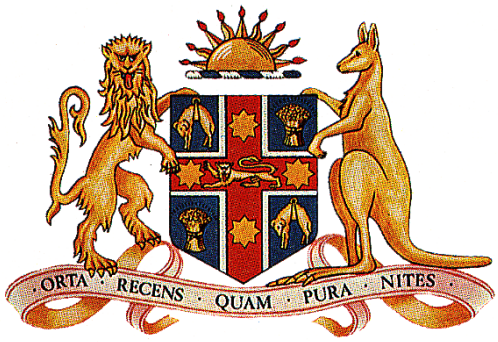


Government Gazette

of the State of

New South Wales

Number 50

Friday, 17 June 2016

The *New South Wales Government Gazette* is the permanent public record of official notices issued by the New South Wales Government. It also contains local council and other notices and private advertisements.

The Gazette is compiled by the Parliamentary Counsel's Office and published on the NSW legislation website (www.legislation.nsw.gov.au) under the authority of the NSW Government. The website contains a permanent archive of past Gazettes.

To submit a notice for gazettal – see Gazette Information.

GOVERNMENT NOTICES
Planning and Environment Notices

CONTAMINATED LAND MANAGEMENT ACT 1997

Section 11

Environment Protection Authority

Declaration of Significantly Contaminated Land

Declaration Number 20131110; Area Number 3158

The Environment Protection Authority (EPA) declares the following land to be significantly contaminated land under the *Contaminated Land Management Act 1997* ("the Act"):

1. Land to which this declaration applies ("the site")

This declaration applies to the land that is located at Durham Street, Camellia, and is identified as Lot 398 in DP 41324, Lot 2 in DP 224288, Lot 1 in DP 383675, Lot 101 in DP 809340, and Lot 100 in DP 1168951) within the local government area of Parramatta. The site is shown on Figure 1 (attached) and is known to be the Viva Energy Clyde Terminal.

2. Nature of contamination affecting the site:

The EPA has found that groundwater at the site is contaminated with the following substances ("the contaminants"):

- Light Non-aqueous Phase Liquid
- Total Petroleum hydrocarbons
- Benzene, Toluene, Ethylbenzene and Xylenes
- Polycyclic aromatic hydrocarbons
- Lead and chromium including hexavalent chromium
- Perfluorooctane sulfonate

3. Nature of harm that the contaminants may cause:

Due to the sensitive environmental setting of the site, contaminants in groundwater may affect the adjacent water bodies of Duck and Parramatta Rivers including sediments.

4. Further action under the Act

The making of this declaration does not prevent the carrying out of voluntary management of the site and any person may submit a voluntary management proposal for the site to the EPA.

5. Submissions invited

The public may make written submissions to the EPA on:

- Whether the EPA should issue a management order in relation to the site; or
- Any other matter concerning the site.

Submissions should be made in writing to:

Manager Contaminated Sites
Environment Protection Authority
PO Box A290
SYDNEY SOUTH NSW 1232

or faxed to 02 9995 6603

by not later than 6 July 2016

Date: 8 June 2016

NIALL JOHNSTON
Manager Contaminated Sites
Environment Protection Authority

Note:

Management order may follow

If management of the site or part of the site is required, the EPA may issue a management order under s 14 of the Act.

Amendment/Repeal

This declaration may be amended or repealed. It remains in force until it is otherwise amended or repealed. The subsequent declaration must state the reasons for the amendment or repeal (s 44 of the Act).

Information recorded by the EPA

Section 58 of the Act requires the EPA to maintain a public record. A copy of this significantly contaminated land declaration will be included in the public record.

Information recorded by councils

Section 59 of the Act requires the EPA to give a copy of this declaration to the relevant local council. The council is then required to note on its planning certificate issued pursuant to s 149 (2) of the *Environmental Planning and Assessment Act 1979* that the land is declared significantly contaminated land. The EPA is required to notify council as soon as practicable when the declaration is no longer in force and the notation on the s 149 (2) certificate is no longer required.

Relationship to other regulatory instrument

This declaration does not affect the provisions of any relevant environmental planning instruments which apply to the land or provisions of any other environmental protection legislation administered by the EPA.

Figure 1: Viva Energy Refinery

Mining and Petroleum Notices

Notice is given that the following applications have been received:

EXPLORATION LICENCE APPLICATIONS

(13-1686)

No 5139, UNITED COLLIERIES PTY LTD (ACN 011 990 209), area of 3.58 hectares, for Group 9, dated 29 January 2015. (Singleton Mining Division).

(T16-1051)

No 5295, DASHELL PTY LTD (ACN 602 253 958), area of 7 units, for Group 1, dated 30 May 2016. (Broken Hill Mining Division).

(T16-1052)

No 5296, DASHELL PTY LTD (ACN 602 253 958), area of 18 units, for Group 1, dated 30 May 2016. (Orange Mining Division).

(T16-1053)

No 5297, EVOLUTION MINING (COWAL) PTY LIMITED (ACN 007 857 598), area of 100 units, for Group 1, dated 30 May 2016. (Orange Mining Division).

(T16-1054)

No 5298, JONATHAN CHARLES DOWNES, area of 25 units, for Group 1, dated 1 June 2016. (Orange Mining Division).

(T16-1055)

No 5299, JONATHAN CHARLES DOWNES, area of 16 units, for Group 1, dated 1 June 2016. (Armidale Mining Division).

(T16-1056)

No 5300, JONATHAN CHARLES DOWNES, area of 24 units, for Group 1, dated 1 June 2016. (Armidale Mining Division).

(T16-1057)

No 5301, MEADOWHEAD INVESTMENTS PTY LTD (ACN 003 122 870), area of 97 units, for Group 1, dated 8 June 2016. (Cobar Mining Division).

The Hon ANTHONY ROBERTS, MP
Minister for Industry, Resources and Energy

Notice is given that the following applications have been granted:

EXPLORATION LICENCE APPLICATIONS

(T15-1087)

No 5211, now Exploration Licence No 8427, OXLEY RESOURCES LIMITED (ACN 129777260), County of Nicholson, Map Sheet (8031), area of 16 units, for Group 1, dated 26 February 2016, for a term until 26 February 2021.

(T15-1107)

No 5229, now Exploration Licence No 8426, PEEL MINING LIMITED (ACN 119 343 734), County of Mouramba, Map Sheet (8133), area of 10 units, for Group 1, dated 17 February 2016, for a term until 17 February 2019.

(T15-1122)

No 5241, now Exploration Licence No 8433, OXLEY EXPLORATION PTY LTD (ACN 137 511 141), County of Mouramba, Map Sheet (8134), area of 1 units, for Group 1, dated 18 May 2016, for a term until 18 May 2019.

(T16-1000)

No 5244, now Exploration Licence No 8436, PARADIGM RESOURCES PTY LTD (ACN 602694155), County of Bland, Map Sheet (8429), area of 39 units, for Group 1, dated 2 June 2016, for a term until 2 June 2019.

The Hon ANTHONY ROBERTS, MP
Minister for Industry, Resources and Energy

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

(06-2975)

Authorisation No 383, CENTENNIAL MANNERING PTY LTD (ACN 101 509 120), area of 788.53 hectares. Application for renewal received 1 June 2016.

(16-0947)

Authorisation No 385, CUMNOCK NO.1 COLLIERY PTY LIMITED (ACN 051 932 122) AND ICRA CUMNOCK PTY LTD (ACN 129 006 819), area of 154 hectares. Application for renewal received 2 June 2016.

(16-0951)

Exploration Licence No 6273, WHITE ROCK (MTC) PTY LTD (ACN 132 461 575), area of 61 units. Application for renewal received 8 June 2016.

(16-0941)

Exploration Licence No 6803, EMX EXPLORATION PTY LTD (ACN 139 612 427), area of 53 units. Application for renewal received 1 June 2016.

(16-0983)

Exploration Licence No 7564, AUSMON RESOURCES LTD (ACN 134 358 964), area of 4 units. Application for renewal received 10 June 2016.

(16-0981)

Exploration Licence No 8100, SCORPIO RESOURCES PTY LTD (ACN 109 158 769), area of 50 units. Application for renewal received 10 June 2016.

(T12-1254)

Exploration Licence No 8102, THOMSON RESOURCES LTD (ACN 138 358 728), area of 10 units. Application for renewal received 8 June 2016.

The Hon ANTHONY ROBERTS, MP
Minister for Industry, Resources and Energy

RENEWAL OF CERTAIN AUTHORITIES

Notice is given that the following authorities have been renewed:

(16-0220)

Exploration Licence No 5693, ISOKIND PTY LIMITED (ACN 081 732 498), County of Robinson, Map Sheet (8035), area of 111 units, for a further term until 7 February 2021. Renewal effective on and from 26 May 2016.

(15-2306)

Exploration Licence No 6925, IRONBARK ZINC LIMITED (ACN 118 751 027), County of Beresford, Map Sheet (8725), area of 10 units, for a further term until 31 October 2017. Renewal effective on and from 17 February 2016.

(T08-0187)

Exploration Licence No 7257, TRI ORIGIN MINING PTY LIMITED (ACN 115 529 112), Counties of Argyle and Murray, Map Sheet (8727, 8728, 8827, 8828), area of 62 units, for a further term until 14 November 2020. Renewal effective on and from 8 June 2016.

(T09-0085)

Exploration Licence No 7391, THOMSON RESOURCES LTD (ACN 138 358 728), County of Phillip, Map Sheet (8832), area of 17 units, for a further term until 27 August 2018. Renewal effective on and from 3 June 2016.

(T12-1034)

Exploration Licence No 7958, SIBELCO AUSTRALIA LIMITED (ACN 000 971 844), County of Harden, Map Sheet (8628), area of 11 units, for a further term until 15 August 2018. Renewal effective on and from 3 June 2016.

(T03-0785)

Dredging Lease No 1231 (Act 1906), SILVER ORCHID PTY LIMITED (ACN 001 429 769), Parish of Carroll, County of Wellington; and Parish of Tambaroora, County of Wellington, Map Sheet (8731-1-N), area of 40.44 hectares, for a further term until 21 December 2022. Renewal effective on and from 9 March 2016.

The Hon ANTHONY ROBERTS, MP
Minister for Industry, Resources and Energy

WITHDRAWAL OF APPLICATION FOR RENEWAL

Notice is given that the application for renewal in respect of the following authority has been withdrawn:

(12-5179)

Exploration Licence No 6047, SECRETARY NSW DEPT INDUSTRY SKILLS & REGIONAL DEVELOPMENT ON BEHALF OF CROWN, County of Brisbane, Map Sheet (9033), area of 2480 hectares. The authority ceased to have effect on 9 June 2016.

The Hon ANTHONY ROBERTS, MP
Minister for Industry, Resources and Energy

CANCELLATION OF AUTHORITY AT REQUEST OF HOLDER

Notice is given that the following authority has been cancelled:

(T13-1061)

Exploration Licence No 8152, ARC EXPLORATION LIMITED (ACN 002 678 640), County of Clarendon, Map Sheet (8428), area of 6 units. Cancellation took effect on 2 June 2016.

The Hon ANTHONY ROBERTS, MP
Minister for Industry, Resources and Energy

Notice is given that the following application has been received:

REQUEST FOR TRANSFER APPLICATION

(T08-0092)

Exploration Licence No 7226 (Act 1992), MMG AUSTRALIA LIMITED (ACN 004 074 962) to PEEL MINING LIMITED (ACN 119 343 734), County of Blaxland, Map Sheet (8032 & 8033), area of 21 Units. Application for Transfer received on 21 April 2016.

(T09-0176)

Exploration Licence No 7484 (Act 1992), MMG AUSTRALIA LIMITED (ACN 004 074 962) to PEEL MINING LIMITED (ACN 119 343 734), County of Blaxland & Mouramba, Map Sheet (8032, 8033 & 8133), area of 59 Units. Application for Transfer received on 15 March 2016.

(T09-0163)

Exploration Licence No 7581 (Act 1992), MMG AUSTRALIA LIMITED (ACN 004 074 962) to PEEL MINING LIMITED (ACN 119 343 734), County of Mouramba, Map Sheet (8133), area of 9 Units. Application for Transfer received on 15 March 2016.

(16/973)

Exploration Licence No 8203 (Act 1992), AUZEX EXPLORATION PTY LTD (ACN 153 608 596) to JERVOIS MINING LIMITED (ACN 007 626 575), County of Gough, Map Sheet (9238), area of 3 Units. Application for Transfer received on 23 May 2016.

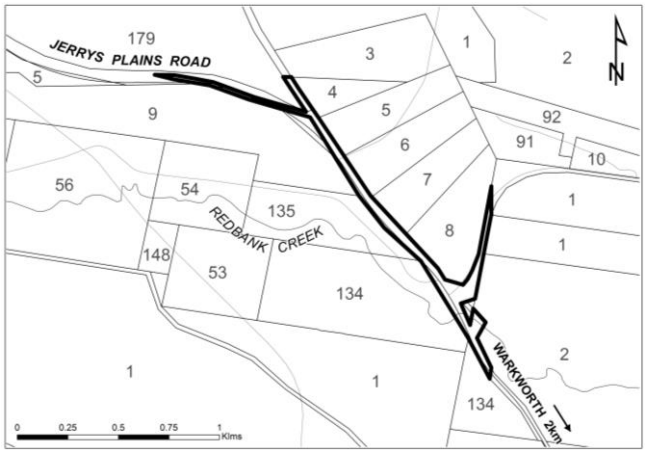
The Hon ANTHONY ROBERTS, MP
Minister for Industry, Resources and Energy

COAL EXPLORATION LICENCE

Market Interest Test

Exploration Licence Application No 5264 (Act 1992), Construction Forestry Mining And Energy Union Mining & Energy Division (ABN 181 289 837 44), has applied to the NSW Department of Industry, Skills and Regional Development, Division of Resources & Energy (DRE) for an exploration licence for coal for operational allocation purposes in accordance with section 13C of the *Mining Act 1992* and clause 19A of the *Mining Regulation 2010*.

Exploration Licence Application No 5264 (Act 1992) is located about 2km West North West of Warkworth and embraces an area of 10.3 Hectares from surface to 20 metres depth as shown in the diagram below.



In order to assess the market interest, DRE invites submissions from qualified parties who have an interest in exploring for and developing any coal resources located within the application area. Your submission should include

- Company background
- Experience in developing a coal resource
- Ability to access technical expertise to undertake coal exploration and rehabilitation
- Initial proposed work program
- Potential timeframe for development

Submissions should quote Market Interest Test for ELA 5264 (Act 1992) and may be made by email to titles.services@industry.nsw.gov.au by 11.59pm on 4 July 2016.

Any submissions received by the required date will be considered by the Minister when determining this exploration licence application.

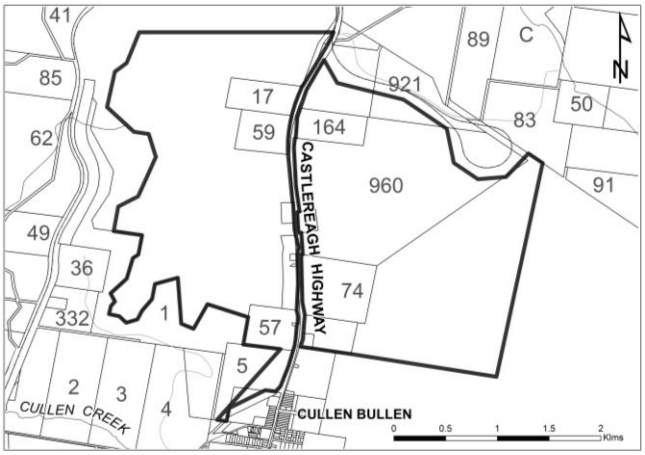
The Hon ANTHONY ROBERTS, MP
Minister for Industry, Resources and Energy

COAL EXPLORATION LICENCE

Market Interest Test

Exploration Licence Application No 5289 (Act 1992), Shoalhaven Coal Pty Ltd (ACN 070 863 893), has applied to the NSW Department of Industry, Skills and Regional Development, Division of Resources & Energy (DRE) for an exploration licence for coal for operational allocation purposes in accordance with section 13C of the *Mining Act 1992* and clause 19A of the *Mining Regulation 2010*.

Exploration Licence Application No 5289 (Act 1992) is located about 400 metres North of Cullen Bullen and embraces an area of 808 Hectares as shown in the diagram below.



In order to assess the market interest, DRE invites submissions from qualified parties who have an interest in exploring for and developing any coal resources located within the application area. Your submission should include

- Company background
- Experience in developing a coal resource
- Ability to access technical expertise to undertake coal exploration and rehabilitation
- Initial proposed work program
- Potential timeframe for development

Submissions should quote Market Interest Test for ELA 5289 (Act 1992) and may be made by email to titles.services@industry.nsw.gov.au by 11.59pm on 4 July 2016.

Any submissions received by the required date will be considered by the Minister when determining this exploration licence application.

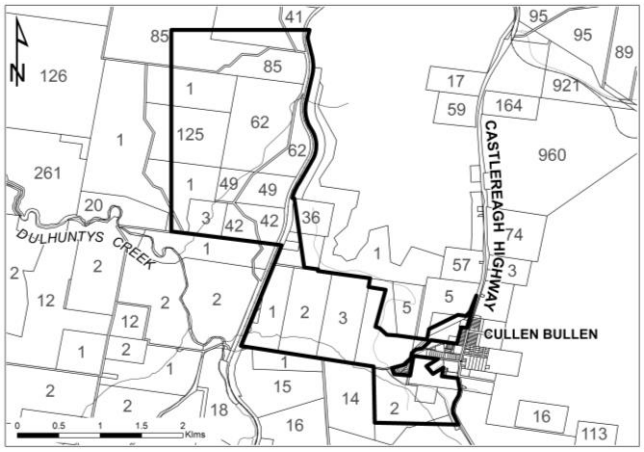
The Hon ANTHONY ROBERTS, MP
Minister for Industry, Resources and Energy

COAL EXPLORATION LICENCE

Market Interest Test

Exploration Licence Application No 5290 (Act 1992),Shoalhaven Coal Pty Ltd (ACN 070 863 893), has applied to the NSW Department of Industry, Skills and Regional Development, Division of Resources & Energy (DRE) for an exploration licence for coal for operational allocation purposes in accordance with section 13C of the *Mining Act 1992* and clause 19A of the *Mining Regulation 2010*.

Exploration Licence Application No 5290 (Act 1992) is located about 200 metres West of Cullen Bullen and embraces an area of 560.7 Hectares as shown in the diagram below.



In order to assess the market interest, DRE invites submissions from qualified parties who have an interest in exploring for and developing any coal resources located within the application area. Your submission should include

- Company background
- Experience in developing a coal resource
- Ability to access technical expertise to undertake coal exploration and rehabilitation
- Initial proposed work program
- Potential timeframe for development

Submissions should quote Market Interest Test for ELA 5290 (Act 1992) and may be made by email to titles.services@industry.nsw.gov.au by 11.59pm on 4 July 2016.

Any submissions received by the required date will be considered by the Minister when determining this exploration licence application.

The Hon ANTHONY ROBERTS, MP
Minister for Industry, Resources and Energy

Primary Industries Notices

DRUG MISUSE AND TRAFFICKING ACT 1985

Instrument of Appointment to Give Certificate Evidence

I, Scott Hansen, Director General of the Department of Primary Industries, pursuant to section 43 (5) of the *Drug Misuse and Trafficking Act 1985* ("the Act"), appoint the persons named in the Schedule below, each of whom I consider to be suitably qualified persons, to give a certificate in relation to the identification of cannabis plant or cannabis leaf for the purposes of section 43 of the Act.

Schedule

Vanessa ALLEN
Michael CAGNACCI
Bruce Cass CAMERON
Ian CARNEY
Dale Elizabeth COLLIER
Stephen GREEN
Brent HOADE
Michael Mirko KNEZ
Rebecca LYSAGHT
Andrew David McALISTER
Alicia MELLBERG
Timothy PERIGO
Patrick PHILLIPS

Dated this 30th day of May 2016

SCOTT HANSEN
Director General
Department of Primary Industries
(an office within the Department of Industry, Skills and Regional Development)

Crown Lands Notices

1300 886 235 www.crownland.nsw.gov.au

DUBBO OFFICE

NOTICE OF PURPOSE OTHER THAN THE DECLARED PURPOSE PURSUANT TO SECTION 34A (2) (b) OF THE CROWN LANDS ACT 1989

Pursuant to section 34A (2) (b) of the *Crown Lands Act 1989*, the Crown reserve(s) specified in Column 2 of the Schedule is to be used or occupied under a relevant interest granted for the purpose(s) specified in Column 1 of the Schedule where such use or occupation is other than the declared purpose of the reserve.

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Schedule

Column 1	Column 2
Grazing	Reserve No 96452 Public Purpose: Future Public Requirements Notified: 19 November 1982 File Reference: 12/04557

GOULBURN OFFICE

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.

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Schedule

Column 1	Column 2
Corbett Gardens Reserve Trust	Dedication No 530064 Public Purpose: Public Park Notified: 20 November 1911 File Reference: 16/05109

APPOINTMENT OF CORPORATION TO MANAGE RESERVE TRUST

Pursuant to section 95 of the *Crown Lands Act 1989*, the corporation specified in Column 1 of the Schedule hereunder is appointed to manage the affairs of the reserve trust specified opposite thereto in Column 2, which is trustee of the reserve referred to in Column 3 of the Schedule.

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Schedule

Column 1	Column 2	Column 3
Wingecarribee Shire Council	Corbett Gardens Reserve Trust	Dedication No 530064 Public Purpose: Public Park Notified: 20 November 1911 File Reference: 16/05109

For a term commencing the date of this notice

GRAFTON OFFICE

NOTIFICATION OF CLOSING OF A ROAD

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

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Description

Parish – Walcha; County – Vernon
Land District – Walcha; LGA – Walcha

Road Closed: Lots 4–6 DP 1217347

File No: 15/10398

Schedule

On closing, the land within Lots 4-6 DP 1217347 remains vested in the State of New South Wales as Crown land.

NOTIFICATION OF CLOSING OF A ROAD

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

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Description

Parish - Nundialla; County - Camden
Land District - Moss Vale; LGA - Wingecarribee

Road Closed: Lot 1 DP 1218465

File No: 14/01767

Schedule

On closing, the land within Lot 1 DP 1218465 remains vested in the State of New South Wales as Crown land.

NOTIFICATION OF CLOSING OF A ROAD

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

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Description

Parish – Lockhart; County – Urana
Land District – Urana; LGA – Lockhart

Road Closed: Lot 2 DP 1218464

File No: 15/11245

Schedule

On closing, the land within Lot 2 DP 1218464 remains vested in the State of New South Wales as Crown land.

ROADS ACT 1993

Section 257

ORDER

Correction of Defective Instrument

As per the notification of Notification of Closing of a Road which appeared in *Government Gazette* dated 27 May 2016, folio 1158, part of the description is hereby amended. Under heading of "Description" the words "LGA – Armidale Dumaresq" are deleted and replaced with "LGA – Armidale Regional". Ref: 15/08042

ROADS ACT 1993

Section 257

ORDER

Correction of Defective Instrument

As per the Notification of Closing of a Road which appeared in *Government Gazette* dated 10 June 2016, folio 1332, part of the description is hereby amended. Under heading of "REF" the words "TE065233"; are deleted and replaced with "TE06H233".

ROADS ACT 1993

Section 257

ORDER

Correction of Defective Instrument

As per the Notification of Closing of a Road which appeared in *Government Gazette* dated 10 June 2016, folios 1331 & 1332, part of the description is hereby amended. Under headings of "Description" and "Schedule" the words "Lots 1–3 DP 1148608"; are deleted and replaced with "Lot 2 DP 1148608". Ref: AE06H112.

NOTIFICATION OF CLOSING OF A ROAD

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

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Description

Parish – Dobikin; County – Jamison
Land District – Narrabri; LGA – Narrabri

Road Closed: Lot 1 DP 1216310

File No: 14/08022

Schedule

On closing, the land within Lot 1 DP 1216310 remains vested in the State of New South Wales as Crown land.

NOTICE OF PURPOSE OTHER THAN THE DECLARED PURPOSE PURSUANT TO SECTION 34A (2) (b) OF THE CROWN LANDS ACT 1989

Pursuant to section 34A (2) (b) of the *Crown Lands Act 1989*, the Crown reserve(s) specified in Column 2 of the Schedule is to be used or occupied under a relevant interest granted for the purpose(s) specified in Column 1 of the Schedule where such use or occupation is other than the declared purpose of the reserve.

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Schedule

Column 1	Column 2
Grazing	Reserve No 751385 Public Purpose: Future Public Requirements Notified: 29 June 2007 File Reference: 15/05306

Schedule

Column 1	Column 2
Environmental Studies	Reserve No 755686 Public Purpose: Future Public Requirements Notified: 29 June 2007 File Reference: 16/05008

ROADS ACT 1993

ORDER

Correction of Defective Instrument

As per the notification of Notification of Closing of a Road which appeared in *Government Gazette* dated 20 May 2016, folio 1114, part of the description is hereby amended. Under heading of "Description" the words "LGA – Cootamundra, Temora" are deleted and replaced with "LGA – Gundagai, Temora". Ref: 16/00954

HAY OFFICE

NOTICE OF PURPOSE OTHER THAN THE DECLARED PURPOSE PURSUANT TO SECTION 34A (2) (b) OF THE CROWN LANDS ACT 1989

Pursuant to section 34A (2) (b) of the *Crown Lands Act 1989*, the Crown reserve(s) specified in Column 2 of the Schedule is to be used or occupied under a relevant interest granted for the purpose(s) specified in Column 1 of the Schedule where such use or occupation is other than the declared purpose of the reserve

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Schedule

Column 1	Column 2
Channel; Grazing; Irrigation Channel	Reserve No 1032 Public Purpose: Travelling Stock Notified: 6 January 1874 File Reference: 15/03816 Reserve No 756597 Public Purpose: Future Public Requirements Notified: 29 June 2007 File Reference: 15/03816 Reserve No 910 Public Purpose: Preservation of Water Supply Notified: 29 November 1872 File Reference: 15/03816

MAITLAND OFFICE

ERRATUM

In the notification appearing in the *New South Wales Government Gazette* No 44 of 3 June 2016, folio 1220, under the heading "Roads Act 1993, Order, Transfer of a Crown Road to Council", replace Schedule 1 with

Schedule 1

Parish – Warkworth
County – Northumberland
Land District – Singleton
Local Government Area – Singleton

Part Crown public road known as Wallaby Scrub Road extending approx. 934 metres south from the north eastern boundary to the south east boundary of Lot 129 DP 755267 (as highlighted in red in the diagram below).

MOREE OFFICE

TRANSFER OF A CROWN ROAD TO A COUNCIL

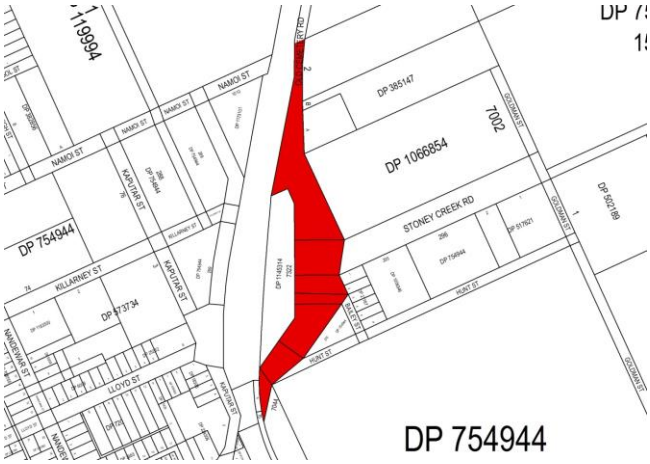
In pursuance of the provisions of section 151, *Roads Act 1993*, the Crown road specified in Schedule 1 is hereby transferred to the Roads Authority specified in Schedule 2 hereunder, and as from the date of publication of this notice, the road specified in schedule 1 ceases to be a Crown road.

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Schedule 1

Parish – Narrabri; County – Nandewar
Land District – Narrabri; LGA – Narrabri Shire

Crown road shown coloured in red on diagram hereunder.



Schedule 2

Roads Authority: Narrabri Shire Council
Lands Reference: 16/04387

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.

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Schedule

Column 1	Column 2
Land District: Narrabri Local Government Area: Narrabri Locality: Bellata Part Reserve No 753964 Public Purpose: Future Public Requirements Notified: 29 June 2007 File Reference: 16/00532	Lot 2 Sec 13 DP No 758081 Parish Woolabrar County Jamison of an area of 0.0986ha

NEWCASTLE OFFICE

NOTIFICATION OF CLOSING OF A ROAD

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

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Description

Parish – Obley; County – Gordon
Land District – Molong; LGA – Cabonne

Road Closed: Lot 1 DP 1205916

File No: 10/06232

Schedule

On closing, the land within Lot 1 DP 1205916 remains vested in the State of New South Wales as Crown land.

NOTIFICATION OF CLOSING OF A ROAD

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

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Description

Parish – Tuggerah; County – Northumberland
Land District – Gosford
LGA – Central Coast (formerly Wyong)

Road Closed: Lots 1–2 DP 1219145 subject to easements for water supply, electricity works and gas main created by Deposited Plan 1219145.

File No: 15/01827

Schedule

On closing, the land within Lots 1–2 DP 1219145 remains vested in Central Coast Council as operational land for the purposes of the *Local Government Act 1993*.

Council Reference: F2014/01276

NOTIFICATION OF CLOSING OF A ROAD

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

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Description

Parish – Faulkland; County – Gloucester
Land District – Gloucester; LGA – Mid-coast

Road Closed: Lot 3 DP 1214283

File No: 15/01782

Schedule

On closing, the land within Lot 3 DP 1214283 remains vested in the State of New South Wales as Crown land.

NOTIFICATION OF CLOSING OF A ROAD

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

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Description

Parish – Toorawandi; County – Napier
Land District – Coonabarabran; LGA – Warrumbungle

Road Closed: Lots 1–2 DP 1214559 (subject to right of carriageway created by Deposited Plan DP1214559)

File No: 15/05105

Schedule

On closing, the land within Lots 1–2 DP 1214559 remains vested in the State of New South Wales as Crown land.

NOWRA OFFICE

ADDITION TO RESERVED CROWN LAND

Pursuant to section 88 of the *Crown Lands Act 1989*, the Crown land specified in Column 1 of the Schedule hereunder is added to the reserved land specified opposite thereto in Column 2 of the Schedule.

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Schedule

Column 1	Column 2
Land District: Bega Local Government Area: Bega Valley Shire Council Locality: Tantawangalo, Auckland (Parish, County) Lot 235 DP No 750231 Parish Tantawangalo County Auckland Area: 9384m^2 File Reference: NA80H1316	Reserve No 750231 Public Purpose: Future Public Requirements Notified: 29 June 2007 Lot 7300 DP No 1144073 Parish Tantawangalo County Auckland Lot 232 DP No 750231 Parish Tantawangalo County Auckland Lot 2 DP No 823274 Parish Tantawangalo County Auckland New Area: 5.427ha

ORANGE OFFICE

APPOINTMENT OF RESERVE TRUST AS TRUSTEE OF A RESERVE

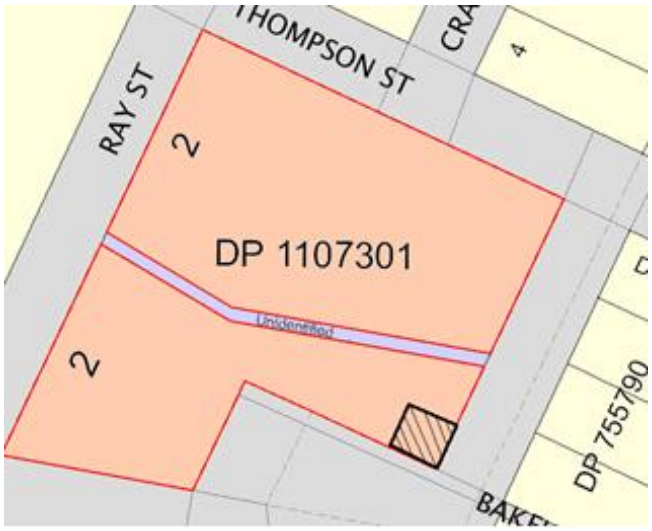
Pursuant to section 92 (1) of the *Crown Lands Act 1989*, the reserve trust specified in Column 1 of the Schedule hereunder is appointed as trustee of the reserve specified opposite thereto in Column 2 of the Schedule.

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Schedule

Column 1	Column 2
Bathurst Regional Council Recreation Reserve Trust	Part Reserve No 11705 Public Purpose: Public Buildings Notified: 28 June 1890 File Reference: 16/03943

Notes: Part Reserve No 11705 as shown by cross hatching on the diagram hereunder.



ORDER

Authorisation of Additional Purpose under s121A

Pursuant to s121A of the *Crown Lands Act 1989*, I authorise by this Order, the purpose specified in Column 1 to be an additional purpose to the declared purpose of the reserves specified opposite thereto in Column 2 of the Schedule.

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Schedule

Column 1	Column 2
Public Recreation	Reserve No 11705 Public Purpose: Public Buildings Notified: 28 June 1890 File Reference: 16/03943

NOTICE OF PURPOSE OTHER THAN THE DECLARED PURPOSE PURSUANT TO SECTION 34A (2) (b) OF THE CROWN LANDS ACT 1989

Pursuant to section 34A (2) (b) of the *Crown Lands Act 1989*, the Crown reserve(s) specified in Column 2 of the Schedule is to be used or occupied under a relevant interest granted for the purpose(s) specified in Column 1 of the Schedule where such use or occupation is other than the declared purpose of the reserve.

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Schedule

Column 1	Column 2
Environmental Studies; Environmental Rehabilitation	Reserve No 55236 Public Purpose: Sanitary Depot, Rubbish Depot Notified: 17 March 1922 File Reference: 16/03611 Reserve No 58962 Public Purpose: Rubbish Depot, Sanitary Purposes Notified: 25 June 1926 File Reference: 16/03611 Reserve No 89939 Public Purpose: Preservation of Native Flora and Fauna Notified: 1 October 1976 File Reference: 16/03611 Reserve No 751639 Public Purpose: Future Public Requirements Notified: 29 June 2007 File Reference: 16/03611

WAGGA WAGGA OFFICE

NOTICE OF PURPOSE OTHER THAN THE DECLARED PURPOSE PURSUANT TO SECTION 34A (2) (b) OF THE CROWN LANDS ACT 1989

Pursuant to section 34A (2) (b) of the *Crown Lands Act 1989*, the Crown reserve(s) specified in Column 2 of the Schedule is to be used or occupied under a relevant interest granted for the purpose(s) specified in Column 1 of the Schedule where such use or occupation is other than the declared purpose of the reserve.

The Hon NIALL BLAIR, MLC
Minister for Lands and Water

Schedule

Column 1	Column 2
Community Event; Sporting Event	Reserve No 70570 Public Purpose: Future Public Requirements Notified: 22 May 1942 File Reference: 16/04103

Column 1	Column 2
	Reserve No 753326 Public Purpose: Future Public Requirements Notified: 29 June 2007 File Reference: 16/04103
	Reserve No 1011568 Public Purpose: Environmental Protection, Rural Services, Tourist Facilities and Services, Future Public Requirements, Public Recreation Notified: 12 May 2006 File Reference: 16/04103

Schedule

Column 1	Column 2
Community Event	Reserve No 1036788 Public Purpose: Public Recreation, Environmental Protection, Rural Services, Future Public Requirements, Tourist Facilities and Services Notified: 16 November 2012 File Reference: 16/04103
	Reserve No 89169 Public Purpose: Public Recreation, Preservation of Native Flora and Fauna Notified: 29 March 1974 File Reference: 16/04103

Water Notices

HUNTER WATER ACT 1991

LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991

HUNTER WATER CORPORATION

Notice of Compulsory Acquisition of Interest in Land (Easement) at Kitchener

Hunter Water Corporation declares, with the approval of His Excellency the Governor and the Executive Council that the interest in Land described in the Schedule below is acquired by compulsory process in accordance with the provisions of the *Land Acquisition (Just Terms Compensation) Act 1991*, for sewerage purposes under the *Hunter Water Act 1991*.

Dated at Sydney, the 9th day of June 2016.

JEREMY BATH
Interim CEO
Hunter Water Corporation

Schedule

Parish – Cessnock; County – Northumberland
Land District – Kitchener; LGA – Cessnock

Interest in Land

Easement rights being Easement for Drainage of Sewage pursuant to section 88A of the *Conveyancing Act 1919* affecting that part of Lot 7313 DP 1157318 identified as (A) Easement for Pipeline variable width in DP 1198811.

Hunter Water Reference HW2007-1809

HUNTER WATER ACT 1991

LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991

HUNTER WATER CORPORATION

Notice of Compulsory Acquisition of Interest in Land (Easement) at Mayfield West

Hunter Water Corporation declares, with the approval of His Excellency the Governor and the Executive Council that the interest in Land described in the Schedule below is acquired by compulsory process in accordance with the provisions of the *Land Acquisition (Just Terms Compensation) Act 1991*, for sewerage purposes under the *Hunter Water Act 1991*.

Dated at Sydney, the 9th day of June 2016.

JEREMY BATH
Interim CEO
Hunter Water Corporation

Schedule

Parish – Newcastle; County – Northumberland
Land District – Mayfield West; LGA – Newcastle

Interest in Land

Easement rights being Easement for Drainage of Sewage pursuant to section 88A of the *Conveyancing Act 1919* affecting that part of Hunter River South Channel identified as (A) Easement for Pipeline 4 wide in DP 1212235.

Hunter Water Reference HW2011-1385

HUNTER WATER ACT 1991

LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991

HUNTER WATER CORPORATION

Notice of Compulsory Acquisition of Land (Freehold) at Morisset

Hunter Water Corporation declares, with the approval of His Excellency the Governor and the Executive Council that the Land described in the Schedule below is acquired by compulsory process in accordance with the provisions of the *Land Acquisition (Just Terms Compensation) Act 1991*, for sewerage purposes under the *Hunter Water Act 1991*.

Dated at Sydney, the 9th day of June 2016.

JEREMY BATH
Interim CEO
Hunter Water Corporation

Schedule

Parish – Morisset; County – Northumberland
Land District – Morisset; LGA – Lake Macquarie

Land

All that piece or parcel of land being the site of a waste water pumping station affecting that part of Lot 489 DP 755242 identified as Lot 4892 in DP 1087314.

Hunter Water Reference HW2007-2614

WATER ACT 1912

An application for a license under section 10 of the *Water Act 1912*, as amended, has been received from RUPDIP PTY LTD, for a dam and pump on an unnamed watercourse, being a tributary of Washpool Creek, on Lot 2; DP 246168, Parish of Clarenza, County of Clarence, for irrigation purposes (5 megalitres). Entitlement by way of permanent transfer (Ref: 2016-0301).

Written objections, from any local occupier or statutory authority, specifying grounds and how their interests are affected, must be lodged with DPI Water, Locked Bag 10, Grafton NSW 2460, within 28 days of this publication. Any inquiries should be directed to (02) 6641 6500.

MARK BONNER
Water Regulation Officer.
Department of Primary Industries (DPI) Water

WATER ACT 1912

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

MANJIT SINGH TIWANA and JASVIR KAUR TIWANA for a pump on unnamed watercourse and a pump on Pillar Valley Creek, Lot 23 DP 751378 & Lot 2 DP 805090, both Parish of Maryvale, County of Clarence, for irrigation of 8 hectares (48 megalitres). Replacement licence for additional pump and additional pump location. No increase in allocation. (Reference: 30SL067338).

Written objections, from any local occupier or statutory authority, specifying grounds and how their interests are affected, must be lodged with DPI Water, Locked Bag 10, Grafton NSW 2460, within 28 days of this publication. Any inquiries should be directed to (02) 6641 6500.

BART KELLETT
Water Regulation Officer.
Department of Primary Industries (DPI) Water

WATER ACT 1912

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

RODNEY MADDEN for a pump on Southgate Creek on Lot 2 DP 537992, Parish of Southgate, County of Clarence, for farming and irrigation purposes (45 megalitres). Replacement licence application. Change of pump site. No increase in allocation.

(Ref: 30SL067339).

Any inquiries should be directed to (02) 6641 6500. Written objections, from any local occupier or statutory authority, specifying grounds and how their interests are affected, must be lodged with DPI Water, Locked Bag 10, Grafton NSW 2460, within 28 days of this publication.

BART KELLETT
Water Regulation Officer
Department of Primary Industries (DPI) Water

WATER MANAGEMENT ACT 2000 ("the Act")

Angledool Bore Water Trust ("Trust")

Notification under section 238 of the Act

Background

1. The Trust was established under the *Water Act 1912* and continues in existence under section 220 of the Act.
2. The Trust no longer has any members. It is therefore necessary for the Minister to take the action described in this notification to protect the interests and functions of the Trust.

Assumption of the Trust members' functions and appointment of a manager

3. By this notification under section 238 of the Act:
   a. the Minister for Lands and Water hereby assumes all functions of the members of the Trust, and
   b. appoints Guy Fletcher Wood, Business Manager, as the manager of the affairs of the Trust. The appointment is to continue until the Minister removes the manager or the Minister directs the election of members of the Trust.

Date: 17/06/2016

Dr CHRISTOBEL FERGUSON
Director Water Information & Insights
NSW Department of Primary Industries
(an office within the Department of Industry, Skills and Regional Development)

By Delegation from the Minister

Other Government Notices

ANTI-DISCRIMINATION ACT 1977

Exemption Order

Under section 126 of the *Anti-Discrimination Act 1977* (NSW), an exemption is granted to Telstra Corporation Limited from sections 8 and 51 of the *Anti Discrimination Act 1977* (NSW), to advertise, recruit and employ an indigenous legal graduate contract position with Telstra.

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

Dated this 9th day of June 2016

ELIZABETH WING
Acting President
Anti-Discrimination Board of NSW

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of Incorporation Pursuant to Section 74

Take notice that the incorporation of the following associations is cancelled by this notice pursuant to section 74 of the *Associations Incorporation Act 2009*.

BRANDLING ART SOCIETY INCORPORATED	INC9885262
FRESHWATER SOFTBALL CLUB INCORPORATED	INC9878310
GRANVILLE COMMUNITY GROUP INC	Y0095143
JESSIE STREET DOMESTIC VIOLENCE SERVICES INCORPORATED	INC9874894
MISSION FOR MYANMAR (WOMEN RESCUE) INCORPORATED	INC1300336
MULTI CULTI INCORPORATED	INC1500677
ORANGE DOMESTIC VIOLENCE ACTION GROUP INCORPORATED	INC9878378
SYDNEY MARAE INCORPORATED	INC9889772
THE FELINE ASSOCIATION OF AUSTRALIA INCORPORATED	INC9884292
WAGGA WAGGA COMMUNITY RESOURCE CENTRE INC	Y0201916

Cancellation is effective as at the date of gazettal.

Dated this fifteenth day of June 2016.

ROBYNE LUNNEY
Delegate of the Commissioner
NSW Fair Trading

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of Registration Pursuant to Section 76

Take notice that the registration of the following associations is cancelled by this notice pursuant to section 76 of the *Associations Incorporation Act 2009*.

ABC GLOBAL FEDERATION OF OVERSEAS ASSOCIATION INCORPORATED	INC9892742
ASOCIACION NACIONAL DE CRIADORES Y PROPIETARIOS DE CABALLO PERUANO DE PASO AUSTRALIA INCORPORATED	INC1300344
BYRON BAY JUNIOR RUGBY LEAGUE FOOTBALL CLUB INC	Y1226936
CHAPLAINCY AUSTRALIA INCORPORATED	INC9882392
DIVERSITY AUSTRALIA INCORPORATED	INC9897539
FRIENDS OF CROWLE HOME INCORPORATED	INC9896024
KIDS WHO ARE IN CARE INCORPORATED	INC1300059
KOGARAH COUGARS JUNIOR RUGBY LEAGUE FOOTBALL CLUB INCORPORATED	INC9878794
LANE COVE WEST BUSINESS ASSOCIATION INCORPORATED	INC9896767
MOMENTUM SYDNEY INCORPORATED	INC9892737
MOREE HARVEST CHRISTIAN CENTRE INCORPORATED	INC9888534
MOUNTAIN DEVILS ORIENTEERING INCORPORATED	INC1500613
MYSTERY EVENTS ASSOCIATION INC	INC9892738
OPEN MINDS BRIGHTER FUTURES INCORPORATED	INC9890012
PERSONAL TRAINER SYDNEY INCORPORATED	INC9891367
SAGACIOUS ARTS INCORPORATED	INC9891144
SHELL COVE F.C. INCORPORATED	INC9889881
SHOWGROUND USERS GROUP ORANGE INCORPORATED	INC9891474
SIDAMA HOLISTIC WELFARE ORGANISATION INCORPORATED	INC1301005
ST JOHNS COLLEGE AND LORETO GIRLS PAST PUPILS ASSOCIATION INCORPORATED	INC9891252

STAR BASKETBALL RECREATION INCORPORATED	INC9896202
SYDNEY MOKYANG MISSIONARY CHURCH INCORPORATED	INC9890760
SYDNEY YOUNG AN CHURCH INCORPORATED	INC9889845
TABERNACLE WORSHIP CENTRE CHRISTIAN CHURCH BLACKTOWN INCORPORATED	INC9889823
THE INTERNATIONAL 505 YACHT RACING ASSOCIATION OF AUSTRALIA INCORPORATED	INC9890661
THE NATURAL SEQUENCE ASSOCIATION (THE PETER ANDREWS SYSTEM) WARRUMBUNGLES CHAPTER INCORPORATED	INC9889811
TOGETHER EACH ACHIEVES MORE (TEAM) INCORPORATED	INC9893139
TURNING THE PAGES RIVER INCORPORATED	INC9891516
UCA – GALILEE UNITING CHURCH INCORPORATED	INC9890712
UMBRELLA HOUSE INCORPORATED	INC9890837
UMINA DISTRICT CHAMBER OF COMMERCE INCORPORATED	INC9890743
UNITED CHRISTIAN COMMUNITY INCORPORATED	INC9890127
UNITED GYMNASTICS ACADEMY INCORPORATED	INC9891576
UNITED KEMPO FUNDRAISING ORGANISATION INCORPORATED	INC9885358
UNITED NEPALESE CHURCH AUSTRALIA INCORPORATED	INC9890045
UPPER HUNTER PROGRESS ASSOCIATION INCORPORATED	INC9890590
USYD CHINESE STUDENT CENTRE INCORPORATED	INC9891456
VALLEY DANCERS INCORPORATED	INC9891015
VIETNAM PROGRESSIVE DEMOCRATIC PARTY INCORPORATED	INC9891484
VIETNAM VOICE INCORPORATED	INC9890662
VIETNAMESE OVERSEAS INITIATIVE FOR CONSCIENCE EMPOWERMENT INC	INC9890018
WARWICK FARM TRAINERS ASSOCIATION INCORPORATED	INC9890633
WATER OF LIFE INCORPORATED	INC9890592
WE ARE CHANGE INCORPORATED	INC9890279
WELFARE RIVERINA INCORPORATED	INC9889779
WESTERN DISTRICT MODEL CAR CLUB INCORPORATED	INC9890274
WESTERN DISTRICT WINTER 20/20 CRICKET INCORPORATED	INC9890885
WESTERN NSW CULTURAL LANDSCAPE & ENVIRONMENTAL GROUP INC	INC9891222
WESTERN NSW FUTSAL ASSOCIATION INCORPORATED	INC9890395
WESTERN SYDNEY ABORIGINAL DANCE COMPANY INCORPORATED	INC9891163
WESTERN SYDNEY MODEL RAILWAY CLUB INCORPORATED	INC9890217
WESTERN SYDNEY TURKISH SCHOOL INCORPORATED	INC9891241
WILLOUGHBY CITY RUGBY CLUB INCORPORATED	INC9890368
WOMEN FOR HUMAN RIGHTS, SINGLE WOMEN GROUP INTERNATIONAL CHAPTER AUSTRALIA INCORPORATED	INC9891166
WOMEN LIVING WITH WAR INCORPORATED	INC9891083
WOODFORD GLEN LANDCARE INCORPORATED	INC9888495
WOOLGOOLGA ACTIVE COMMUNITY ENHANCING TO UNIFY & PLAN (W.A.C.E.U.P.) INCORPORATED	INC9890434
WORDCAMP INCORPORATED	INC9889698
WORLD – KICA OCEANIA INCORPORATED	INC9890582
WORLD MONGOLIAN ASSOCIATION INCORPORATED	INC9891040
WORLD PAN-AMATEUR KICKBOXING ASSOCIATION INCORPORATED	INC9890102
XPANDANCE INCORPORATED	INC9893470
YARRA BAY OUTRIGGER CANOE CLUB INCORPORATED	INC9891175
YOSAKOI SORAN HOKKAI AHONDARAKAI SYDNEY INCORPORATED	INC9891046
ZHUO YUE CHINESE SCHOOL INCORPORATED	INC9890578

ZIMBABWE ASSOCIATION INCORPORATED	INC9889810

Cancellation is effective as at the date of gazettal.

Dated this 17th day of June 2016

CHRISTINE GOWLAND
Delegate of the Commissioner
NSW Fair Trading

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of Registration Pursuant to Section 80

Take notice that NORTHERN RIVERS SOCIAL DEVELOPMENT COUNCIL INC (Y0088236) became registered under the Corporations Act 2001 (of the Commonwealth) as NORTHERN RIVERS SOCIAL DEVELOPMENT COUNCIL LTD – ACN 612 367 192, a public company limited by guarantee on the twelfth day of May 2016, and accordingly its registration under the *Associations Incorporation Act 2009* is cancelled as of that date.

Date: 15 June 2016

ROBYNE LUNNEY
Delegate of the Commissioner
NSW Fair Trading

COMMUNITY HOUSING PROVIDERS (ADOPTION OF NATIONAL LAW) ACT 2012

ORDER

His Excellency General The Honourable David Hurley, Companion of the Order of Australia, Distinguished Service Cross, (Retired), Governor of the State of New South Wales in the Commonwealth of Australia

I, General The Honourable David Hurley AC DSC (Ret'd), Governor of the State of New South Wales in the Commonwealth of Australia, with the advice of the Executive Council, on the recommendation of the Minister for Family and Community Services, Minister for Social Housing and in pursuance of section 21 (1), Division 3, Part 3 of the *Community Housing Providers (Adoption of National Law) Act 2012*, do, by this, my Order, vest the land referred to in the Schedule of this Order, in CITY WEST HOUSING PTY LIMITED (ACN 065 314 758).

Signed and sealed at Sydney, this 15th day of June 2016

DAVID HURLEY
Governor

By His Excellency's Command,

The Hon BRAD HAZZARD, MP
Minister for Family and Community Services
Minister for Social Housing

GOD SAVE THE QUEEN!

Schedule of Land to be Vested by the New South Wales Land and Housing Corporation in City West Housing Pty Limited (ACN 065 314 758)

Following is the address and title particulars of the site to be vested.

N	Property Address	Title Particulars
1	Corner of Bay Street and Wentworth Street, Glebe	Folio 12/1195829 being Lot 12 in DP 1195829

DEFAMATION ACT 2005

ORDER

I, Gabrielle Upton, MP, Attorney General, in pursuance of section 35 (3) of the *Defamation Act 2005*, by this order, declare the amount that is to apply for the purposes of section 35 (1) of the *Defamation Act 2005* to be $381,000 from 1 July 2016.

Signed at Sydney, this 8th day of June 2016.

GABRIELLE UPTON, MP
Attorney General

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:

Tamworth	10am	19 September 2016 (3 weeks)

Dated this 10th day of June 2016

Justice D PRICE AM
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:

Griffith	10am	30 January 2017 (4 weeks) In lieu of 6 February 2016 (3 weeks)
Griffith	10am	3 April 2017 (2 weeks)
Griffith	10am	1 May 2017 (4 weeks) In lieu of 8 May 2017 (3 weeks)

Dated this 14th day of June 2016

Justice D PRICE AM
Chief Judge

GEOGRAPHICAL NAMES ACT 1966

Pursuant to the provisions of section 8 of the *Geographical Names Act 1966*, the Geographical Names Board hereby notifies that it proposes to assign the names:

Cove Reserve for a reserve bounded by Mooring Avenue, Reveal Cove and Charthouse Avenue in the locality of Corlette.

Mooring Reserve for a reserve bounded by Mooring Avenue, Spinnaker Way and Gawul Circuit in the locality of Corlette.

The position and extent of these features are recorded and shown within the Geographical Names Register of New South Wales. The proposals can also be viewed and submissions lodged on the Geographical Names Board website at www.gnb.nsw.gov.au from Thursday 16th June to Monday 18th July 2016, alternatively written submissions may be lodged with the Secretary, Geographical Names Board, 346 Panorama Ave, Bathurst, NSW 2795.

In accordance with section 9 of the *Geographical Names Act 1966* all submissions lodged may be subject to a freedom of information application and may be viewed by third party to assist the Board in considering this proposal.

D MOONEY
Chairman
Geographical Names Board

GEOGRAPHICAL NAMES ACT 1966

Pursuant to the provisions of section 8 of the *Geographical Names Act 1966*, the Geographical Names Board hereby notifies that it proposes to assign the name:

Tom Wyatt Park for a reserve located at the intersection of Stephanie Avenue and Veronica Street in the locality of Warilla.

The position and extent for this feature is recorded and shown within the Geographical Names Register of New South Wales. The proposal can also be viewed and submissions lodged on the Geographical Names Board website at www.gnb.nsw.gov.au from Wednesday 15th June to Friday 15th July 2016, alternatively written submissions may be lodged with the Secretary, Geographical Names Board, 346 Panorama Ave, Bathurst, NSW 2795.

In accordance with section 9 of the *Geographical Names Act 1966* all submissions lodged may be subject to a freedom of information application and may be viewed by third party to assist the Board in considering this proposal.

D MOONEY
Chairman
Geographical Names Board

GEOGRAPHICAL NAMES ACT 1966

Pursuant to the provisions of section 10 of the *Geographical Names Act 1966*, the Geographical Names Board has this day assigned the names listed hereunder as geographical names.

Whibayganba as a dual name for the geographical feature already named Nobbys Head, for the headland located on the southern entrance to Newcastle Harbour.

Tahlbihn as a dual name for the geographical feature already named Flagstaff Hill, for a hill rising about 30 metres from Nobbys Beach.

Burrabihngarn as a dual name for the geographical feature already named Pirate Point, for a point of land approximately 1km west of Nobbys Head.

Yohaaba as a dual name for the geographical feature already named Port Hunter, for the port in Newcastle.

Coquun as a dual name for the geographical feature already named Hunter River (South Channel) for the channel forming part of the outlet to the sea.

Khanterin as a dual name for the geographical feature already named Shepherds Hill, for a hill approximately 1.5kms south of Dyke Point.

Toohrnbing as a dual name for the geographical feature already named Ironbark Creek, for a watercourse rising in Cardiff Heights flowing into the South Channel (Hunter River).

Burraghihnbihng as a dual name for the geographical feature already named Hexham Swamp, for a swamp approximately 12kms north-west of Newcastle.

The position and extent for these features are recorded and shown within the Geographical Names Register of New South Wales. This information can be accessed through the Board's website at www.gnb.nsw.gov.au.

D MOONEY
Chairman
Geographical Names Board

LORD HOWE ISLAND ACT 1953

Alteration to Crown Land Reserve – Lord Howe Island

Pursuant to section 19 (2) of the *Lord Howe Island Act 1953*, the description of land reserved for the purpose of a quarry and described as Portion 176, Reserve No 19 is hereby altered as set out in Schedule below.

Dated the 4th day of June 2016

The Hon MARK SPEAKMAN SC, MP
Minister for the Environment

Schedule

Lot 42 of DP 1216287 with an area of 4,866m².

LORD HOWE ISLAND ACT 1953

Notice of Transfer of Perpetual Lease 1996/01

His Excellency the Governor, with the advice of the Executive Council, pursuant to section 23 (2) of the *Lord Howe Island Act 1953* has approved the transfer of Perpetual Lease 1996/01 from Stephen Anthony Krick and Gracey Maree Krick to Rosalind Jane Wade and Christopher Peter Wade as joint tenants.

Dated this 15th day of June 2016

General the Honourable DAVID HURLEY AC DSC (Ret'd)
Governor of the State of NSW

By His Excellency's Command

The Hon MARK SPEAKMAN SC, MP
Minister for the Environment

PROFESSIONAL STANDARDS ACT 1994

Authorisation Pursuant to Section 32

Pursuant to section 32 (2) of the *Professional Standards Act 1994*, I extend the period for which the CPA Australia Limited Scheme is in force in New South Wales to 7 October 2017.

Hon VICTOR DOMINELLO, MP
Minister for Innovation and Better Regulation

SYDNEY OLYMPIC PARK AUTHORITY

Development Proposal

You are invited to comment on the following development application:

Development Application No: 03-06-2016

Location: Lot 64 DP 1191648, Lot 66 DP 1191648 and Lot 4001 DP 1004512 – Dawn Fraser Ave (Opposite ANZ Stadium), Sydney Olympic Park

Description: New Elite Sports Training Field

Applicant: Delaney Civil Pty Ltd

Consent Authority: Sydney Olympic Park Authority

Exhibition: The plans and other supporting documents may be inspected during ordinary opening hours at:

Office: Sydney Olympic Park Authority
Level 1, 8 Australia Avenue
Sydney Olympic Park

Web: www.sopa.nsw.gov.au/public_exhibition

Submissions: Anyone can make a written submission about the proposal. If you object to the proposed development, please outline the reason(s) why. Quote 'DA 03-06-2016' in the title of your submission, and send it to us by post or e-mail:

Post: Sydney Olympic Park Authority
Level 1, 8 Australia Avenue
Sydney Olympic Park NSW 2127

E-mail: enquiries@sopa.nsw.gov.au

Submission Period: The application is on public exhibition for 14 days from 14 June 2016 to 28 June 2016.

Closing Date: All submissions must be received by 5pm 28 June 2016.

Political Donations and Gifts: From 1 October 2008, all persons who lodge a submission, to a development application, are required to declare any relevant political donations and/or gifts in accordance with section 147 (5) of the *Environmental Planning and Assessment Act 1979*.

Enquiries: Development Planning Unit, (02) 9714 7139.

SUBORDINATE LEGISLATION ACT 1989

Proposed Young Offenders Regulation 2016

The Department of Justice invites people who are interested in the proposed remake of the *Young Offenders Regulation 2016* to tell us what they think.

The Young Offenders Regulation is under the *Young Offenders Act 1997*.

There are two documents that you can read to understand the proposed changes. They are available in PDF and you can download them using the links below.

1. Draft Young Offenders Regulation 2016
2. Regulatory Impact Statement

Submissions invited

Submissions close at the end of the day on **Friday, 8 July 2016**.

Comments and submissions may be made in writing via the NSW Government's Have Your Say website

or by writing to:

Young Offenders Regulation Public Consultation
Executive Director
Justice Strategy & Policy
Department of Justice
GPO Box 31
SYDNEY NSW 2001

or by sending an email to jsp.enquiries@justice.nsw.gov.au with the subject 'Young Offenders Regulation'.

Submissions may be published

Please note that all submissions and comments will be treated as public, and may be published, unless the author indicates that it is to be treated as confidential.

Details of this public consultation are also published on the NSW Government's Have Your Say website

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UNIFORM CIVIL PROCEDURE RULES 2005

Part 39, Division 2, Rule 39.23

Unless the Sydney Local Court Writs for Levy of Property 2014/00242026, 2015/00004679, 2015/00258874 and 2015/00258876 are previously satisfied, the Sheriff intends to sell by Public Auction the following land known as 19 Boonara Avenue, Bondi NSW 2026 being Lot 56 Deposited Plan 9503 and comprised in Certificate of Title Vol 2961 Fol 70 (Folio 56/9503), so much as may be necessary to satisfy any outstanding judgement debt.

The Sale will be held at Cooley Auction Centre, Double Bay on 27/06/2016 at 5:00 pm.

Please address all enquiries for sale to Ric Serrao at Raine and Horne Double Bay (0412 072 178)

HEALTH SERVICES ACT 1997

Order Amending the Scale of Fees for Hospital and Other Health Services

Pursuant to section 69 of the *Health Services Act 1997*, I, Dr Kerry Chant, Acting Secretary of the Ministry of Health, as the duly appointed delegate of the Minister for Health, do by this Order hereby amend the currently applying Scale of Fees for hospital services and other health services to the extent and in the manner set forth in the Schedule below, to take effect on and from 1 July 2016.

Signed at Sydney this 14th day of June 2016.

Dr KERRY CHANT
Acting Secretary
NSW Health

Schedule

Amendment of Scale of Fees

The Schedule entitled "Scale of Fees" which is attached to the "ORDER FIXING A SCALE OF FEES FOR HOSPITAL AND OTHER HEALTH SERVICES" and as in effect at the date of this order is amended as follows:

(a) **delete** from Part 1 in its entirety item 1A. relating to "**ACCOMMODATION CHARGES**", and insert instead the following matter:

1A. ACCOMMODATION CHARGES

In respect of patients admitted to NSW public hospitals and receiving public hospital services pursuant to the National Health Reform Agreement.

1A.1. Public Patients

		Daily Fee $
1A.1.1	treated by a doctor nominated by the hospital	Nil
1A.1.2	accommodated in a shared room (single room accommodation without charge may be provided on the grounds of medical need)	Nil

1A.2. Private Patients (Overnight Stay)

		Daily Fee $
1A.2.1	treated by a doctor nominated by the patient and accommodated in a shared room	343
1A.2.2	treated by a doctor nominated by the patient and accommodated at the patient's request, in a single room or as sole occupant of a shared room.	698

1A.3. Private Patients (Same Day Patient)

	Daily Fee $
Band 1	249
Band 2	279
Band 3	306
Band 4	343

Note: These bands are as categorised by the Commonwealth under the *National Health Act 1953*.

1A.4. Ineligible Patients

1A.4.1 Work Visa holders 401, 403, 416, 420, 457 & 485 and Student Visa holders 570 to 576 & 580

	Daily Fee $
1A.4.1.1 Inpatient Patient Services	
Public Hospitals – Critical Care	3,103
Public Hospitals – other than Critical Care	1,249
Public Psychiatric Hospitals	524
Other (e.g. Residential Aged Care Facilities)	294

1A.4.2 Other than Work and Student Visa holders stipulated in 1A.4.1 of this section

	Daily Fee $
1A.4.2.1 Acute Admitted Patient Services – All Hospitals	
Inpatient – Critical Care – first 21 days per episode	5,416
Inpatient – Critical Care – over 21 days	3,103
Other Inpatient – first 21 days per episode	2,135
Other Inpatient – over 21 days	1,249
1A.4.2.2 Sub-Acute and Non-Acute Admitted Patient Services.	
Public Hospitals	1,249
Public Psychiatric Hospitals	524
Other (eg Residential Aged Care Facilities)	294

1A.4.3	Hospital in the Home Fees – All Hospitals	241
1A.4.4	Dialysis – All Hospitals (per session)	685

With the exception of:

1 A visitor to Australia who holds a temporary entry permit, and who has applied for but has not yet been issued with an entry permit granting permanent residence.

2 Residents of Norfolk Island whom are Medicare eligible from 1 July 2016.

3 A person who is admitted to a public hospital under the Asylum Seeker Assistance Scheme (refer item 1A.8.).

4 Persons entitled to free public hospital treatment under the terms of a Reciprocal Health Care Agreement between Australia and their country.

1A.5. Compensable Patients
(other than Workers Compensation or Motor Vehicle Accident Compensation)

1A.5.1 Acute Admitted Patient Services – All Hospitals

The patient episode reflecting the applicable *AR-DRG version 8.0* grouping aligned to the National Weighted Activity Unit (*NWAU (16)*) with adjustments applied as applicable in accordance with the Independent Hospital Pricing Authority (IHPA) publication *National Efficient Price Determination 2016-2017*. The *NWAU (16)* is adjusted to reflect that Visiting Medical Officers (VMOs) and Staff Specialists bill separately for compensable admitted patients. The removal of assessed VMO and Staff Specialist costs reduces each NWAU by 11% creating an *adjusted NWAU (16)* for the purposes of charging this category of compensable patients. The NWAU is rounded to the nearest 3 decimal places.

multiplied by

The National Efficient Price (*NEP*) of $4,883 as determined by the Independent Hospital Pricing Authority (IHPA).

1A.5.2 Emergency Department (ED) Admitted Services – All Hospitals excluding EDs of small rural hospitals not collecting nor required to collect patient level data.

The ED episode reflecting the applicable *URG version 1.4* or *UDG version 1.3* grouping aligned to the National Weighted Activity Unit (*NWAU (16)*) with adjustments applied as applicable in accordance with the IHPA publication *National Efficient Price Determination 2016-2017*.

The *NWAU (16)* is adjusted to reflect that Visiting Medical Officers (VMOs) and Staff Specialists bill separately for compensable admitted patients. The removal of assessed VMO and Staff Specialist costs reduces each NWAU by 11% creating an *adjusted NWAU (16)*, which is applicable for the purposes of charging ED admitted compensable patients. The NWAU is rounded to the nearest 3 decimal places.

multiplied by

The National Efficient Price (*NEP*) of $4,883 as determined by the Independent Hospital Pricing Authority (IHPA).

1A.5.3 Emergency Department (ED) of small rural hospitals not collecting nor required to collect patient level data.

Per occasion of service at set rates as advised in section 4B.3 of this order.

1A.5.4 Sub-Acute and Non-Acute Admitted Patient Services.

	Daily Fee $
Public Hospitals	1,135
Public Psychiatric Hospitals	476
Other (eg Residential Aged Care Facility)	267

1A.5.5 Dialysis – All Hospitals (per session) 640

Note: These rates do not apply to persons treated pursuant to respective statutory schemes for the purposes of workers' compensation or compensation to persons injured in motor vehicle accidents. Those rates are set by separate agreement or other such order or determination.

1A.6. Veterans' Affairs Patients

	Daily Fee $
Veterans' Affairs Patients	Nil

1A.7. Nursing Home Type Patients

1A.7.1 Elect to be treated by hospital nominated doctors –

Shall be charged a patient contribution:

(on a fortnightly basis): not exceeding the equivalent to 87.5% of any Commonwealth Standard Rate Pension and 87.5% of any maximum Rent Assistance payable to a person; or

(on a daily basis, where appropriate): one fourteenth of the fortnightly amount already referred to.

1A.7.2 Elect to be treated by doctor of choice –

Shall be charged on a daily basis, an amount equivalent to the patient contribution calculated on a daily basis in accordance with sub paragraph 1A.7.1, plus an amount determined in writing from time to time by the Minister for Health of the Commonwealth, or the Minister's delegate, pursuant to the *Private Health Insurance (Benefit Requirements) Rules 2011* of the Commonwealth.

1A.8. Patients admitted to a public hospital under the Asylum Seekers Assistance Scheme

	Daily Fee $
Accommodation in a shared room	606
Accommodation in a single room	872
Same Day Admission	517
Accommodation as a critical care patient	1,755

1A.9. Private, (Private) Same Day Admissions and Ineligible Patients – Charges for the Fitting of Surgically Implanted Prostheses and Medical Devices

The charge for the fitting of any specific surgically implanted prosthesis or medical device item shall be:

1A.9.1 where there is a single dollar amount specified for an item, that dollar amount; or

1A.9.2 where there is a minimum and maximum benefit dollar amount specified for an item, a dollar amount being the minimum benefit amount, the maximum benefit amount or an amount within that dollar range,

as determined in writing from time to time in respect of that item by the Minister for Health of the Commonwealth, or the Minister's Delegate, pursuant to the *National Health Act 1953* of the Commonwealth. Such charges shall take effect on any date determined by the Commonwealth Minister for Health or the Minister's delegate in respect of that item.

(b) **delete** from Part 1 in its entirety item 1D. relating to "**TREATMENT FEE**", and insert instead, the following item:

1D. TREATMENT FEES

	Daily Fee $
Treatment fee applicable to ineligible inpatients, other than compensable patients, in addition to the current applicable accommodation charge (refer item 1A.4.), in situations where the ineligible inpatient receives medical treatment under arrangement with a public hospital rather than an individual practitioner	328

With the exception of:

1. A visitor to Australia who holds a temporary entry permit, and who has applied for but has not yet been issued with an entry permit granting permanent residence.
2. Residents of Norfolk Island whom are Medicare eligible from 1 July 2016.
3. A person who is admitted to a public hospital under the Asylum Seeker Assistance Scheme (refer item 1A.8.)
4. Persons entitled to free public hospital treatment under the terms of a Reciprocal Health Care Agreement between Australia and their country.

Note: The above daily fee is applicable irrespective of the number of treating practitioners.

(c) **delete** in its entirety "**PART 3 – OTHER CHARGES**" and insert instead the following matter:

3A. BRAIN INJURY REHABILITATION SERVICES

provided by designated units of public hospitals in respect of compensable patients requiring brain injury rehabilitation services (including diagnostic services)

	Daily Fee $
3A.1. Admitted Patient Services	
Category A patient	1,193
Category B patient	763
Category X patient	1,696
3A.2. Transitional Living Unit	
Category A patient	852
Category B patient	422
3A.3. Non Admitted Patient Services (including Outreach)	$81 per half hour or part thereof

3A.4. Outpatient Medical Clinic Appointments	Standard Fee $
Medical Consultation – New (initial assessment)	282
Medical Consultation – Review (follow-up appointment)	141

3A.5. Group Activities

	$ per half hour or part thereof
Qualified	52
Unqualified	37

Note: Categories, classifications or descriptions of service referred to in this Part 3A are to be considered the same as those defined or set out in Ministry of Health Policy Directive PD2015_021, or as that policy is subsequently amended or revised from time to time.

3B. LIFETIME CARE & SUPPORT (LTCS) SCHEME

The LTCS scheme is a no-fault scheme that provides Acute Care Services and Rehabilitation Services to persons who sustain LTCS type injuries (in this item 3B. being spinal cord injury, moderate to severe brain injury, multiple amputations, severe burns or blindness arising from a motor vehicle accident and are accepted under the LTCS scheme by the Lifetime Care & Support Authority).

3B.1. Acute Care Services

Admitted patient and non-admitted patient services provided to all persons with LTCS type injuries while in the acute care phase of their treatment (including "at fault drivers").

Charging: Rates are to be the same as those set under the Purchasing Agreement (bulk billing arrangements) under the Compulsory Third Party (CTP) Scheme, as applicable from time to time.

3B.2. Rehabilitation Services

3B.2.1 Admitted patients with brain injuries and spinal cord injuries admitted to a designated Brain Injury Rehabilitation Unit or designated Spinal Injury Rehabilitation Unit.

Category A, Category B and Category X patients:

Patients are to be charged at the applicable daily fee rates as apply from time to time under item "3A.1. Admitted Patient Services"

3B.2.2 Admitted patients with brain injuries and spinal cord injuries admitted to a designated Transitional Living Unit.

Category A and Category B patients:

Patients are to be charged at the applicable daily fee rates as apply from time to time under item "3A.2. Transitional Living Unit".

3B.2.3 Admitted patients with brain injuries and spinal cord injuries admitted to a NSW public hospital, **other than** a designated admitted patient Brain Injury or Spinal Injury Rehabilitation Unit or designated admitted patient Transitional Living Unit and patients with other LTCS type injuries admitted to a NSW public hospital/facility.

Charging: Rates are to be the same as those set under the Purchasing Agreement (bulk billing arrangements) under the Compulsory Third Party (CTP) Scheme, as applicable from time to time.

3B.2.4 Non-admitted patients with brain injuries and spinal cord injuries who receive non-admitted patient services in a designated non-admitted patient Brain Injury/Spinal Injury Rehabilitation Unit or Transitional Living Unit.

Patients are to be charged at the applicable cumulative rate per half hour or part thereof as applies from time to time under item "3A.3. Non Admitted Patient Services". The total fee shall not be greater than the equivalent of 5 hours per day of non-admitted patient care.

3B.2.5 Non-admitted patients with brain injuries and spinal cord injuries who receive non-admitted patient services in a NSW public hospital, **other than** a designated non-admitted patient Brain Injury/Spinal Injury Rehabilitation Unit or Transitional Living Unit and non-admitted patients with other LTCS type injuries who receive non-admitted patient services in a NSW public hospital/facility

Charging: Rates are to be the same as those set under the Purchasing Agreement (bulk billing arrangements) under the Compulsory Third Party (CTP) Scheme, as applicable from time to time.

3B.3. Outpatient Medical Clinic Appointments

Medical Consultation – New (initial assessment)

Medical Consultation – Review (follow-up appointment)

Patients are to be charged at the applicable Standard Fee service rates as apply from time to time under item "3A.4. Outpatient Medical Clinic Appointments".

3B.4. Group Activities

Qualified

Unqualified

Patients are to be charged at the applicable time rates per half hour or part thereof as apply from time to time under item "3A.5. Group Activities".

Note: Categories, classifications or descriptions of service referred to in this Part 3B are to be considered the same as those defined or set out in Ministry of Health Policy Directive PD2015_020, or as that policy is subsequently amended or revised from time to time.

(d) **delete** in its entirety "**PART 4 – NON-ADMITTED PATIENT CHARGES**" andinsert instead the following matter:

PART 4 – NON-ADMITTED PATIENT CHARGES

For the purposes of Part 4, an "occasion of service", in relation to a non-admitted patient occasion of service, has the same meaning as it has for the purposes of the NSW Ministry of Health Reporting System (DOHRS) activity reporting system as amended from time to time.

4A. Ineligible Patients

	$
For each Occasion of Service (both categories)	
Public Hospital	133
Public Psychiatric Hospital	93
Other (eg Residential Aged Care Facility)	93

The rates of charge are as per the above occasion of service rates as appropriate to the designated hospital classification or as per the Australian Medical Association (AMA) schedule of rates.

With the exception of:

1. A visitor to Australia who holds a temporary entry permit, and who has applied for but has not yet been issued with an entry permit granting permanent residence.
2. Persons entitled to free public hospital treatment under the terms of a Reciprocal Health Care Agreement between Australia and their country.

4B. Compensable Patients

(other than Workers Compensation or Motor Vehicle Accident Compensation)

4B.1 Emergency Department (ED) Non-admitted Services – All Hospitals excluding EDs of small rural hospitals not collecting nor required to collect patient level data.

The patient ED presentation reflecting the applicable *URG version 1.4* or *UDG version 1.3* grouping aligned to the National Weighted Activity Unit (*NWAU (16)*) with adjustments applied as applicable in accordance with the IHPA publication *National Efficient Price Determination 2016-2017*. The NWAU is rounded to the nearest 3 decimal places.

multiplied by

The National Efficient Price (*NEP*) of $4,883 as determined by the Independent Hospital Pricing Authority (IHPA).

4B.2 Emergency Department (ED) Non-admitted Services of small rural hospitals not collecting nor required to collect patient level data.

Per occasion of service at set rates as advised in section 4B.3.of this order.

4B.3. Non-admitted Services – All Hospitals excluding Emergency Departments.

For each Occasion of Service (excluding non-admitted physiotherapy, chiropractic & osteopathy services, non-admitted psychology & counselling services and non-admitted exercise physiology services)

	$
Public Hospital	121
Public Psychiatric hospital	84
Other hospital (eg Residential Aged Care Facility)	84

The above occasion of service rates apply or alternatively the maximum amount payable under the relevant WorkCover practitioner fees order. The fees orders, which generally link to AMA rates, cover Medical Practitioners, Surgeons and Orthopaedic Surgeons.

Compensable Non-Admitted Physiotherapy, Chiropractic & Osteopathy Services

	$
Normal Practice	
Initial consultation & treatment	90.40
Standard consultation and treatment	76.60
Initial consultation & treatment of two distinct areas	136.50

Standard consultation & treatment of two distinct areas	115.60
Complex treatment	153.10
Group/class Intervention (rate per participant)	54.30
Home Visit	
Initial consultation & treatment	111.40
Standard consultation and treatment	89.10
Initial consultation & treatment of two distinct areas	164.30
Standard consultation & treatment of two distinct areas	140.70
Complex treatment	181.00
Other	
Case conference, Report Writing (per 5 minutes)	15.05
Case conference (per hour), Report Writing (per hour & max)	181.00
Activity assessment, consultation & treatment	181.00
Travel – In accordance with "use of private motor vehicle" rates as set Out in item 6 table 1 of the Crown Employees (Public Service Conditions of Employment) Award 2009.	

Compensable Non-Admitted Psychology & Counselling Service Charges

Initial consultation & treatment	215.60
Standard consultation & treatment	179.70
Report Writing (per 5 minutes)	14.95
Report Writing (per hour & max)	179.70
Case Conferencing (per 5 minutes)	14.95
Case Conferencing (per hour)	179.70
Group/class intervention (per participant)	53.90
Travel – In accordance with "use of private motor vehicle" rates as set Out in item 6 table 1 of the Crown Employees (Public Service Conditions of Employment) Award 2009.	

Compensable Non-Admitted Exercise Physiology Service Charges

Initial consultation & treatment	144.50
Standard consultation & treatment	144.50
Reduced supervision treatment	63.10
Group/class intervention (per participant)	45.90
Additional Expenses (as agreed with insurer)	–
Case Conferencing (per 5 minutes)	12.00
Case Conferencing (per hour)	144.50
Report Writing (per 5 minutes)	12.00
Report Writing (per hour & max)	144.50
Travel – In accordance with "use of private motor vehicle" rates as set Out in item 6 table 1 of the Crown Employees (Public Service Conditions of Employment) Award 2009.	

Note: These rates do not apply to persons treated pursuant to respective statutory schemes for the purposes of workers' compensation or compensation to persons injured in motor vehicle accidents. Those rates are set by separate agreement or other such order or determination.

PROFESSIONAL STANDARDS ACT 1994

Authorisation Pursuant to Section 13

Pursuant to section 13 of the *Professional Standards Act 1994*, I authorise the publication of The Queensland Law Society Professional Standards Scheme. The Scheme will commence on 1 July 2016.

Hon VICTOR DOMINELLO, MP
Minister for Innovation and Better Regulation

PROFESSIONAL STANDARDS ACT 2004 (QLD)

The Queensland Law Society
Professional Standards Scheme

Preamble

Occupational Association

A. The Queensland Law Society ("the Society") is a voluntary association for legal practitioners (solicitors) in Queensland. It is an occupational association constituted as an Australian Public Company, limited by Guarantee pursuant to the *Corporations Act 2001* (Cth).

B. The occupational group for the purposes of the Scheme represented by the Society consists of solicitors practising in or from Queensland who hold a practising certificate issued by the Society.

C. The objectives of the Society are expressed in rule 5 of the *Legal Profession (Society) Rules 2007* and include advancing the interest of the solicitors' branch of the legal profession.

Nature of the Scheme

D. The Society has made an application to the Professional Standards Council ("Council"), appointed under the *Professional Standards Act 2004* (Qld) ("the Act"), for approval of a scheme under the Act, and this document comprises the scheme ("the Scheme"). The Scheme is a scheme under the Act that applies to the persons referred to below in clause 2.

E. The approximate number of members of the Society to whom the Scheme (only full and honorary) might apply at its commencement is 4802.

F. The Scheme is intended to operate under the Act, which has the purpose of improving the occupational standards of professional persons, and to protect the consumers of their services.

G. The Scheme has been prepared by the Society for the purposes of limiting the Occupational liability of Participating Members to the extent to which such liability may be limited under the Act.

H. The Occupational liability limited by the Scheme is, that provided for by the Act, which at present is all civil liability for damages (in tort, contract equity, or otherwise) in relation to a cause of action founded on an act or omission of a person to whom the Scheme applies acting in the performance of the person's occupation that happens when the Scheme is in force.

I. The Scheme does not have any application in accordance with s 6 of the Professional Standards Act to:

(1) Any liability for damages because of any of the following –

(a) the death of, or personal injury to, a person;

(b) any negligence or other fault of a lawyer in acting for a client in a personal injury claim;

(c) a breach of trust;

(d) fraud or dishonesty.

(2) Liability that may be the subject of proceedings under the *Land Title Act 1994*, part 9, division 2, subdivision C.

(3) Any cause of action arising under, or in relation to, a contract, or contractual relations, entered into before the commencement of this Act (whether or not the action lies in contract) unless the parties, after the commencement of the Professional Standards Act, vary the relevant contract so as to make express provision for the application of the Act.

J. The Scheme does not affect any claim for damages below the monetary ceiling specified in the Table in clause 3.3 of the Scheme for each member.

K. The Scheme limits liability for damages to the monetary ceiling specified for a person to whom it applies provided that the person has insurance as required by s 22 of the Act.

Risk Management

L. The Society has adopted strategies which cover requirements for professional entry to legal practice in Queensland, and continuing professional development in the areas of ethics and regulation of the profession management, substantive law, court practice and procedure, and evidence, and advocacy, mediation and other legal practitioners' skills, including making rules about legal practice in this jurisdiction engaged in by an Australian legal practitioner. The Society has furnished the Council with a detailed list of the risk management strategies intended to be implemented in respect of its Participating Members and the means by which those strategies are intended to be implemented.

M. The Society will report annually on the implementation and monitoring of its risk management strategies, the effect of those strategies and any changes made or proposed to be made to them.

Complaints and discipline

N. Society members are subject to a complaints and discipline system. The system operates pursuant to the requirements of, inter alia, the *Legal Profession Act 2007* (Qld) ("the LPA").

Standards of Insurance

O. Members of the Society are required by, inter alia, the LPA and regulations made under it, as a condition precedent to the issue of a required annual practising certificate, to have professional indemnity insurance:
   (a) for at least $1.5m inclusive of defence costs;
   (b) provide at least one automatic reinstatement;
   (c) covers claims on a claims made basis;
   (d) which excess does not exceed 2% of the amount insured; and
   (e) provided by an insurer approved by the Society.

P. The Society annually approves insurers for that purpose to provide annual insurance cover on the terms of particular standard form policies.

Q. The standard form policies cover Occupational liability in all Australian States and Territories.

Claims Monitoring

R. As a condition of approval of an insurer each year, the Society requires that the insurer provide claims data to the Society, so that the Society can continue to monitor claims made against its members from time to time.

S. The Society will establish or maintain relationships with approved insurers from time to time.

T. The Society will report annually to the Professional Standards Council on claims monitoring, tactics, performance measures and monitoring systems.

Scheme Administration

U. Responsibility for administration of the Scheme and ensuring that it complies with the requirements of the Act and of the Professional Standards Council rests with the Society.

Duration

V. It is intended for the Scheme to remain in force for a period of 5 years from its commencement unless it is revoked, extended or ceases in accordance with s 33 of the Act.

Operation as an interstate scheme

W. The Scheme is intended to operate in a jurisdiction other than Queensland in accordance with the corresponding law to the Act of that jurisdiction and subject to the requirements of the corresponding law, so that references to a provision of the Act, the application of the Scheme to a liability, the limit of a liability under the Act or what constitutes Occupational liability are intended to pick up the relevant provisions of the corresponding law, applied mutatis mutandis, to the extent that is necessary for the application of the Scheme in that jurisdiction as an interstate scheme.

The Queensland Law Society
Professional Standards Scheme

1. Occupational association

1.1 The Queensland Law Society Professional Standards Scheme is a scheme under the *Professional Standards Act 2004* (Qld) (the Act) prepared by the Queensland Law Society whose business address is: 179 Ann Street, Brisbane, Queensland.

1.2 Relevant definitions for the purpose of the Scheme are as follows:

"**Australian practising certificate**" has the same meaning as in the LPA.

"**Corporate practising certificate**" means a practising certificate issued to an Australian lawyer that has a condition that the lawyer is not to engage in legal work other than providing in-house legal services to a corporation that is not an ILP (incorporated legal practice).

"**Court**" has the same meaning as it has in the Act.

"**Damages**" has the same meaning as it has in the Act.

"**Financial year**" means a financial accounting period ending 30 June.

"**Full Member**" means a person within the category of the Society as contemplated in the *Legal Profession (Society) Rules 2007*.

"**Government Legal Officer**" has the same meaning as in the LPA.

"**Law Practice**" has the same meaning as in the LPA.

"**Legal Services**" has the same meaning as in the LPA.

"**Occupational liability**" has the same meaning as it has in the Act[1].

"**Participating Members**" means those persons specified in clause 2.1 of the Scheme.

"**Principal**" has the same meaning as in the LPA.

[1] Occupational liability is defined in Schedule 2 of the Act as 'any civil liability arising, whether in tort, contract or otherwise, directly or vicariously from anything done or omitted by a member of an occupational association acting in the performance of the member's occupation.' However, s 6 (1) of the Act provides that the Act does not apply to liability for damages arising in a personal injury claim; a breach of trust or fraud and dishonesty. Section 6 (2) of the Act also provides that the Act does not apply to liability, which may be the subject of proceedings under part 9, division 2, subdivision C of the *Land Title Act 1994*.

"**Relevant Time**" refers to a cause of action founded on an act or omission, specifically to the time of that act or omission occurring.

"**Scheme**" means the Queensland Law Society Professional Standards Scheme.

"**Society**" means the Queensland Law Society.

"**Total annual fee income**" means the amount charged during a financial year for services provided by or on behalf of a Law Practice some of whose members are members of the Society to whom the Scheme applies.

2. Persons to Whom the Scheme Applies

2.1 The Scheme applies to:

2.1.1 Full and Honorary Members who hold a current Australian practising certificate who are not excluded or exempted under clauses 2.2 or 2.3 of the Scheme

2.1.2 all persons to whom, by virtue of ss 20, 21 or 21A[2] of the Act, the Scheme applies

2.1.3 all persons to whom clause 2.1.1 applied at the Relevant Time but no longer applies

2.1.4 all persons to whom clause 2.1.2 applied at the Relevant Time but no longer applies

2.2 A person referred to in clause 2.1 does not include a practitioner who only holds a Corporate practising certificate, or is a Government Legal Officer.

2.3 A person referred to in clause 2.1 may, on application, be exempted from participation in the Scheme by the Society. This clause does not apply to persons to whom the Scheme applies by virtue of ss 20 or 21 of the Act.

2.4 The Scheme is intended to operate as a scheme of Victoria, New South Wales. Queensland, South Australia, Western Australia, the Northern Territory and the Australian Capital Territory.

3. Limitation of liability

3.1. The Scheme limits the Occupational liability of a Participating Member for damages[3]

3.1.1. arising from a single cause of action founded on the act or omission in relation to the provision of legal services; and

3.1.2. to the extent those Damages exceed $1.5 million for the Participating Members in Class 1 of clause 3.3 or, as the case may be, $10 million for Participating Members in Class 2 of the table in clause 3.3.

3.2. If a Participating Member against whom proceeding relating to Occupational liability is brought is able to satisfy the Court that –

3.2.1. the Participating Member has the benefit of an insurance policy or policies insuring him or her against the Occupational liability to which the cause of action relates;

3.2.2. the insurance policy or policies comply with the insurance standards of the Society; and

3.2.3. the amount payable under the policy or policies in respect of that Occupational liability[4] is not less than the amount of the monetary ceiling (maximum amount of liability) specified in the third column of the Table in clause 3.3 as applying to such Participating Member to which the cause of action relates – the Participating Member is not liable in damages in relation to that cause of action above the amount of that monetary ceiling.

3.3. The monetary ceiling applicable for the purposes of limitation of liability under the Scheme at the Relevant Time is to be determined according to the following table.

Class	Description	Monetary ceiling
1	Participating Members who at the Relevant Time were in a Law Practice that consisted of up to and including 20 principals and where the Law Practice generates total annual fee income for the financial year at the Relevant Time up to and including $10 million	$1.5m

[2] Section 20 (1) of the Act provides that if the Scheme applies to a body corporate, the Scheme also applies to each officer of the body corporate. Section 20 (2) provides that if the Scheme applies to a person, the Scheme also applies to each partner of the person. However, s 20 (3) provides that if the officer of a body corporate or partner of a person is entitled to be member of the same occupational association, but is not a member, the Scheme will not apply to that officer or partner. Section 21 of the Act provides that if the Scheme applies to a person, the Scheme also applies to each employee of that person. However, if an employee of a person is entitled to be a member of the same occupational association as the person, but is not a member, the Scheme does not apply to that employee. Section 21A provides that the Scheme may also apply to other persons as specified in that section.

[3] Damages as defined in Schedule 2 of the Act means
a) damages awarded in respect of a claim or counter-claim or by way of set-off, and
b) costs in relation to the proceedings ordered to be paid in connection with the award, other than costs incurred in enforcing a judgment or incurred on an appeal made by a defendant; and
c) any interest payable on the amount of those damages or costs.

[4] Section 7A of the Act provides that a reference in the Act to the amount payable under an insurance policy in respect of an occupational liability includes a reference to –
(a) defence costs payable in respect of a claim, or notification that may lead to a claim (other than reimbursement of the defendant for the time spent in relation to the claim), but only if those costs are payable out of the one sum insured under the policy in respect of the occupational liability; and
(b) the amount payable under or in relation to the policy by way of excess'.

However, see also s 27A of the Act and its note, which has the effect that s 7A does not reduce the cap on the liability of the Participating Member to the client.

Class	Description	Monetary ceiling
2	a) Participating Members who at the Relevant Time were a Law Practice that consisted of greater than 20 Principals; or b) Participating Members who at the Relevant Time were in a Law Practice that generated total annual fee income for the financial year at the Relevant Time greater than $10 million.	$10m

3.4 Clause 3.2 does not limit the amount of damages to which a person to whom the Scheme applies is liable if the amount is less than the amount specified in the Table in clause 3.3 in relation to a person to whom the Scheme applies.

3.5 This Scheme limits the Occupational liability in respect of a cause of action founded on an act or omission occurring during the period when the Scheme was in force of any person to whom the Scheme applied at the time the act or omission occurred.

3.6 Notwithstanding anything to the contrary contained in this Scheme if, in particular circumstances giving rise to Occupational liability, the liability of any person who is subject to this scheme should be capped both by this Scheme and also by any other scheme under professional standards legislation (whether of this jurisdiction or under the law of any other Australian state or territory) and, if the amount of such caps should differ, then the cap on the liability of such person arising from such circumstances which is higher shall be the applicable cap.

4. Conferral of Discretionary Authority

4.1 The Society has discretionary authority, on application by a Participating Member, to specify in relation to the Participating Member, a higher maximum amount of liability (monetary ceiling) than would otherwise apply under the Scheme in relation to him or her either in all cases or any specified case or class of case.

4.2 If, in the exercise of its discretion under clause 4.1, the Society has specified a higher maximum amount of liability (monetary ceiling) than would otherwise apply under the Scheme in relation to a Participating Member, the maximum amount of liability (monetary ceiling) to that Participating Member is that higher maximum amount.

5. Commencement

5.1 This Scheme will commence on 1 July 2016. In the alternative, the Scheme will commence on the day that is 2 months after the date of notification in the Gazette in all States in which the Scheme is to apply.

6. Duration

6.1 This Scheme will be in force for a period of five (5) years from its commencement, subject to s 33 of the Act

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WORKERS COMPENSATION ACT 1987

WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION ACT 1998

Guidelines for Claiming Workers Compensation

I, Anthony Lean, Chief Executive, State Insurance Regulatory Authority, under sections 376, 260, 266 and 282 of the *Workplace Injury Management and Workers Compensation Act 1998* and sections 44A, 44BB, 60, 60AA, and 66A of the *Workers Compensation Act 1987*, issue the following guidelines.

Dated this 15th day of June 2016.

ANTHONY LEAN
Chief Executive
State Insurance Regulatory Authority

Guidelines for claiming workers compensation

Requirements, information and guidance for workers, employers, insurers and other stakeholders.

NSW GOVERNMENT | SIRA State Insurance Regulatory Authority

Contents

About these guidelines

The State Insurance Regulatory Authority (SIRA) is the NSW government organisation responsible for regulating and administering the workers compensation system in NSW.

SIRA has developed these *Guidelines for claiming workers compensation* (guidelines) in accordance with the legislation to support, inform and guide workers, employers, insurers and other stakeholders in the process of claiming workers compensation in NSW.

These guidelines explain what workers, employers and insurers must do in relation to claims under the NSW workers compensation legislation:

- *Workers Compensation Act 1987* (the 1987 Act)
- *Workplace Injury Management and Workers Compensation Act 1998* (the 1998 Act)
- *Workers Compensation Regulation 2010* (the 2010 Regulation).

SIRA issues these guidelines under section 376(1)(c) of the 1998 Act and they operate by force of law as delegated legislation. Specific sections of the workers compensation legislation that place obligations on stakeholders and provide guideline making powers are referenced throughout the document. Where these obligations and powers are referenced, the term 'must' has been adopted.

These guidelines also outline SIRA's expectation of best practice claims processes. Where these guidelines express SIRA's expectations but there is no specific legislative obligation, the term 'should' has been adopted.

Transitional provisions

Chapters B4.1 and B4.2 (Return to work assistance) of these guidelines commence from the date of gazettal.

All other chapters of these guidelines commence on 1 August 2016.

Accordingly, from 1 August 2016, these guidelines apply to all claims activities and replace the following:

- *WorkCover Guidelines for claiming compensation benefits* published in the NSW Government Gazette No. 125 on 8 October 2013 (page 4,340)
- *WorkCover Guidelines for work capacity* dated 4 October 2013
- *Guidelines for work capacity decision internal reviews by insurers and merit reviews by the authority* dated 4 October 2013
- *WorkCover Guidelines for the provision of domestic assistance 2004.*

Any SIRA document that makes reference to one of the above Guidelines is a reference to these guidelines.

What is their scope?

The guidelines apply to workers, employers and insurers as defined in the 1987 Act and the 1998 Act.

Insurers include:

1. Workers Compensation Nominal Insurer and its five agents: Allianz Australia Workers' Compensation (NSW) Limited, CGU Workers Compensation (NSW) Limited, Employers Mutual NSW Limited, GIO General Limited and QBE Workers Compensation (NSW) Limited.
2. SICorp through the Treasury Managed Fund and its three workers compensation claims management service providers: Allianz Australia Insurance Ltd, Employer's Mutual Limited and QBE Insurance Australia Limited.
3. Self insurers – those employers SIRA has licenced to manage their own workers compensation liabilities and claims.
4. Specialised insurers, who hold a licence to provide workers compensation insurance for a specific industry or class of business or employers.

The guidelines do not apply to:

- coal miner matters, as defined in the 1998 Act
- dust disease matters, as defined in the *Workers Compensation (Dust Diseases) Act 1942*
- claims made under the *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*.

Exempt categories of workers

The *Workers Compensation Legislation Amendment Act 2012* changed the workers compensation laws. The 2012 amendments do not apply to police officers, paramedics or fire fighters.

These workers were exempted from changes because of clause 25 of Part 19H of Schedule 6 to the 1987 Act. They are known as 'exempt categories of workers'.

Most requirements in these guidelines apply to exempt categories of workers. Please see Part C for information specific to exempt workers.

What do they cover?

The guidelines have three main sections:

Part A: How the claims process works	The main steps in the claims process, from initial notification of a work related injury to making and responding to a claim. This Part applies to all workers.
Part B: What compensation may cover	Types of compensation workers can claim, from weekly payments to payments such as medical expenses, domestic assistance and property damage.
Part C: Exempt categories of workers	Requirements for exempt categories of workers, where they vary from the requirements outlined in Part B.

Information for the reader

Words defined in the NSW workers compensation legislation have the same meaning in these guidelines.

References to applicable legislative provisions are made throughout the document where further information can be obtained.

Substantial compliance

If a worker, employer or insurer provides information or takes action that is substantially compliant with these guidelines, but is a technical breach of these guidelines, then the information or action remains valid unless a party has, as a result of that breach:

- been misled
- been disadvantaged, or
- suffered procedural unfairness.

This does not affect the obligations on workers, employers or insurers to fully comply with all applicable workers compensation legislation.

How can you learn more?

Workers or employers with queries about these guidelines or a claim should first contact the **insurer**.

SIRA's Customer Service Centre can help those who have raised a query or dispute with their insurer and are not satisfied with the outcome. It can also answer queries about these guidelines.

Please phone 13 10 50 or email contact@sira.nsw.gov.au.

Workers Compensation Independent Review Officer can help workers or employers with:

- complaints about their insurer
- disputes about an entitlement for compensation
- funding for legal assistance.

Please phone 13 94 76 or email complaints@wiro.nsw.gov.au.

Part A – How the claims process works

A1 Initial notification of an injury

About this section

The first step in claiming compensation for a work related injury is to notify the employer and insurer of that injury.

This section explains:

- when an initial notification must be made and who can do this
- what to include
- how the insurer must respond.

Notifying the employer and insurer

If a worker is injured at work, they must tell their employer as soon as possible after the injury happens, unless special circumstances apply. A worker can notify their employer verbally or in writing.

 Sections 254 and 255 of the 1998 Act

The employer must keep a readily accessible register of injuries in the workplace.

 Section 256 of the 1998 Act

When employers become aware of a work related injury, they must ensure their insurer is notified within 48 hours. This notification can also be made by:

- the worker
- a representative of either the worker or the employer (such as a doctor or union representative).

Notifications can be written (including by email) or verbal (including by phone). This notification to the insurer is called the 'initial notification'.

 Sections 44 and 266 of the 1998 Act

In any case, the worker or representative should ask the employer for the insurer's name. The employer must provide the insurer's name to the worker. If the employer does not or cannot give a name, the worker can phone the SIRA Customer Service Centre on 13 10 50 or email contact@sira.nsw.gov.au.

How to notify an insurer of a work related injury

As the notifier, the following information is required to be provided to the insurer:

Worker	■ Name ■ Contact details (including a phone number and postal address)
Employer	■ Business name ■ Business contact details
Treating doctor (where relevant)	■ Name ■ Name of medical centre or hospital
Injury	■ Date of the injury or the period over which the injury emerged ■ Time of the injury ■ Description of how the injury happened ■ Description of the injury
Notifier	■ Name ■ Relationship to the worker or employer ■ Contact details (including phone number and postal address)

Confirming the employer's policy

If the insurer cannot find a policy that covers the employer within three business days of receiving a notification, the notified insurer should contact the employer and the notifier to learn more and take the below actions.

If it cannot identify the policy, the notified insurer should:

- tell the worker, employer and notifier that it is not the current insurer
- refer the notification to the SIRA Customer Service Centre.

If the current insurer can be identified, the notified insurer should:

- pass the notification on to the current insurer immediately
- advise the worker, employer and notifier in writing.

Acting on the initial notification

If the insurer receives an incomplete notification, it should tell the notifier (and the worker, where possible) within three business days and specify the information needed.

The date the notification is completed becomes the 'initial notification date', which affects provisional payments (see A2).

Section 266 of the 1998 Act

Once the notification is complete, the insurer must review the information and take one of these actions:

5. Start provisional payments (see A2).
6. Delay starting provisional weekly payments due to a reasonable excuse (see A2).
7. Determine liability (see Part B or Part C).

A2 Provisional payments

About this section

The insurer may make provisional payments before it determines liability (see Part B or Part C) to cover:

- up to 12 weeks of payments for loss of income
- up to $7,500 for reasonably necessary medical treatment.

Sections 267, 275 and 280 of the 1998 Act

This section sets out the steps the insurer must take to:

- start provisional payments
- delay starting provisional weekly payments due to a reasonable excuse.

Starting provisional payments

Once the insurer has received an initial notification of an injury, it must start provisional weekly payments within seven calendar days unless it has a reasonable excuse not to. For more information on how the insurer will gather information to calculate weekly payments, see B1.1 and C1.1.

The insurer may also commence payments for medical expenses on a provisional basis.

A reasonable excuse may apply to provisional weekly payments, but not to provisional medical payments.

Section 279 of the 1998 Act

Where provisional medical payments are to be made, these should be commenced as soon as possible. Where a worker claims medical expenses but these are not paid under provisional payments, the insurer must determine liability within 21 calendar days (see B2).

Starting provisional payments does not mean the insurer or employer admits liability for the injury. It simply allows the insurer to provide the worker with financial assistance and early intervention whilst they perform any necessary investigations and determine liability on the claim.

Where the insurer does not commence provisional payments and/or issue a reasonable excuse, the worker may seek assistance from:

- the insurer
- SIRA's Customer Service Centre on 13 10 50
- Workers Compensation Independent Review Officer (WIRO) on 13 94 76

The worker also has a right to seek an expedited assessment by application to the Registrar of the Workers Compensation Commission. The Registrar (or delegate) of the Workers Compensation Commission may direct that provisional payments commence under an interim payment direction.

Sections 297 of the 1998 Act

How to start provisional weekly payments

As an insurer, when starting provisional payments you must notify the worker in writing. You should also inform the employer.

The notice must explain:

- that the payments have started but are on a provisional basis
- how long they are expected to last for
- that an injury management plan will be developed if the worker is unable to return to their pre-injury employment for seven continuous days
- that the worker can make a claim and how to do so.

It should also include:

- the worker's pre-injury average weekly earnings
- the amount of weekly payment and how that amount has been calculated (including a copy of the completed PIAWE form where one has been provided)
- who will pay the worker (either the employer or the insurer)
- what to do if the worker disagrees with the amount or does not receive payment
- what information the worker needs to provide the insurer for weekly payments to continue.

You should also supply a claim form and the Information for injured workers brochure.

 Section 269 of the 1998 Act

If you include information in this notice which is a work capacity decision, you should ensure that it is communicated to the worker as prescribed in the 'Work capacity decision' chapter (see B1.3).

Delaying provisional weekly payments

Where applicable, prior to delaying provisional weekly payments, the insurer should attempt to resolve the reasonable excuse.

The insurer has a reasonable excuse for not starting provisional weekly payments if any of the following apply:

There is insufficient medical information	The insurer does not have enough medical information to establish that there is an injury, as a *Workers compensation certificate of capacity* or other medical information certifying that an injury has occurred, has not been provided. **Note**: Use discretion for workers in remote areas if access to medical treatment is not readily available.
The injured person is unlikely to be a worker	The person cannot verify they are a worker or the employer can verify that they are not a worker. If there is any doubt that someone is a worker under the workers compensation law, the insurer must verify that person's status. Information that confirms this may include but is not limited to: ■ the employer agreeing to the worker's status ■ the worker's payroll number ■ a current payslip or a bank statement with regular employer payments ■ a contract of employment or services. Sections 4 and 5, and Schedule 1, of the 1998 Act
The insurer is unable to contact the worker	The insurer has not been able to contact the worker after at least: ■ two attempts by phone (made at least a day apart) ■ one attempt in writing (which may include an attempt by email).
The worker refuses access to information	The worker will not agree to the release or collection of personal or health information relevant to the injury to help determine their entitlement to compensation.
The injury is not work related	The insurer has information that: ■ the worker did not receive an injury which is compensable under the NSW workers compensation law, or ■ strongly indicates that compensation for an injury may not be payable under the workers compensation law. If the employer believes the injury is not work related, it should provide to the insurer supporting information, such as: ■ medical information that the condition already existed and has not been aggravated by work ■ factual information that the injury did not arise from or during employment. **Note**: Suspicion, innuendo, anecdotes or unsupported information from any source, including the employer, is not acceptable. Section 4 of the 1998 Act and sections 9A, 9B and 10 of the 1987 Act
There is no requirement for weekly payments	A notification of injury has been received; however the insurer has verbal or written confirmation from the worker and employer that they do not anticipate that weekly payments will be claimed.
The injury is notified after two months	The notice of injury is not given to the employer within two months of the date of injury. **Note**: The insurer should disregard this excuse if liability is likely to exist and it believes provisional payments will be an effective way to manage the injury.

Section 267 of the 1998 Act

How to communicate a reasonable excuse for delaying payments

As an insurer, if you have a reasonable excuse for not starting provisional weekly payments, you:

- must give the worker written notice within seven days of receiving the initial notification
- should also tell the employer in writing as soon as possible.

The notice to the worker must set out:

- the excuse(s), and should include copies of all relevant information you considered in the decision
- that the worker can still make a claim for compensation, which the insurer will determine within 21 days of receipt
- how the worker can make that claim.

You should supply a claim form and explain:

- how the excuse can be resolved
- that the worker can talk to the insurer for further information
- that the worker can seek help from their union, SIRA's Customer Service Centre on 13 10 50 or Workers Compensation Independent Review Officer on 13 94 76.
- that the worker has a right to seek an expedited assessment by application to the Registrar of the Workers Compensation Commission.

 Section 268 of the 1998 Act

Stopping provisional payments

The insurer can stop provisional weekly payments if the worker does not supply, within seven days of receiving a request for:

- a certificate of capacity, or
- a signed form of authority to allow the insurer to obtain information about the injury.

 Section 270 of the 1998 Act

Provisional weekly payments can also be stopped if:

- the worker returns to work before the provisional payments end and faces no ongoing loss of earnings, or
- liability for the claim for weekly payments is accepted or disputed.

The insurer can stop provisional medical payments if:

- the worker is not seeking any further medical treatment for the injury, or
- liability for the medical expenses claim is accepted or disputed.

If liability for compensation benefits is disputed while provisional payments are being made, the insurer must issue a notice of dispute (see B10 or C4).

 Section 74 of the 1998 Act

A3 Claims for compensation

About this section

In making a claim, workers are asserting a right to receive workers compensation because they believe they meet the legal requirements for receiving benefits.

This section sets out:

- how a worker can make a claim
- what must happen after the claim has been submitted.

For more on claiming a specific entitlement, please see Part B or Part C.

Requirement for a claim form

A worker is able to complete and submit a claim form to the insurer at any time. A claim form is available at www.sira.nsw.gov.au.

A claim form is required if:

- a reasonable excuse notice has been issued and the excuse continues to exist, or
- compensation is likely to be claimed beyond provisional payments and the insurer determines that there is insufficient information to determine ongoing liability.

The insurer can waive the requirement for a worker to submit a claim form, if they determine they have enough information to make a liability determination.

The claim must be made within six months of a worker's injury or accident (or within six months of a worker becoming aware of an injury). This time limit may be extended in certain circumstances.

 Section 261 of the 1998 Act

Information required to support a claim

As a worker, if you are claiming compensation, you must supply information that shows you:

- were employed

 Sections 4 and 5, and Schedule 1, of the 1998 Act

- received an injury from or during the employment
- have lost income, need medical treatment or may incur other expenses because of that injury.

You can also provide other information that supports your claim.

Responding to a claim

The employer must:

- forward any workers compensation claim or information about a claim to the insurer within seven days of receiving it
- respond to the insurer's requests for information about a claim within seven days.

 Section 264 of the 1998 Act

If the insurer cannot find a policy that covers the employer within three business days of the claim being made, the insurer must follow the steps in A1.

In all other circumstances, the insurer must assess the information and decide on its liability within the timeframes the law specifies. It will either:

- accept liability (see B1.1-B9 or C1.1-C3)
- dispute liability (see B10 or C4).

Part B – What compensation may cover

B1.1 Weekly payments

This chapter does not apply to exempt categories of workers (police officers, fire fighters, paramedics). These workers should refer to chapter C1.1 and C1.2 for information on weekly payments.

About this section

Weekly payments may be made to a worker to compensate for loss of earnings as a result of a work related injury.

This section explains how the insurer can:

- assess the worker's entitlement
- calculate pre-injury average weekly earnings
- calculate the weekly payments.

Understanding eligibility

To be entitled to weekly payments, the worker must be:

- totally or partially incapacitated for work due to an injury
- losing earnings due to the incapacity.

How to demonstrate capacity

As a worker, you must provide a completed *Workers compensation certificate of capacity* (your medical practitioner will have this).

Part A of the certificate should be completed by you.

Part B of the certificate must be completed by the medical practitioner and:

- specify a period of no more than 28 days (if the medical practitioner gives special reasons for a longer period that satisfy the insurer, the certificate may be accepted)
- certify your capacity for work during this period, which must be no more than 90 days before the date the certificate is provided
- state the expected length of your incapacity.

Part C of the certificate must be completed by you.

 Section 44B of the 1987 Act

You can give the certificate to the insurer, or to your employer who must forward it to the insurer within seven days.

 Section 264 of the 1998 Act

Determining liability

The insurer must within 21 days of receiving a claim for weekly payments:

- accept liability and start weekly payments, or
- dispute liability (see B10).

However, if the insurer has started provisional payments and notified the worker (see A2), it only needs to determine liability before these provisional payments end (no more than 12 weeks).

 Section 275 of the 1998 Act

Calculating pre-injury average weekly earnings (PIAWE)

The insurer should ask the employer and worker for information to calculate the worker's PIAWE.

 Sections 44C, 44D, 44E, 44F, 44G and 44H of the 1987 Act

Workers and employers can either:

- complete the *Calculating pre-injury average weekly earnings* form (see www.sira.nsw.gov.au), or
- give the insurer the minimum information necessary, which the form outlines.

Workers with more than one current employer or who are self-employed should provide any other information the insurer needs to correctly calculate their PIAWE.

 Schedule 3 of the 1987 Act

The insurer should calculate the PIAWE promptly to work out the worker's weekly payment entitlement and meet the legislative timeframes for commencing weekly payments (seven days for provisional payments or 21 days for accepting liability).

The insurer should then try to agree on the amount with the worker and employer.

This calculation is a work capacity decision and should be communicated as outlined in B1.3. If the worker disagrees with the calculated PIAWE, they can ask the insurer to review it (see B1.4).

Sections 43 and 44BB of the 1987 Act

If the insurer is required to start weekly payments but does not have enough information to determine PIAWE, it should identify a suitable work classification in an award or industrial instrument and use the ordinary earnings rate for setting PIAWE at an interim rate. The insurer should try to get the missing information as soon as possible and review the PIAWE so the worker receives the correct amount. Where the PIAWE amount is incorrect, the insurer should advise the worker in a work capacity decision of the new PIAWE amount and how any discrepancies will be remedied.

Calculating weekly payments

The insurer must use a formula from the 1987 Act to calculate the worker's weekly payments. The formulas are referenced in the table at the end of this chapter.

Sections 36, 37, 38 and 38A of the 1987 Act

The amount the insurer must pay depends on, but is not limited to:

- whether the worker has current work capacity or no current work capacity (as defined at s32A of the 1987 Act)
- the worker's PIAWE and any current weekly earnings
- how long the worker has received weekly payments
- whether the worker has returned to work
- the worker's ability to earn in suitable employment
- whether the worker's income includes non-pecuniary benefits from the employer (for example, residential accommodation, use of a car, health insurance or education fees).

Division 2 of Part 3 of the 1987 Act

If the worker is earning in any paid employment, the worker must provide enough information for the insurer to calculate the correct weekly amount.

The weekly payment entitlement period starts on the day of the worker's first incapacity (total or partial) from a work related injury. This means that what constitutes a week is different for each worker and there is no set period (as in Sunday to Saturday).

For example, for a worker first incapacitated on a Wednesday, their weekly entitlement period is Wednesday to Tuesday.

A worker's entitlement week may not correspond with the worker's payroll week; however workers should continue to be paid in line with their payroll period. The insurer should calculate the worker's weekly payment and adjust it to their payroll week and where necessary, inform the employer of the payments to be made.

Section 84 of the 1987 Act

When calculating weekly payments, the earnings factor of the calculation must be in accordance with the entitlement period, not the payroll week.

Where weekly payments change because of entitlement periods, the insurer should advise the worker, by phone (keeping a record of the conversation) and in writing.

If making payments directly to the worker, the insurer must ask the worker to fill in an Australian Taxation Office tax file number declaration form and must arrange for tax to be paid in line with income tax law.

How to start weekly payments

As the insurer, you should inform the worker and employer in writing when starting weekly payments. This information should explain:

- that the payments have started as the insurer has accepted liability for them
- the amount of weekly payment and how that amount has been calculated (including a copy of the completed PIAWE form where one has been provided)
- who will pay the worker (either the employer or the insurer)
- what to do if the worker disagrees with the amount calculated and explain the review process
- what to do if the worker does not receive payment
- that an injury management plan will be developed, if the worker is unable to return to their pre-injury employment for seven continuous days
- that to continue to be entitled to weekly payments the worker must give the employer or insurer a properly completed *Workers compensation certificate of capacity*

 Section 44B of the 1987 Act

- that the worker must tell the insurer of any change in employment that affects their earnings, such as starting work for another employer.

 Sections 57 of the 1987 Act

If you include information which is a work capacity decision, you should ensure that it is communicated to the worker as outlined in the 'Work capacity decision' chapter (see B1.3).

You should also include the *Information for injured workers* brochure.

Weekly payments

<table>
<tr><th>Entitlement period</th><th>Section of the 1987 Act</th><th>No current work capacity (inability to return to work in suitable or pre-injury employment)</th><th colspan="2">Has current work capacity (able to return to suitable employment but not pre-injury employment)</th></tr>
<tr><td>0–13 weeks – 1st entitlement period</td><td>36</td><td>The lesser of:
(AWE x 95%) – D
OR
MAX – D</td><td colspan="2">The lesser of:
(AWE x 95%) – (E+D)
OR
MAX – (E+D)</td></tr>
<tr><td rowspan="2">14–130 weeks – 2nd entitlement period</td><td rowspan="2">37</td><td rowspan="2">The lesser of:
(AWE x 80%) – D
OR
MAX – D</td><td>Working less than 15 hours per week</td><td>Working 15 hours or more per week</td></tr>
<tr><td>The lesser of:
(AWE x 80%) – (E+D)
OR
MAX – (E+D)</td><td>The lesser of:
(AWE x 95%) – (E+D)
OR
MAX – (E+D)</td></tr>
<tr><td>53 weeks onwards</td><td>44C</td><td colspan="3">Exclude overtime and shift allowance from AWE</td></tr>
<tr><td rowspan="2">131–260 weeks – special requirements after second entitlement period</td><td rowspan="2">38</td><td colspan="3">Cessation of weekly benefits after 130 weeks of weekly payments unless:</td></tr>
<tr><td>Worker is assessed as having no current work capacity which is likely to continue indefinitely.
The lesser of:
(AWE x 80%) – D
OR
MAX – D</td><td colspan="2">Worker has applied to the insurer after 78 weeks for continuation of weekly payments beyond 130 weeks, and
is working 15 hours or more and has current weekly earnings of at least the amount specified in s38 (3) (b) (as indexed) per week, and
the insurer has assessed the worker is, and is likely to continue indefinitely to be, incapable of undertaking additional employment that would increase the worker's current weekly earnings
OR
worker has applied to the insurer after 78 weeks for continuation of weekly payments beyond 130 weeks, and
worker is a worker with high needs (as defined in s32A of the 1987 Act).
The lesser of: (AWE x 80%) – (E+D)
OR
MAX – (E+D)</td></tr>
<tr><td>Certain circumstances don't affect payments after second entitlement period</td><td>40</td><td></td><td colspan="2">Worker continues to have an entitlement under s38 even if the worker, for up to four weeks in the first 12 consecutive week period (or any subsequent consecutive period of 12 weeks of s38 payments), has:
worked more or less hours (even if less than 15hrs) than the hours worked at the time of making the s38 application, or received higher or lower current weekly earnings (even if less than the amount specified in s38 (3) (b) (as indexed) per week).</td></tr>
<tr><td>Special provision for workers with highest needs</td><td>38A</td><td colspan="3">If the determination of weekly payments for a worker with highest needs is less than a minimum amount, the amount payable is to be treated as the minimum amount.</td></tr>
<tr><td>Special compensation because of surgery after the second entitlement period</td><td>41</td><td colspan="3">Special compensation for incapacity resulting from injury related surgery is payable at s37 rate: incapacity must not occur during the first 13 consecutive weeks after the end of the second entitlement period; payable for a maximum period of 13 weeks following surgery; and only if the worker is not otherwise entitled to payment under s38 after 130 weeks.
To be eligible the worker must have received weekly payments and had current work capacity prior to incapacity from injury related surgery; and must have returned to work after the initial injury for 15 hours or more and have current weekly earnings of at least the amount specified in s38 (3) (b) (as indexed) per week.</td></tr>
<tr><td>After five years (260 weeks) of weekly payments</td><td>39</td><td colspan="3">Weekly payments of compensation cease to be payable unless the worker's injury results in a permanent impairment greater than 20%.
Worker with high needs may continue after 260 weeks but require a work capacity assessment to be done at least once every two years.
Workers with highest needs continue to be entitled to weekly payments without the requirement for a work capacity assessment.
A worker's entitlement after 260 weeks is still subject to the requirements of s38.</td></tr>
</table>

Factors	Definition
MAX (Section 34 of the 1987 Act)	The maximum weekly compensation amount applicable as prescribed in section 34 and indexed. Refer to www.sira.nsw.gov.au for maximum amount.
D (Section 35 of the 1987 Act)	Deductible amount, sum of the value of each non-pecuniary benefit (for example residential accommodation, use of a motor vehicle, health insurance, education fees) provided by the employer to a worker (for the benefit of the worker or their family) in respect of that week.
E (Section 35 of the 1987 Act)	Worker's earnings after the injury and is the greater of the amount the worker is able to earn in suitable employment or the worker's current weekly earnings.
AWE (Section 44C of the 1987 Act)	Also known as pre-injury average weekly earnings (PIAWE). Average of worker's ordinary earnings during the relevant period plus overtime and shift allowance. *Overtime and shift allowance only to be included in the PIAWE calculation in the first 52 weeks.*
Workers with high needs (Section 32A of the 1987 Act)	A worker whose injury has resulted in permanent impairment and: a. the degree of permanent impairment has been assessed for the purposes of Division 4 to be more than 20%, or b. an assessment of the degree of permanent impairment is pending and has not been made because an approved medical specialist has declined to make the assessment on the basis that maximum medical improvement has not been reached and the degree of permanent impairment is not fully ascertainable, or Note. Paragraph b. no longer applies once the degree of permanent impairment has been assessed. c. the insurer is satisfied that the degree of permanent impairment is likely to be more than 20% d. includes a worker with highest needs.
Workers with highest needs (Section 32A of the 1987 Act)	A worker whose injury has resulted in permanent impairment and: a. the degree of permanent impairment has been assessed for the purposes of Division 4 to be more than 30%, or b. an assessment of the degree of permanent impairment is pending and has not been made because an approved medical specialist has declined to make the assessment on the basis that maximum medical improvement has not been reached and the degree of permanent impairment is not fully ascertainable, or Note. Paragraph b. no longer applies once the degree of permanent impairment has been assessed. c. the insurer is satisfied that the degree of permanent impairment is likely to be more than 30%.

This information is general and does not replace the 1987 Act or 2010 Regulation.

B1.2 Work capacity assessments

This chapter does not apply to exempt categories of workers (police officers, fire fighters, paramedics).

About this section

Where a worker is entitled to receive weekly payments, an insurer may review their capacity to work. This is called a work capacity assessment. The insurer may consider this necessary for the purpose of informing a work capacity decision (see B1.3).

This section sets out:

- what an insurer must do when conducting a work capacity assessment
- when a work capacity assessment can be conducted.

Understanding work capacity assessments

An insurer performs a work capacity assessment to determine whether a worker has:

- current work capacity – a present inability arising from an injury such that the worker is not able to return to his or her pre-injury employment but is able to return to work in suitable employment, or
- no current work capacity – a present inability arising from an injury such that the worker is not able to return to work, either in the worker's pre-injury employment or in suitable employment.

 Sections 32A and 44A of the 1987 Act

Assessing work capacity

A work capacity assessment should consider two questions:

1. Does the worker have a present ability to return to their pre-injury employment?
2. Does the worker have a present ability to return to suitable employment?

A work capacity assessment can be simple and based on limited information, or it can be more complex, such as where the worker has some capacity but cannot return to their pre-injury employment.

Insurers should consider the principles of procedural fairness, including fair notice, when making any assessment that may affect a worker's rights or interests. Insurers will need to determine what the principles of procedural fairness require, on a case by case basis, having regard to the nature and potential consequences of the outcome of the assessment.

A worker is able to provide any information to the insurer that they wish to be considered in a work capacity assessment (for example certificate of capacity, treating specialist reports, job description).

The insurer must keep a record of a work capacity assessment in the worker's file, including the:

- work capacity assessment date
- where applicable, dates of contact with the worker and case notes of discussion points
- details and dates of any other assessment the worker had to attend
- assessor's identity
- outcome of the assessment (for example, whether a work capacity decision is required).

If the insurer assesses that the worker cannot return to their pre-injury employment, then it must assess if the worker can instead work in other employment that is suitable.

If this is the case, the insurer must also identify the type(s) of employment the worker is currently suited to.

 Section 44A of the 1987 Act

Assessing suitable employment

The insurer should assess suitable employment using all the available information and applying the definition within the legislation.

suitable employment *means employment in work for which the worker is currently suited:*

(a) having regard to:

(i) the nature of the worker's incapacity and the details provided in medical information including, but not limited to, any certificate of capacity supplied by the worker (under section 44B), and

(ii) the worker's age, education, skills and work experience, and

(iii) any plan or document prepared as part of the return to work planning process, including an injury management plan under Chapter 3 of the 1998 Act, and

(iv) any occupational rehabilitation services that are being, or have been, provided to or for the worker, and

(v) such other matters as the Workers Compensation Guidelines may specify, and

(b) regardless of:

(i) whether the work or the employment is available, and

(ii) whether the work or the employment is of a type or nature that is generally available in the employment market, and

(iii) the nature of the worker's pre-injury employment, and

(iv) the worker's place of residence.

 Section 32A of the 1987 Act

Timing the assessments

Insurers can perform a work capacity assessment whenever they need to assess a worker's work capacity.

An insurer must perform a work capacity assessment after a worker has received a total of 78 weeks of weekly payment, where it is likely that the worker will have an entitlement to weekly payments after receiving 130 weeks of weekly payments. This assessment must be completed prior to the worker accumulating 130 weeks of weekly payments. Before the insurer does this assessment it must notify the worker in writing including:

- the purpose of the assessment
- what information the worker can provide to the insurer for consideration
- the expected completion date
- the matters it may decide on.

Where the insurer assesses the worker as having a current work capacity, it must provide them with the *Application for continued weekly payments after 130 weeks* form and inform them they need to use this form to apply in writing for weekly payments to continue. See www.sira.nsw.gov.au for this form.

 Section 38 of the 1987 Act

The insurer must assess the worker's current work capacity at least every two years from the date of this assessment.

Insurers must not perform a work capacity assessment for a worker with highest needs, unless the worker requests one and the insurer thinks it appropriate.

 Sections 32A and 38 of the 1987 Act

Attending assessment appointments

An insurer may use available information to assess work capacity, or they may require the worker to attend an assessment appointment if further information is required. Any assessment appointments required by the insurer must be reasonably necessary. A worker cannot be required by the insurer to attend more than four appointments per work capacity assessment. Of these there cannot be more than:

- one appointment with the same type of medical specialist (for example orthopaedic surgeon, psychiatrist)
- one appointment with the same type of health care professional (for example physiotherapist, psychologist).

 Section 44A (5) of the 1987 Act

If the worker is required to attend an appointment with an independent medical examiner, this must be in accordance with the *Guidelines on independent medical examinations and reports*.

The insurer must advise the worker of the date and time of each appointment at least 10 working days before the appointment occurs. The advice must include:

- location of the appointment
- the purpose of the appointment and how it may inform the work capacity assessment
- that refusing to attend, or failing to properly participate so that the assessment at the appointment cannot take place, may result in the insurer suspending weekly payments until the assessment appointment is completed.

 Section 44A (6) of the 1987 Act

If the worker agrees, the insurer can set the date of an assessment appointment in less than 10 working days. The insurer should keep a record of this discussion.

Suspending benefits due to refusal or non-participation

Where the insurer requires the worker to attend an assessment appointment and the worker has refused to attend or the assessment did not take place due to the failure of the worker to properly participate in the assessment, the insurer may suspend a worker's weekly payments. Before suspending the payments, the insurer should be satisfied that it possesses sufficient information to confirm that the worker has refused to attend the appointment or the assessment did not take place due to the failure of the worker to participate in the assessment.

The insurer should advise the worker that weekly payments will remain suspended until the assessment appointment has taken place. Where suspension has occurred, the insurer should expedite the new assessment appointment and advise the worker of the details.

 Section 44A (6) of the 1987 Act

B1.3 Work capacity decisions

This chapter does not apply to exempt categories of workers (police officers, fire fighters, paramedics).

About this section

A work capacity decision is made by an insurer and may affect a worker's entitlement to weekly payments.

This section sets out:

- what is a work capacity decision
- what the insurer should do when making a work capacity decision
- how the insurer should communicate a work capacity decision to the worker.

Understanding work capacity decisions

An insurer may make a work capacity decision about:

- the worker's current work capacity
- what is suitable employment for the worker
- how much the worker can earn in suitable employment
- the worker's pre-injury average weekly earnings (PIAWE) or current weekly earnings
- whether a worker is, as a result of injury, unable without substantial risk of further injury to engage in employment of a certain kind because of the nature of that employment
- any other decision of an insurer that affects a worker's entitlement to weekly payments of compensation, including a decision to suspend, discontinue or reduce the amount of the weekly payments of compensation payable to a worker on the basis of any decision referred to in the above bullet points.

 Section 43 of the 1987 Act

Insurers make work capacity decisions regularly throughout the life of a claim.

Insurers should consider the principles of procedural fairness, including fair notice, when making any decision that may affect a worker's rights or interests. Insurers will need to determine what the principles of procedural fairness require, on a case by case basis, having regard to the nature and potential consequences of each decision that may be made.

It is important that work capacity decisions are not confused with other claim decisions. For instance, these are not work capacity decisions:

- a decision to dispute liability for weekly payments (see B10)
- a decision to dispute liability for a medical, hospital or rehabilitation expense (see B10).

Work capacity decisions that do not change the amount of weekly payments that a worker receives can be simple and based on limited information. These decisions do not require any process that could potentially interrupt or delay weekly payments, however the worker should be informed of the decision and the right to request an internal review if they do not agree with the decision.

Work capacity decisions can be more complex, such as where an insurer is making a decision that establishes or changes the amount of weekly payments that a worker will receive. In these cases, the insurer should provide to the worker, all the information and reasons used to make a work capacity decision that establishes or changes a worker's amount of weekly payments for example:

- PIAWE
- ability to earn in suitable employment.

Where a worker has received weekly payments for a continuous period of at least 12 weeks, the insurer must provide a three month period of notice before the work capacity decision that reduces or terminates the worker's weekly payments takes effect. This provides an opportunity for workers to seek a review of the decision and to submit additional information to be considered in the review (See B1.4).

Section 54 of the 1987 Act

Where an insurer identifies that they have made an error in a work capacity decision, they should make a new work capacity decision and inform the worker accordingly.

How to advise the worker of the work capacity decision

As an insurer, you can advise the worker of a work capacity decision in different ways.

Where the decision does not change the amount of weekly payments that a worker receives, you should contact the worker to inform them of the decision and the right to request an internal review if they do not agree with the decision. You should also keep a record of the communication.

Where the decision establishes or changes the amount of weekly payments that a worker receives, this should be communicated in writing and by phone providing the following information:

- the work capacity decision
- its consequences, including any effects on the worker's entitlement to weekly payments and future medical, hospital and rehabilitation services under Division 3 of Part 3 of the 1987 Act
- reasons for the decision
- the information considered
- the date that the work capacity decision takes effect including when the required period of notice will cease
- the process for requesting an internal review of the decision
- the date by which the worker needs to apply for a stay of the decision to operate (see B1.4)
- that if the worker requests a review:
  - they may provide any additional information relevant to the request for the internal review
  - they need to specify the decision or decisions for review and the grounds on which the review is sought
  - the operation of any stay on the original decision during the review.
- the review process after an internal review
- the *Work capacity – application for internal review by insurer* form
- that the worker can seek help from their insurer, SIRA's Customer Service Centre on 13 10 50, the Workers Compensation Independent Review Officer (WIRO) on 13 94 76, or their trade union.

You can include the work capacity decision in other correspondence, but it should always be clearly identified. For example, a letter accepting liability for a claim for weekly payments might include the work capacity decision with the amount of the worker's PIAWE.

The work capacity decision can be delivered personally to a worker. Where provided to the worker by post, the work capacity decision is taken to have been delivered to the worker on the fourth working day after it was posted. Any required period of notice needs to include this additional time period.

Section 76 of the *Interpretation Act 1987*

B1.4 Reviews of work capacity decisions

This chapter does not apply to exempt categories of workers (police officers, fire fighters, paramedics).

About this section

A worker can ask for a work capacity decision to be reviewed.

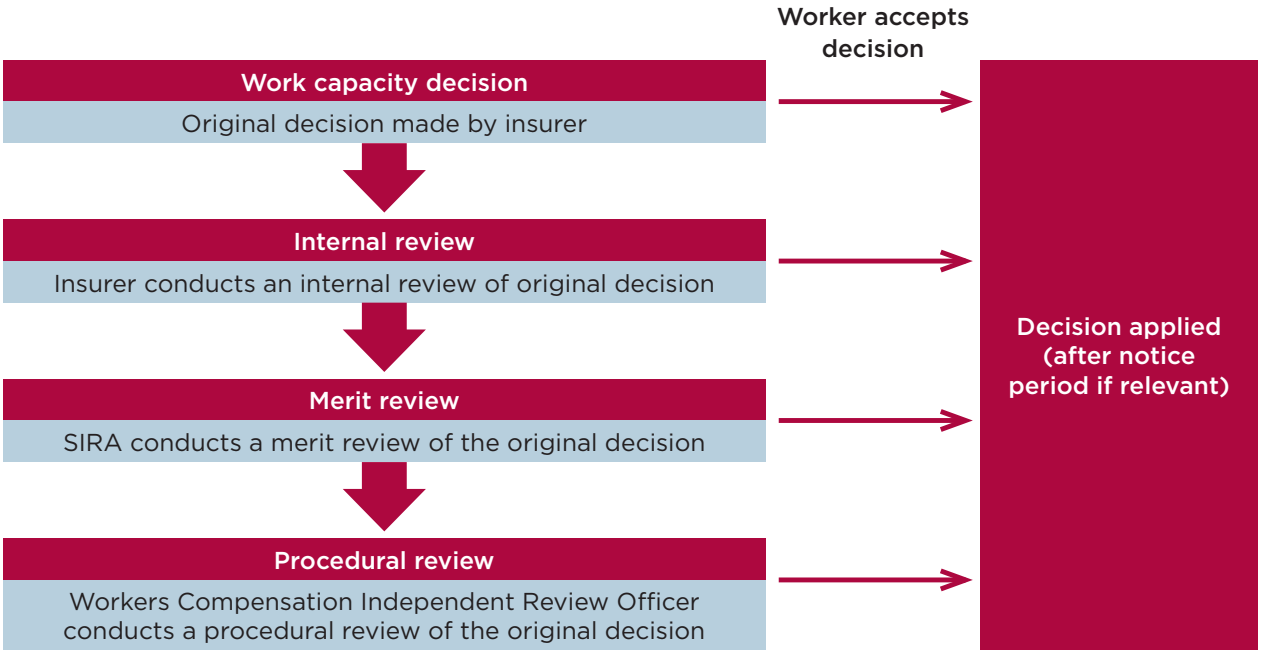
This section explains:

- the different types of reviews
- the stay of a work capacity decision
- how a worker can apply for a review
- what an insurer must do for an internal review.

Understanding the available review options

A work capacity decision can only be reviewed if the worker makes an application for the decision to be reviewed. There are three types of administrative review:

1. an internal review, where the insurer undertakes the review and informs the worker of the review decision
2. a merit review, where SIRA undertakes the review and informs the worker and insurer of its findings and recommendations
3. a procedural review, where the Workers Compensation Independent Review Officer (WIRO) undertakes the review and informs the worker, insurer and SIRA of its findings.



Section 44BB of the 1987 Act

Additionally, workers may seek a judicial review of work capacity decisions by the Supreme Court of NSW.

The stay of a work capacity decision

Where a work capacity decision is made by an insurer, the worker is able to request the work capacity decision be reviewed. Where the work capacity decision involves discontinuation or reduction of a worker's weekly payments, an application for review may act to stay the operation of the work capacity decision.

Where a stay operates, it temporarily prevents the insurer taking action on the decision for the period between the application for the review and the notification of the decision or findings of the review.

The purpose of the stay is to provide protection to the worker by maintaining their weekly payments while the review is being undertaken.

A stay can only prevent a decision taking effect. It cannot reinstate what has already occurred.

A stay does not extend the required period of notice contained in the work capacity decision. If the required period of notice expires at a time when a review is not being undertaken, the worker's weekly payment of compensation will be reduced or discontinued in accordance with the work capacity decision. If the worker then subsequently applies for a review, for example, a merit review by SIRA, the workers weekly compensation rate during the review will continue at the rate shown in the work capacity decision.

An application for review can stay the effect of the decision if it is made in these timeframes:

Review type	A stay applies where the worker:
Internal review	Applies to the insurer within 30 days of receiving the work capacity decision.
Merit review	Applies to SIRA: ■ within 30 days of receiving the insurer's internal review decision (or after 30 days from making an application to the insurer for an internal review, where the insurer has failed to conduct the internal review and notify the worker within 30 days), and ■ before the work capacity decision has taken effect after the required notice period.
Procedural review	Applies to WIRO: ■ within 30 days of receiving the merit review findings, and ■ before the work capacity decision has taken effect after the required notice period.

A stay will no longer apply if a worker withdraws a review application.

Applying for an internal review

A worker can apply to the insurer to perform an internal review of the work capacity decision at any time. The worker must apply for an internal review within 30 days of receiving the work capacity decision advice for a stay of the decision to apply during the internal review process. The application must be made by supplying a completed *Work capacity – application for internal review by insurer* form to their insurer. The form is available from www.sira.nsw.gov.au or the insurer.

The application form must identify the decision that the worker is requesting be reviewed and include the worker's reasons for seeking the review of the decision. It can also include additional relevant information for the insurer to consider (for example medical or employment information).

The insurer cannot refuse to perform an internal review after receiving a review application.

How to acknowledge and respond to a request for internal review

As an insurer, your response will vary depending on the timing of a worker's application for an internal review.

If a worker applies **within 30 days** of being notified of the work capacity decision, your response must explain that the work capacity decision is stayed and the decision will not take effect until you notify them of your internal review decision, or at the end of the notice period, whichever is later.

If a worker applies **after 30 days** of being notified of the work capacity decision, your response must explain that the work capacity decision is not stayed and the decision will take effect at the end of the required notice period.

In both cases, your response must be in writing and posted to the worker within five business days of receipt of the application. The communication must include:

- that the review will be completed within 30 days of the application being made by the worker
- the date by which the worker will be notified (with consideration to the postal rule)
- how to apply for a merit review, and that this option is available if the worker does not receive the decision within 30 days of making the application for internal review
- the *Work capacity – application for merit review by the authority* form
- confirmation that you have received any new information the worker has supplied.

Section 44BB of the 1987 Act

How to complete an internal review

As an insurer, you must comply with the following when completing an internal review of a work capacity decision:

- the review must be completed within 30 days of the worker's application
- no one involved in the original decision may conduct the review
- the reviewer must be identified by name
- the reviewer can ask the worker for more information
- the reviewer must consider any new information obtained or provided.

The purpose of the internal review is to make the most correct decision based on all the available information that may or may not have been available when the original work capacity decision was made.

Section 44BB of the 1987 Act

How to notify the worker of the internal review decision

As an insurer, you must notify the worker of the review decision when the internal review is complete. The review decision will either affirm the original decision or give a different decision.

You must notify the worker of the review decision as soon as practicable. This must be in writing and you should use the *Work capacity – notice of decision of the insurer following an internal review of a work capacity decision* form. It should include:

- the review decision
- its consequences, including any effects on the worker's entitlement to weekly payments and future medical, hospital and rehabilitation services under Division 3 of Part 3 of the 1987 Act
- reasons for the decision
- the information considered
- the process and timeframe for requesting a merit review of the decision
- whether a stay of the operation of the decision applies and, if so, the required timeframe for applying for a merit review
- a copy of the *Work capacity – application for merit review by the authority* form
- the review process after a merit review
- that the worker can seek help from their insurer, SIRA's Customer Service Centre on 13 10 50, the Workers Compensation Independent Review Officer (WIRO) on 13 94 76, or their trade union.

 Section 44BB of the 1987 Act

Applying for a merit review

After the insurer has completed the internal review (or has not completed the review within 30 days of the application), the worker has the option to seek a merit review of the insurer's work capacity decision by SIRA.

The worker must apply for a merit review within 30 days of:

- receiving the internal review decision, or
- the due date of the internal review decision if the insurer has not notified the worker of its decision.

The worker must apply using the *Work capacity – application for merit review by the authority* form. The worker must also notify the insurer of the merit review application by providing them with a copy of the application form.

The reviewer may decline to review a decision if:

- it determines that the application is frivolous or vexatious
- the worker does not provide information that it has requested
- the application is made outside the 30 day timeframe outlined above.

The insurer is bound by the reviewer's findings and recommendations and must give effect to them. This should happen immediately.

Further information in relation to merit reviews can be found within the *Merit review user guide*.

Applying for a procedural review

After the worker is informed of the findings from the SIRA reviewer, the worker can seek a procedural review of the work capacity decision by applying to the Workers Compensation Independent Review Officer (WIRO).

The worker must apply using the *WIRO Application for a procedural review* form within 30 days of receiving the SIRA reviewer's merit review decision. The form is available from www.wiro.nsw.gov.au. The worker must also notify the insurer of the procedural review application by providing them with a copy of the application form.

A procedural review examines the insurer's procedures in making the work capacity decision. It does not assess the merits of the decision.

The reviewer may decline to review a decision if:

- it determines that the application is frivolous or vexatious
- the worker does not provide information that it has requested
- the application is made outside the 30 day timeframe outlined above.

The insurer is bound by the reviewer's findings and recommendations and must give effect to them. This should happen immediately.

Further information in relation to procedural reviews can be found at www.wiro.nsw.gov.au.

B2 Medical, hospital and rehabilitation expenses

This chapter does not apply to exempt categories of workers (police officers, fire fighters, paramedics). These workers should refer to chapter C2 for information on medical, hospital and rehabilitation expenses.

About this section

Workers can claim expenses relating to medical treatments and services, including hospital and rehabilitation.

Section 60 of the 1987 Act

This section explains:

- what treatments the worker can claim, either with or without the insurer's pre-approval
- when the insurer will determine liability
- how much to pay for a treatment or service.

Understanding eligibility

Medical, hospital and rehabilitation expenses will be paid where the treatment or service:

- meets the definitions described in Section 59 of the 1987 Act
- takes place while the worker is entitled to receive compensation (the compensation period) for the medical, hospital and rehabilitation expenses
- is reasonably necessary because of the injury
- is pre-approved by the insurer (unless the treatment or service is exempt from pre-approval – see below).

A worker (and escort if necessary) who needs to travel for an approved treatment or service is also entitled to be reimbursed for fares, travel costs and maintenance, necessarily and reasonably incurred. The worker must gain prior approval by the insurer for the incurred travel costs (unless the travel is for treatment exempt from prior approval).

The worker is not entitled to travel expenses for a treatment or service where it is provided at a location that necessitates more travel than is reasonably necessary.

Sections 59, 59A and 60 of the 1987 Act

Compensation period

Workers may claim medical, hospital and rehabilitation expenses during a specific compensation entitlement period.

Criteria	Compensation period
Workers with no permanent impairment or a permanent impairment assessed as 1%–10%	**Two years** from: ■ when weekly payments stop, or ■ from the date of claim if no weekly payments made.
Workers with a permanent impairment assessed as 11%–20%	**Five years** from: ■ when weekly payments stop, or ■ from the date of claim if no weekly payments made.
Workers with high needs. This refers to workers: ■ with a permanent impairment assessed as greater than 20% ■ where an approved medical specialist who has declined to make an assessment as the worker has not reached maximum medical improvement ■ whose insurer is satisfied that the worker is likely to have a permanent impairment of greater than 20%.	**For life**

Section 59A of the 1987 Act

Determining what is reasonably necessary

Before approving or paying for a medical, hospital or rehabilitation treatment or service, an insurer will determine, based on the facts of each case, whether the treatment or service is:

- reasonably necessary, and
- required as a result of the injury.

When considering the facts of the case, the insurer should understand that:

- what is determined as reasonably necessary for one worker may not be reasonably necessary for another worker with a similar injury
- reasonably necessary does not mean absolutely necessary
- although evidence may show that the similar outcome could be achieved by an alternative treatment, it does not mean that the treatment recommended is not reasonably necessary.

The above points should be sufficient in most cases for an insurer to determine reasonably necessary. Where the insurer remains unclear on whether a treatment is reasonably necessary, then the following factors may be considered:

- the appropriateness of the particular treatment
- the availability of alternative treatment
- the cost of the treatment
- the actual or potential effectiveness of the treatment
- the acceptance of the treatment by medical experts.

Section 60 of the 1987 Act

Accessing treatment without pre-approval

Workers can receive the following reasonably necessary treatments and services as a result of the work related injury (including reasonably necessary travel) without pre-approval from the insurer.

Section 60 of the 1987 Act

Treatment	Expense
Initial treatment	Any treatment within 48 hours of the injury happening.
Nominated treating doctor	Any consultation or case conferencing for the injury, apart from telehealth and home visits. Any treatment during consultation for the injury, within one month of the date of injury.
Public hospital	Any services provided in the emergency department, for the injury. Any services after receiving treatment at the emergency department for the injury, within one month of the date of injury.
Medical specialists	If referred by the nominated treating doctor, any consultation and treatment during consultations for the injury (apart from telehealth), within three months of the date of injury. **Note**: Medical specialist means a medical practitioner recognised as a specialist in accordance with the Schedule 4 of Part 1 of the Health Insurance Regulations 1975 who is remunerated at specialist rates under Medicare.
Diagnostic investigations	If referred by the nominated treating doctor for the injury: ■ any plain x-rays, within two weeks of the date of injury ■ ultrasounds, CT scans or MRIs within three months of the date of injury, where the worker has been referred to a medical specialist for further injury management. On referral by the medical specialist for the injury, any diagnostic investigations within three months of the date of injury. **Note**: A General Practitioner's MRI referral must meet the Medicare Benefits Schedule criteria.
Pharmacy	Prescription and over-the-counter pharmacy items prescribed by the nominated treating doctor or medical specialist for the injury and dispensed: ■ within one month of the date of injury, or ■ after one month of the date of injury if prescribed through the Pharmaceutical Benefits Scheme.

Treatment	Expense
SIRA-approved physical treatment practitioners (physiotherapist, osteopath, chiropractor, accredited exercise physiologist)	Up to eight consultations if the injury was not previously treated and treatment starts within three months of the date of injury. Up to three consultations if the injury was not previously treated and treatment starts over three months after the date of injury. Up to eight consultations per *Allied health recovery request* (AHRR) if the same practitioner is continuing treatment within three months of the date of injury and: ■ the practitioner sent an AHRR to the insurer, and ■ the insurer did not respond within five working days of receiving the AHRR. One consultation with the same practitioner if the practitioner previously treated the injury over three months ago. This is a new episode of care. One consultation with a different practitioner if the injury was previously treated. Up to two hours per practitioner for case conferencing that complies with the applicable Fees Order. Up to $100 per claim for reasonable incidental expenses for items the worker uses independently (such as strapping tape, theraband, exercise putty, disposable electrodes and walking sticks). **Notes**: ■ Consultations with an accredited exercise physiologist require a referral from a medical practitioner. ■ All treatments exclude home visits, telehealth and practitioner travel. ■ A list of SIRA approved practitioners can be found at www.sira.nsw.gov.au. See the *SIRA workers compensation guideline for the approval of treating health practitioners* for more on practitioner approval.
SIRA-approved psychologist or counsellor	Up to eight consultations if a psychologist or counsellor has not previously treated the injury and treatment starts within three months of the date of injury. Up to three consultations if a psychologist or counsellor has not previously treated the injury and treatment starts over three months after the date of injury. Up to eight consultations per *Allied health recovery request* (AHRR) if the same practitioner is continuing treatment within three months of the date of injury and: ■ the practitioner sent an AHRR to the insurer, and ■ the insurer did not respond within five working days of receiving the AHRR. One consultation with the same psychologist or counsellor if the practitioner previously treated the injury over three months ago. This is a new episode of care. One consultation with a different psychologist or counsellor if the injury was previously treated. Up to two hours per practitioner for case conferencing that complies with the applicable Fees Order. Up to $100 per claim for reasonable incidental expenses for items the worker uses independently (such as relaxation CDs and self-help books). **Notes**: ■ These consultations require a referral from a medical practitioner. ■ All treatments exclude home visits, telehealth and practitioner travel. ■ A list of SIRA approved practitioners can be found at www.sira.nsw.gov.au. See the *SIRA workers compensation guideline for the approval of treating health practitioners* for more on practitioner approval.

Treatment	Expense
Interim Payment Direction	Any treatment or service under an Interim Payment Direction from the Registrar (or delegate) of the Workers Compensation Commission directing that medical expenses be paid. Section 297 of the 1998 Act
Commission determination	Any treatment or service that has been disputed and the Workers Compensation Commission has made a determination to pay for treatment or services.
Permanent impairment medical certificate	Obtaining a permanent impairment medical certificate or report, and any associated examination, taken to be a medical-related treatment under section 73(1) of the 1987 Act. Section 73 of the 1987 Act
Hearing needs assessment	The initial hearing needs assessment where the: ■ hearing service provider is approved by SIRA, and ■ nominated treating doctor has referred the worker to a medical specialist who is an ear, nose and throat doctor, to assess if the hearing loss is work-related and the percentage of binaural hearing loss. **Note**: Hearing needs assessment includes obtaining a clinical history, hearing assessment as per Australian/New Zealand Standard 1269.4:2005, determination of communication goals, recommendation of hearing aid and clinical rationale for hearing aid.

How to claim treatment and services

As a worker, you or your provider must give the insurer enough information to determine whether the treatment or service you have asked for is or was reasonably necessary.

This information might include:

- a *Workers compensation certificate of capacity* recommending treatment
- allied health recovery requests
- specialist referrals or reports.

If the insurer needs to know more, it should first contact the treatment provider. If the provider does not supply more information, or the information is inadequate or inconsistent, the insurer may then ask for an independent opinion. This may require you to attend a medical appointment.

WorkCover guidelines on independent medical examinations and reports

Determining liability

The insurer must within 21 days of receiving a claim for medical expenses:

- accept liability, or
- dispute liability (see B10).

 Sections 279 and 280 of the 1998 Act

However, if the insurer has started provisional payments and notified the worker (see A2), it only needs to determine liability before these provisional payments end (maximum $7,500).

If an insurer has approved specific services, it is liable for the related costs unless:

- the entitlement stops due to section 59A of the 1987 Act
- the insurer tells the worker that it disputes liability for the services before the services are provided (see B10).

If the insurer knows an entitlement will end on a future date, it should inform the worker. It should also inform the provider about this date when it approves expenses.

If the insurer disputes liability for services after previously approving, it should also tell the provider that it has withdrawn its approval.

Determining rates for treatment and services

To work out how much to pay for a treatment or service, the insurer should use the relevant SIRA Workers Compensation Fees Order, available from www.sira.nsw.gov.au. A schedule in each Order sets out the maximum gazetted amount that can be reimbursed for a medical treatment or service.

For treatments or services not covered by a Fees Order, the insurer should agree a fee with the provider beforehand, based on what the community would normally pay. The insurer should specify these costs when notifying the worker and provider of its approval.

A worker is not to pay any amount above maximum amounts set by SIRA.

B3 Domestic assistance

About this section

Workers can claim the cost of domestic assistance for tasks such as:

- household cleaning and laundry
- lawn or garden care
- transport not otherwise covered as a medical, hospital and rehabilitation expense.

 Section 60AA of the 1987 Act

This section sets out:

- what assistance the worker can receive
- when a worker may be eligible for domestic assistance
- when the insurer will determine liability and how it should design a care plan
- how providers of gratuitous domestic assistance can claim reimbursement.

Understanding eligibility

A worker can receive domestic assistance where:

- a medical practitioner has certified, based on a functional assessment, that the assistance is reasonably necessary and that the necessity arises directly from the worker's injury, and
- the worker did the domestic tasks before the injury happened, and
- the injury to the worker has resulted in a permanent impairment of at least 15 per cent or if the assistance is temporary, up to six hours a week for up to a total period of three months (whether or not consecutive), and it follows a care plan the insurer has set up in line with this section.

 Section 60AA of the 1987 Act

Determining liability

The insurer must within 21 days of receiving a claim:

- accept liability, or
- dispute liability (see B10).

 Sections 279 and 280 of the 1998 Act

The insurer must establish a care plan with the worker and medical practitioner, based on what it accepts is reasonably necessary for the worker. It should do this before paying compensation.

How to design a domestic assistance care plan

As an insurer, you must establish a care plan that sets out the domestic assistance you have approved. As a minimum, it must state the:

- task(s) it covers and the provider's name
- number of hours and their frequency
- dates the tasks are approved from and to
- cost or rate due and total cost.

You can add this care plan template to the worker's injury management plan:

Task	Provider	Hours	Frequency	Approved from	Approved to	Cost or rate	Total cost
Lawn mowing	ABC Mow	2	Fortnightly	12/2/2015	26/2/2015	$35/hour	$70
Cleaning	XYZ Care	3	Weekly	12/2/2015	19/2/2015	$20/hour	$60

Gratuitous domestic assistance

Gratuitous domestic assistance is domestic assistance provided to a worker for which the worker has not paid and is not liable to pay.

Reimbursing gratuitous domestic assistance

People providing this assistance can claim compensation directly from the insurer. To do this, they must provide information to demonstrate that they have lost income or foregone employment because of their assistance.

Information might include:

- pay slips showing fewer hours of overtime or of casual work, with a supporting letter from their employer
- that they have moved from full-time to part-time work
- a certified copy of the letter of resignation or termination, giving reasons.

The amount of lost income or foregone employment is not relevant to the amount of compensation that may be provided to the person.

The provider of gratuitous domestic assistance should be paid a proper and reasonable amount for the services provided.

There is however, a maximum amount that an insurer can pay for gratuitous domestic assistance. The maximum hours that can be paid is capped at 35 hours a week. The hourly rate will be calculated by:

- taking the Australian Bureau of Statistics' full-time adult average weekly (ordinary time) earnings of all NSW employees
- dividing this number by 35.


Sections 60AA and 61 of the 1987 Act

Verifying and approving gratuitous domestic assistance

The person providing the assistance must claim and the insurer must pay for eligible services as they are provided. Once approved, the compensation goes to the person providing the assistance, not the worker.

Providers of gratuitous domestic assistance must submit a diary of what they have done before the insurer approves and pays compensation. Both the provider and the worker (if able) must sign the diary.

As a minimum, the diary should include the date, services performed and hours worked.

This template shows the information needed.

Date	Domestic assistance services	Number of hours

Worker: I confirm that I received the services set out above.

Name		Signature		Date	

Provider: I confirm that I provided the services set out above.

Name		Signature		Date	

Section 60AA of the 1987 Act

B4.1 Return to work assistance (new employment assistance)

This chapter does not apply to exempt categories of workers (police officers, fire fighters, paramedics). These workers should refer to www.sira.nsw.gov.au for information on vocational rehabilitation programs.

About this section

Workers may be able to claim new employment assistance that will enable them to return to work with a new employer.

This section sets out:

- what new employment assistance the worker can receive
- when a worker may be eligible for the assistance
- what information the worker needs to supply to make a claim for new employment assistance
- when the insurer will determine liability.

New employment assistance the worker can receive

New employment assistance expenses may include:

- transport
- child care
- clothing
- education or training
- equipment, or
- any similar service or assistance.

The maximum amount that a worker can claim for new employment assistance is a cumulative total of $1,000 in respect of the injury received.

 Section 64B of the 1987 Act

Understanding eligibility

Workers are able to access new employment assistance where:

- they are unable to return to work with their pre-injury employer because of the injury
- they accept an offer of employment with a new employer
- the offer of employment has been made in writing
- the offer of employment is for a period of three months or more, and
- the new employment assistance is provided to assist the worker to return to work.

 Section 64B of the 1987 Act and clause 14 of the 2010 Regulation

How to make a claim for new employment assistance

As a worker, you must supply the following information to the insurer to make a claim:

- a copy of the written offer of employment
- information on the new employment assistance that is being claimed
- how the new employment assistance will assist you to return to work
- the amount claimed including supporting invoices or quotes.

Section 260 of the 1998 Act

Determining liability

The insurer must within 14 days of receiving a claim for new employment assistance:

- accept liability, or
- dispute liability (see B10).

Clause 14 of the 2010 Regulation

Further vocational assistance

SIRA administers vocational rehabilitation programs that can assist workers to return to work. The worker may be eligible for alternative funding from a vocational rehabilitation program where:

- they have exhausted their entitlement to new employment assistance
- they are not eligible for the new employment assistance, or
- the insurer disputes liability for the new employment assistance.

More information on these programs can be found at www.sira.nsw.gov.au.

Section 53 of the 1998 Act

B4.2 Return to work assistance (education or training assistance)

This chapter does not apply to exempt categories of workers (police officers, fire fighters, paramedics). These workers should refer to www.sira.nsw.gov.au for information on vocational programs.

About this section

Workers may be able to claim the cost of education or training that will assist them to return to work.

This section sets out:

- what education or training expenses the worker can receive
- when a worker may be eligible for the education or training
- what information the worker needs to supply to make a claim for education or training
- when the insurer will determine liability.

Education or training assistance the worker can receive

The cost of education or training may include:

- education or training course fees
- other related expenses (for example, text books, travel).

The maximum amount that a worker can claim for education or training expenses is a cumulative total of $8,000 in respect of the injury received.

Understanding eligibility

Workers are able to access education or training assistance where:

- the worker has been assessed as having a permanent impairment of more than 20 per cent (see B6)
- weekly payments have been paid or payable to the worker for more than 78 weeks
- the education or training is provided to assist the worker to return to work
- the education or training is consistent with the workers injury management plan, and
- the training is provided by either:
  - a NVR registered training organisation within the meaning of the *National Vocational Education and Training Regulator Act 2011* of the Commonwealth, or
  - a registered higher education provider within the meaning of the *Tertiary Education Quality Standards Agency Act 2011* of the Commonwealth.

 Section 64C of the 1987 Act and clause 14A of the 2010 Regulation

The injury management plan

A worker's injury management plan must be established by the insurer in consultation with the worker, employer and treating doctor to the extent that their cooperation and participation allow. The insurer must as far as possible ensure that any education or training provided for a worker under an injury management plan is reasonably likely to lead to a real prospect of employment or an appropriate increase in earnings for the worker.

 Section 45 of the 1998 Act

How to make a claim for education or training assistance

As a worker, to make a claim for education or training assistance you must complete the *Training application* form and provide this to the insurer. This form is available at www.sira.nsw.gov.au.

 Section 260 of the 1998 Act

Determining liability

The insurer must within 21 days of receiving a claim for education or training assistance:

- accept liability, or
- dispute liability (see B10).

 Clause 14A of the 2010 Regulation

Further vocational assistance

SIRA administers vocational rehabilitation programs that can assist workers to return to work. The worker may be eligible for alternative funding from a vocational rehabilitation program where:

- they have exhausted their entitlement to education or training assistance
- they are not eligible for education or training assistance, or
- the insurer disputes liability for education or training assistance.

More information on these programs can be found at www.sira.nsw.gov.au.

 Section 53 of the 1998 Act

B5 Property damage

About this section

Workers can also claim compensation for damage to some items of property.

This section describes:

- what property damage the worker can claim
- when the insurer will determine liability
- how the compensation is worked out.

Understanding eligibility

If property is damaged because of a work-related accident, a worker can make a claim for the repair or replacement of:

- crutches
- artificial members, eyes, or teeth
- other artificial aids
- spectacles
- clothes
- the amount of any fees paid or wages lost by the worker due to attending a consultation, examination or prescription to replace the property.

The worker does not have to be injured to claim for property damage.

 Division 5 of Part 3 of the 1987 Act

How to claim for property damage

As a worker, you must claim the reasonable costs of repairing or replacing damaged item(s) from the insurer in writing.

You must to include enough information so the insurer can determine:

- that an accident happened because of or during your employment
- what types of items were damaged and their value, and
- how they were damaged.

Determining liability

The insurer must within 28 days of receiving a claim for property damage:

- accept liability, or
- dispute liability (see B10).

 Section 289 of the 1998 Act

Deciding what compensation is payable

Once approved, the compensation should equal the reasonable cost of repairing or, if necessary, replacing the damaged property, up to:

- $2,000 for crutches, artificial members, eyes or teeth, other artificial aids or spectacles
- $600 for clothing.

This amount can be increased on a case by case basis by application to SIRA or a direction from the Workers Compensation Commission.

 Sections 76 and 77 of the 1987 Act

Compensation is **not** payable if the damage:

- was caused by the worker's serious and wilful misconduct
- was caused intentionally by the worker, or
- was not caused by an accident arising from or during the worker's employment.

 Section 78 of the 1987 Act

B6 Lump sum compensation for permanent impairment

This chapter does not apply to exempt categories of workers (police officers, fire fighters, paramedics). These workers should refer to chapter C3 for information on lump sum compensation for permanent impairment.

About this section

Workers can claim lump sum compensation, such as permanent impairment or permanent injuries.

This section sets out:

- what compensation the worker can claim
- when the insurer will determine liability
- what happens after the insurer accepts liability.

Understanding eligibility

A claim for lump sum compensation is for:

Type of loss	Date of injury	Eligibility
Permanent impairment	For an injury received on or after 1 January 2002	■ The permanent impairment for a physical injury is greater than 10% ■ The permanent impairment for a primary psychological injury is at least 15%.
Permanent injuries	For an injury received before 1 January 2002	See the Table of Disabilities.

Where a claim for lump sum compensation has been made and that claim has been resolved, a worker has no further entitlement to lump sum compensation.

Section 66 (1A) of the 1987 Act

However, a worker who made a claim for lump sum compensation before 19 June 2012 may be entitled to make one further lump sum compensation claim.

Clause 11A of Part 1 of Schedule 8 of the 2010 Regulation

How to claim lump sum compensation for an injury received on or after 1 January 2002

As a worker, your claim must be in writing and describe:

- what the injury is and any impairments arising from it
- when it happened
- any previous injury, condition or abnormality, which caused or might have caused part of an impairment, including any related compensation
- any previous employment, which caused or might have caused the injury.

It must include a report from a permanent impairment assessor listed on the SIRA website, as trained in the assessment of the part or body system being assessed. The report must include:

- a statement that the condition has reached maximum medical improvement
- an assessment on the part or system of the body being assessed including the percentage of permanent impairment in line with the *NSW workers compensation guidelines for the evaluation of permanent impairment* in effect at the time of the examination
- if the claim relates to hearing loss, a copy of the audiogram used for the medical report.

If the claim is the first notification of the injury, you must then supply information to show that:

- you were a worker, as defined by sections 4 or 5 and Schedule 1 of the 1998 Act, at the date of the injury
- the injury meets the definition in section 4 of the 1998 Act.

Please see www.sira.nsw.gov.au for a *Permanent impairment claim* form.

Section 282 of the 1998 Act

How to claim lump sum compensation for an injury received before 1 January 2002

As a worker, your claim must be in writing and describe:

- what the injury is
- when it happened
- any previous injury, condition or abnormality, which caused or might have caused part of the loss or impairment, including any related compensation
- any previous employment, which caused or might have caused the injury.

The claim must also include:

- the percentage amount of loss or impairment measured of an injury described in the Table of Disabilities
- a medical report from a medical practitioner supporting the amount of loss or impairment claimed
- if the claim relates to hearing loss, a copy of the audiogram used for the medical report.

If the claim is the first notification of the injury, you must also supply information to show that:

- you were a worker as defined by section 4 of the 1998 Act at the date of the injury
- the injury meets the definition in section 4 of the 1998 Act.

Please see www.sira.nsw.gov.au for a *Permanent impairment claim* form.

 Section 282 of the 1998 Act

Determining liability

Regardless of the date of injury, the requirements for determining liability for lump sum compensation claims are the same where the lump sum compensation claim has been made on or after 1 January 2002.

 Section 259 of the 1998 Act

If the degree of permanent impairment or injuries is fully ascertainable, the insurer must within one month of receiving a claim:

- accept liability and make a reasonable offer of settlement, or
- dispute liability (see B10).

'Fully ascertainable' means the degree of impairment or injury has been:

- agreed by the parties, or
- determined by an approved medical specialist (and not appealed).

Otherwise, the insurer has two months after a worker has provided all relevant information to dispute liability or make an offer of settlement.

If the insurer determines that all relevant particulars have not been provided about the claim, within two weeks of receiving the claim it must:

- ask the worker to supply this information, and/or
- arrange for a permanent impairment assessor listed on the SIRA website to examine the worker, and give the worker details of the appointment.

In these cases, the two-month timeframe for determining the claim begins on the date the worker supplies the requested information or attends the examination.

Sections 281 and 282 of the 1998 Act

The lump sum amount payable

For an injury received on or after 1 January 2002	For an injury received before 1 January 2002
Compensation must be based on an assessment of the impairment contained in a medical report from a permanent impairment assessor listed on the SIRA website, as trained in the assessment of the part or body system being assessed.	Compensation may be agreed based upon medical reports or negotiated between the parties.

Please see the *SIRA Workers compensation benefits guide* at www.sira.nsw.gov.au for the amount payable for lump sum compensation.

How to make a settlement offer

As an insurer, the settlement offer should include:

- the details of the compensation
- information about the injury
- the agreed percentage of permanent impairment or permanent injury
- details of how the offer was calculated
- the extent of any existing condition or abnormality
- the documents the worker submitted for the claim
- the documents the insurer relied on in making the offer
- information on how the worker can accept or not accept the offer
- a statement that, if the offer is not accepted, the worker can lodge an application to resolve a dispute with the Workers Compensation Commission. This must be at least one month after the offer is made
- the postal and email address of the Registrar of the Workers Compensation Commission
- information about the worker getting independent legal advice or waiving the right to such advice.

Issuing a complying agreement

If the worker accepts the offer of settlement, the insurer and worker must complete a complying agreement.

 Section 66A of the 1987 Act

It must include:

- the percentage of permanent impairment or permanent injury, including the injuries described in the Table of Disabilities for permanent injuries, for which compensation is being paid
- the percentage allowed for any pre-existing condition or abnormality
- the medical report(s) used to assess this percentage
- the compensation payable (percentage and monetary value)
- the date of agreement
- certification that the insurer is satisfied the worker has obtained independent legal advice or has waived the right to do so.

 Sections 281 and 314 of the 1998 Act

B7 Payments in the event of death

About this section

If a worker dies as a result of an injury, the worker's dependants or legal personal representative can be paid compensation for the death.

This section sets out how the insurer will:

- determine liability for the death
- assess who is entitled to compensation
- pay weekly payments
- pay a lump sum, apportioned between dependants
- pay other expenses, such as funeral costs.

Legal representation

Each dependant may be able to seek funding for legal representation by contacting the Workers Compensation Independent Review Officer on 13 94 76.

Dependants of exempt workers (police officers, fire fighters, paramedics) may be entitled to costs for legal representation and may seek to recover these costs through the Workers Compensation Commission.

Determining liability

When the insurer is notified about a work related death, it should act promptly and not delay liability decisions.

The insurer should write to the worker's family or the family's legal representative to tell them that compensation may be payable for the death. It should also tell them of the liability decision as soon as it has determined liability.

To assist in determining liability, the following sources of information may need to be referred to if required:

- information from the employer and witnesses
- any factual investigation
- the death certificate
- treating medical records
- the coroner's or autopsy report
- the police report.

Assessing dependency

Before paying compensation, the insurer must determine whether there are any:

- dependants who are eligible for the lump sum benefit, and how this benefit should be apportioned
- dependent children who are eligible for weekly payments.

Anyone who believes they are a dependant must supply enough information for the insurer to determine if they meet the legal definition of dependants of a worker.

Section 4 of the 1998 Act

To determine who is wholly or partly dependent on the worker, the insurer should consider all the available facts and investigate further if it needs to. For example, it might consider:

- any factual investigation
- birth or death certificates
- any marriage certificates
- statutory declarations from possible dependants, family and those close to the worker
- financial records.

Determining dependency for lump sum and weekly payments

As the question of dependency for the lump sum death benefit is one of fact and degree, the insurer should carefully consider all the circumstances of a relationship. Dependency extends beyond financial support to include any services the worker provided that cannot be measured financially.

Weekly payments apply to each dependent child of the worker who is under 16 (or under 21 if receiving full-time education at a school, college or university) at the date of the death.

 Section 25 of the 1987 Act

The insurer should gather necessary information to determine dependency. Where dependency is unclear, the insurer should apply to the Workers Compensation Commission for a determination. It should do so promptly so benefits are not delayed unnecessarily.

For an application form, please see www.wcc.nsw.gov.au.

Apportioning payments

Where there is only one dependant (whether wholly or partly dependent), the full lump sum benefit goes to that dependant. For more than one dependant, the full lump sum benefit must be apportioned between all dependants.

Apportionment is a question of fact, where the law is applied to the facts of each case. This does not mean that it calls for a purely mathematical calculation. Each case requires the application of correct legal principles to determine apportionment that takes into account all the relevant circumstances. Factors to consider may include:

- the extent of past dependence and likely future dependence
- the ages of the dependants
- their health, special needs and lifestyles.

The insurer should identify and notify those who might be entitled to compensation. Each potential dependant must have the chance to present information or make a submission on the apportionment.

Where there is more than one dependant identified, an application must be made to the Workers Compensation Commission for a determination of the apportionment. This may be done at the same time there is an application for a determination on dependency (see above).

 Section 29 of the 1987 Act

For an application form, please see www.wcc.nsw.gov.au.

Paying lump sum and weekly benefits

When a lump sum death benefit is payable, the insurer must promptly pay either:

- the dependants or the NSW Trustee, in line with the apportionment ordered by the Workers Compensation Commission, or
- the worker's legal personal representative, if there are no dependants.

Insurers should start weekly payments for dependent children as soon as possible after liability is accepted. Unless the Workers Compensation Commission orders otherwise, payments should go to the surviving parent. If there is no surviving parent, payments go to either:

- the NSW Trustee for the child's benefit, or
- the person with guardianship, care or custody of the child (as approved by the NSW Trustee).

 Section 31 of the 1987 Act

Please see the *SIRA Workers compensation benefits guide* at www.sira.nsw.gov.au for the amounts payable.

Paying other expenses

The insurer will also compensate expenses for:

- the worker's funeral
- transporting the body of the worker.

The claimant must give the insurer enough information to determine its liability and the amount it should pay.

Compensation for funeral expenses can be up to $15,000. Costs for transporting the worker's body are considered separately.

 Sections 26 and 28 of the 1987 Act

B8 Commutation of compensation

About this section

A commutation is where the worker and insurer agree to a lump sum, and the insurer is no longer liable to pay future weekly payments and/or medical, hospital and rehabilitation expenses for the injury.

This section sets out how to apply for a commutation.

Starting the process

For a claim to be commuted:

- the worker and the insurer must agree to both the commutation and the amount
- one of the parties must then apply to SIRA, with supporting information to show that all pre-conditions for a commutation have been met
- SIRA must certify that the pre-conditions have been met
- the Workers Compensation Commission must register the commutation agreement.

Where a worker is legally incapacitated because of their age or mental incapacity, the Workers Compensation Commission can determine the commutation.

 Division 9 of Part 3 of the 1987 Act

Meeting the pre-conditions

To proceed, SIRA must certify it is satisfied that:

- the injury has led to at least 15 per cent permanent impairment (see B6)
- the worker's entitlement to permanent impairment compensation has been paid
- more than two years have passed since the worker first claimed weekly payments for the injury
- all opportunities for injury management and return to work have been fully exhausted
- the worker has received weekly payments regularly for the past six months
- the worker has an existing and continuing entitlement to weekly payments
- the worker has not had weekly compensation payments terminated through failing to meet return to work obligations.

 Section 87EA of the 1987 Act

Agreeing to a commutation

Before entering into a commutation agreement, the worker must receive independent legal advice. The legal adviser must certify in writing that the worker has been advised:

- on the full legal implications of the agreement
- that it is in their best interest to get independent advice about any financial consequences before entering into the agreement.

The worker must then confirm in writing that they have received and understood this advice.

The worker can withdraw from the agreement within 14 days of entering into it by telling the insurer in writing. In effect, there is a 14 day 'cooling off' period.

 Section 87F of the 1987 Act

Applying for a commutation of compensation

A worker (or their legal representative) or the insurer can make the application for the commutation of compensation. The person completing the application should:

- reach an agreement on the commutation amount with both parties
- fill in a commutation application form, available from www.sira.nsw.gov.au
- attach all the necessary documents to show that the pre-conditions have been met
- write the worker's name and claim number on these attachments
- send the application to SIRA and inform the other party that this has occurred.

Certifying and registering an agreement

The following steps must occur before a commutation agreement is certified and registered:

1. SIRA issues a certificate to the lodging party once satisfied on the pre-conditions. A commutation agreement has no effect unless SIRA certifies it.

 Section 87EA of the 1987 Act

2. One of the parties lodges an application with the Workers Compensation Commission to register the agreement by forwarding SIRA's certificate with the relevant forms, available from www.wcc.nsw.gov.au.
3. The Commission's Registrar registers the commutation agreement, which has no effect until then.

 Section 87F (6) of the 1987 Act

Making payment

Once the agreement is registered, the insurer must pay the money:

- within seven days of the registration, or
- within a longer period if the agreement specifies one.

 Section 87F (7) of the 1987 Act

B9 Work injury damages

About this section

A claim for work injury damages relates to settlement for a worker's past economic loss and future lost earnings because of a work injury resulting from the employer's negligence.

This section explains:

- what the worker can claim
- when the insurer will determine liability
- what happens after the insurer accepts liability
- when the worker can start mediation or court proceedings over a claim.

Understanding eligibility

For a claim of work injury damages, the injury must have:

- resulted from the employer's negligence or other tort, and
- led to permanent impairment of at least 15 per cent.

The worker must also claim lump sum compensation for the injury under section 66 of the 1987 Act (see B6), either before or at the same time as claiming these damages.

Sections 150B and 151H of the 1987 Act and section 280A of the 1998 Act

Some work injury damages claims may result in court proceedings. If starting court proceedings for work injury damages, the worker must do so within three years of the injury date, unless they have the court's leave.

Sections 151D and 151DA of the 1987 Act

Where this time limit is reached but the permanent impairment is not fully ascertainable, the worker should claim work injury damages, detailing the claim and the evidence to be relied on (apart from the degree of permanent impairment, which will be assessed when fully ascertainable).

How to claim work injury damages

As a worker, your claim must be in writing and describe:

- what the injury is and any impairments arising from it
- when it happened
- any previous injury, condition or abnormality, which caused or might have caused part of an impairment, including any related compensation
- any previous employment, which caused or might have caused the injury
- the employer's alleged negligent act(s), and any available supporting documentation
- the economic loss being claimed as damages and any available supporting documentation.

It must include a report from a permanent impairment assessor listed on the SIRA website, as trained in the assessment of the part or body system being assessed. The report must include:

- a statement that the condition has reached maximum medical improvement
- an assessment on the part or system of the body being assessed including the percentage of permanent impairment in line with the *NSW workers compensation guidelines for the evaluation of permanent impairment* in effect at the time of the examination
- if the claim relates to hearing loss, a copy of the audiogram used for the medical report.

 Section 282 of the 1998 Act

Determining liability

Once the degree of the worker's permanent impairment is fully ascertainable, the insurer must within one month:

- accept liability, or
- dispute liability (see B10).

'Fully ascertainable' means the degree of impairment or injury has been:

- agreed by the parties, or
- determined by an approved medical specialist (and not appealed).

If the insurer needs more information, within two weeks of receiving the claim it must:

- ask the worker to supply this information, and/or
- arrange for an independent medical practitioner to examine the worker, and give the worker details of the appointment.

In these cases, the two-month timeframe for determining the claim begins on the date the worker supplies the missing information or attends the examination.

When it has determined liability, the insurer must notify the worker whether it accepts that the degree of permanent impairment is enough to award damages (that is, at least 15 per cent).

 Section 281 of the 1998 Act

Making an offer of settlement

If the insurer accepts liability, it must make an offer of settlement that sets out the amount of damages or a way to determine this amount.

Where it only accepts partial liability, the offer must include enough details to show how much is accepted.

Section 281 of the 1998 Act

How to make a settlement offer

As an insurer, your settlement offer should include:

- details of the damages
- information about the injury, such as the date
- the extent of any existing condition or abnormality
- the documents the worker submitted for the claim
- the documents the insurer relied on in making the offer
- information on how the worker can accept or not accept the offer
- a statement that, if the offer is not accepted, the worker must serve on the insurer and employer a pre-filing statement setting out the particulars of the claim that will be relied on to support the claim.

Issuing a pre-filing statement

Before a worker can start mediation or court proceedings to recover work injury damages, the worker must serve a pre-filing statement on the employer and the insurer.

The worker can only do this if the insurer:

- wholly disputes liability for the claim, or
- has made an offer of settlement and one month has passed, or
- has not determined the claim on time.

Section 281 of the 1998 Act

The pre-filing statement must include:

- details of the claim and the evidence the worker will rely on
- a copy of the Statement of Claim the worker intends to file in the court
- attachments with information and documents required by the Workers Compensation Acts and *Workers Compensation Commission Rules 2011*.

The attachments must contain a certificate from an approved medical specialist or notification of the insurer's acceptance that the injury has led to permanent impairment of at least 15 per cent.

Section 315 of the 1998 Act and Part 17 of the Workers Compensation Commission Rules 2011

Responding to a pre-filing statement

The insurer must respond to the pre-filing statement within 28 days of receiving it, by accepting or denying liability (wholly or partly).

If the insurer does not accept liability, it must issue a pre-filing defence to the worker, detailing its defence and the evidence it will rely on.

 Section 316 of the 1998 Act

If the pre-filing statement is defective, the insurer must advise the worker within seven days. It must state the alleged defects and outline how the worker can correct these. If the worker disputes the defects, the dispute can be referred to the Registrar of the Workers Compensation Commission.

 Section 317 of the 1998 Act

Starting mediation

Before starting court proceedings, the worker must refer a claim to the Workers Compensation Commission for mediation. The worker must wait at least 28 days after issuing the pre-filing statement before doing so.

However, if the insurer fails to respond within 42 days of receiving this statement, the worker can start court proceedings to recover damages without mediation. Where this occurs, the insurer is prevented from filing a defence and cannot deny liability for the claim.

 Sections 316 and 318A of the 1998 Act

The insurer may only decline to take part in the mediation if it wholly disputes liability.

The mediator will try to help the parties agree, so there is no need to go to court. If they cannot agree:

- the mediator will issue a certificate certifying the final offers of settlement the parties have made
- the offers made at the mediation must not be disclosed to the court in any later proceedings.

 Sections 318A, 318B and 318E of the 1998 Act

For more information, please see the *Registrar's Practice Guide for Work Injury Damages in the Workers Compensation Commission* at www.wcc.nsw.gov.au.

Starting court proceedings

If starting court proceedings for work injury damages, the worker must do so within three years of the injury date, unless they have the court's leave.

 Sections 151D and 151DA of the 1987 Act

Court proceedings may start when a worker has issued a pre-filing statement and:

- the insurer has failed to respond within 42 days
- the insurer has wholly disputed liability and declined to take part in mediation, and the mediator has issued a certificate to this effect, or
- mediation has been unsuccessful, and the Registrar has issued a certificate to this effect.

In court, the parties can only refer to:

- the matters from the pre-filing statement and pre-filing defence
- the reports and evidence in those statements, except with the court's leave.

B10 Disputes and failure to determine a claim

This chapter does not apply to exempt categories of workers (police officers, fire fighters, paramedics). These workers should refer to chapter C4 for information on disputes and failure to determine a claim.

About this section

Sometimes when a worker makes a claim for compensation, the insurer will dispute its liability for that compensation.

This section describes:

- why an insurer can dispute liability
- how it must notify the worker of its decision
- how the worker can ask for a review
- what happens if the insurer fails to determine liability within the legislated timeframes.

Disputing liability

A dispute happens when the insurer decides, based on available information, that a person does not meet the legal requirements to be entitled to workers compensation benefits.

This might mean, for example, that the insurer does not:

- pay weekly payments or stops weekly payments after they have started
- pay for a service or treatment
- agree that a worker is entitled to lump sum compensation.

An insurer may dispute liability for many reasons, including, but not limited to:

Reason to dispute liability	Reference
The worker has not sustained an injury.	Section 4 of the 1998 Act
The person is not a worker.	Section 4 and 5, and Schedule 1, of the 1998 Act
Employment was not a substantial contributing factor to the injury.	Section 9A of the 1987 Act
The psychological injury was wholly or predominantly caused by the employer's reasonable actions.	Section 11A of the 1987 Act
Claimed medical, hospital and rehabilitation expenses are not reasonably necessary because of the injury.	Section 60 of the 1987 Act
The claim for property damage covers items the Act does not.	Section 74 and 75 of the 1987 Act
There is no total or partial incapacity for work.	Section 33 of the 1987 Act
The degree of permanent impairment does not reach the required thresholds for a lump sum payment.	Section 65A and 66 of the 1987 Act
The worker was injured on a journey with no real and substantial connection between their employment and the accident that caused the injury.	Section 10 of the 1987 Act

Notifying the worker

Before notifying the worker of the dispute, the insurer should make sure an appropriately qualified person reviews all the information it has considered in the decision and the reasons for the decision. This should be someone other than the original decision maker.

If satisfied by its decision, the insurer must then issue a notice of dispute to the worker. Timeframes vary depending on the type of compensation claimed (see chapter B1.1–B9 to learn more).

The notice of dispute

As an insurer, the notice of dispute must include:

Reasons for and issues in disputing liability	A concise, easy-to-understand statement of: ■ why the insurer disputes liability ■ the issues relevant to the decision ■ any legislative provision the insurer is relying on ■ any required period of notice before the dispute takes effect.
Documents the worker has submitted	A list of reports and documents the worker has submitted and relied on in making the claim.
Documents the insurer has considered	■ A statement identifying the reports of the type referred to in Clause 46 of the 2010 Regulation that are relevant to the decision, whether or not they support the reasons for the decision ■ A statement that a copy of the reports accompany the notice ■ A copy of all these reports. **Note**: If reports are not provided to the worker they cannot be used to dispute liability. **Note**: If the insurer believes that giving the worker a report would pose a serious threat to anyone's life or health, the insurer can instead: ■ give a medical report to the medical practitioner the worker has nominated for that purpose ■ give any other report to the worker's legal practitioner ■ seek SIRA's direction on another approach when these options are not appropriate. Clause 46 of the 2010 Regulation
How to request a review	The procedure the worker should follow to request a review of the decision.
Where to seek assistance	Statements that the worker: ■ can seek further information from the insurer ■ can seek help from a trade union, a lawyer, SIRA's Customer Service Centre on 13 10 50 or Workers Compensation Independent Review Officer on 13 94 76.
Where to refer an application for determination of a dispute	The street and email addresses of the Registrar of the Workers Compensation Commission or the Registrar of the District Court, as appropriate. If the notice is about a claim for work injury damages, it must also include statements that the claimant: ■ must serve a pre-filing statement before starting court proceedings ■ cannot raise matters in court that are materially different from the pre-filing statement, except with the court's leave.

Section 74 of the 1998 Act and clauses 43 and 46 of the 2010 Regulation

Understanding dispute timeframes

The insurer must give the worker notice by post or in person.

 Section 236 of the 1998 Act

Where the dispute includes a decision on weekly payments, the insurer must also follow the required period of notice in section 54 of the 1987 Act.

If a defect is identified in the notice of dispute, the insurer should correct the defect and reissue the notice. The notice period for the dispute restarts on the date the corrected notice is issued.

When issued by post, the notice cannot take effect until four working days after it was posted (or four working days after any relevant period the notice specifies).

 Section 76 of the *Interpretation Act 1987*

Requesting a review of the insurer's decision

A worker can ask the insurer to review the decision to dispute a claim at any time before an application for dispute resolution is lodged with the Workers Compensation Commission.

However, the request for a review does not delay the timeframe for the dispute to take effect.

When the insurer receives a request, it must review the claim and respond to the person within 14 days. The review might lead the insurer to:

- accept liability
- dispute liability

The insurer should ensure that the person undertaking the review is appropriately qualified and was not involved in making the original decision.

Where the insurer continues to dispute the claim, it must issue a further notice of dispute.

 Section 287A of the 1998 Act

The worker can request more than one review.

Failing to determine a claim

Where an insurer does not determine a claim in the timeframe applicable to the compensation benefit claimed, the worker should seek help from:

- SIRA's Customer Service Centre on 13 10 50 or contact@sira.nsw.gov.au
- the Workers Compensation Independent Review Officer on 13 94 76 or complaints@wiro.nsw.gov.au
- The Workers Compensation Commission on 1300 368 040 or registry@wcc.nsw.gov.au

Changes to compensation that are not a liability dispute

There is no liability dispute and no need to issue a dispute notice when a worker's entitlements change due to:

- weekly payments being reduced because entitlement periods change. However, the insurer should advise the worker of the change by phone (keeping a record of the conversation) and in writing
- shift and overtime allowances being removed from the calculation of PIAWE (after 52 weeks)
- a work capacity decision (see B1.3).

B11 Worker representation

This chapter does not apply to exempt categories of workers (police officers, fire fighters, paramedics). These workers should refer to chapter C5 for information on worker representation.

About this section

This section identifies how a worker may be represented for workers compensation matters.

Legal representation

A worker may be able to seek funding for legal representation by contacting the Workers Compensation Independent Review Officer on **13 94 76** or contact@wiro.nsw.gov.au.

Union representation

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

Part C – Exempt categories of workers

This part applies to exempt categories of workers (police officers, fire fighters, paramedics) where the requirements vary from information covered in Part B.

These workers should see Part A for:

- initial notification of an injury
- provisional payments
- claims for compensation

These workers should see Part B for the following specific compensation:

- domestic assistance
- property damage
- payments in the event of death
- commutation of compensation
- work injury damages.

C1.1 Weekly payments

All references to the 1987 Act in this chapter are to the historical version of the Act, effective as at 30 September 2012.

All references to the 2010 Regulation in this chapter are to the historical version of the Regulation, effective as at 30 September 2012.

About this section

Weekly payments may be made to a worker to compensate for loss of earnings as a result of a work related injury.

This section explains how the insurer can:

- assess the worker's entitlement
- calculate the pre-injury earnings
- calculate the weekly payments.

Understanding eligibility

To be entitled to weekly payments, the worker must be:

- totally or partially incapacitated for work due to an injury, and
- losing earnings due to the incapacity.

The worker must give the insurer information for it to establish entitlement, then calculate and start weekly payments. The worker must supply a medical certificate to the insurer. The current *Workers compensation certificate of capacity* would fulfil this requirement.

Determining liability

The insurer must within 21 days of receiving a claim for weekly payments:

- accept liability and start weekly payments, or
- dispute liability (see C4).

However, if the insurer has started provisional payments and notified the worker (see A2), it only needs to determine liability before these provisional payments expire (no more than 12 weeks).

Calculating pre-injury earnings

The insurer should identify the current weekly wage rate (CWWR) and average weekly earnings (AWE) applicable at the date of the injury.

The CWWR applies where the worker is employed under an agreement that fixes a rate for a weekly or longer period. If the worker has no agreement like this, the CWWR is 80 per cent of the worker's average weekly earnings.

AWE shows the actual amount the worker was receiving as an average weekly amount over a period. The calculation would reflect the worker's weekly pay rate and would usually cover:

- the previous period of the worker's employment up to 12 months
- amounts such as overtime and shift allowance.

Where possible, the insurer should seek agreement between the worker and the employer on the worker's AWE to avoid disputes.

If the worker has more than one employer, including self-employment, and tells the insurer, the insurer will ask for extra information to correctly calculate the AWE. The worker needs to supply this information so the correct calculation can be made.

If the insurer needs to start weekly payments but does not have enough information to work out the AWE, it should use the award ordinary earnings rate in the first instance. As the insurer gets more information, it should review the AWE to ensure that the worker's weekly payment is correctly calculated.

 Sections 42 and 43 of the 1987 Act

Calculating weekly payments

The insurer must base its calculation of weekly payments on the worker's CWWR and AWE using the relevant method from the 1987 Act. More information can be referenced in the table at the end of this chapter.

 Sections 35, 36, 37, 38 and 40 of the 1987 Act

How to start weekly payments

As an insurer, you should inform the worker and employer in writing when starting weekly payments.

The information should explain:

- that the payments have started as the insurer has accepted liability for them
- what the weekly payment is and how that amount has been calculated
- who will pay the worker (either the employer or the insurer)
- what to do if the worker disagrees with the amount calculated and explain the dispute process
- what to do if the worker does not receive payment
- that an injury management plan will be developed, if the worker is unable to return to their pre-injury employment for seven continuous days
- that the worker must give the employer ongoing evidence of incapacity (for example certificate of capacity)
- that the worker must tell the insurer of any change in employment that affects their earnings, such as starting work for another employer (see section 57 of the 1987 Act).

You should also include the *Information for injured workers* brochure.

If making payments directly, the insurer must ask the worker to fill in an Australian Taxation Office tax file number declaration form and must arrange for tax to be paid in line with income tax law.

Weekly payments

	Section of the 1987 Act	Weekly payment calculation		
Total incapacity – first 26 weeks	**36**	The worker's current weekly wage rate which is: The worker's award weekly wage rate OR 80% of the worker's average weekly earnings if not employed under an award.		
Total incapacity – from 27 weeks	**37**	The lesser of: the statutory indexed rate OR 90% of the worker's average weekly earnings.		
Partially incapacitated first 26 weeks. Where worker is seeking suitable employment but not employed	**38**	**Note**: Section 38 payments may only be paid for a period not exceeding 52 weeks.	**Note**: This period of 26 weeks at the CWWR will be reduced by the number of weeks that the worker has received weekly payments under section 36.	The worker's current weekly wage rate.
Partially incapacitated – from 27 weeks. Where worker is seeking suitable employment but not employed	**38**		Note: This period of 26 weeks will be increased greater than 26 weeks where the worker has received weekly payments under section 36 so as to reach the 52 week total period.	The greater of: the statutory indexed rate OR 80% of the worker's current weekly wage rate.
Partial incapacity – first 26 weeks. Where worker is working or not seeking suitable employment	**40**	The lesser of: A – B = weekly payment OR The weekly amount that the worker would be paid if totally incapacitated (in accordance with section 36 that is the current weekly wage rate). A = Average weekly earnings B = Actual earnings or capable of earning		
Partial incapacity – from 27 weeks. Where worker is working or not seeking suitable employment	**40**	The lesser of: A – B = weekly payment OR The weekly amount that the worker would be paid if totally incapacitated (in accordance with section 37 that is the statutory indexed rate). A = Average weekly earnings B = Actual earnings or capable of earning		
Dependants	**37**	Additional payments may be payable for dependant spouse and children.		

Factors	Definition
Maximum weekly payment (Section 35 of the 1987 Act)	The weekly compensation amount payable to a worker cannot exceed the maximum weekly payment of compensation. Refer to www.sira.nsw.gov.au for maximum amount.
Current Weekly Wage Rate (CWWR) (Section 42 of the 1987 Act)	The CWWR applies where the worker is employed under an agreement that fixes a rate for a weekly or longer period. If the worker has no agreement like this, the CWWR is 80% of the worker's average weekly earnings.
Average Weekly Earnings (AWE) (Section 43 of the 1987 Act)	AWE shows the actual amount the worker was receiving as an average weekly amount over a period. The calculation would reflect the worker's weekly pay rate and would usually cover: ■ the previous period of the worker's employment up to 12 months ■ amounts such as overtime and shift allowance.
Statutory Indexed Rate	As determined in section 37 and indexed in accordance with section 82 on 1 April and 1 October each year.

This information is general and does not replace the 1987 Act or 2010 Regulation

C1.2 Reducing or discontinuing weekly payments

All references to the 1987 Act in this chapter are to the historical version of the Act, effective as at 30 September 2012.

All references to the 2010 Regulation in this chapter are to the historical version of the Regulation, effective as at 30 September 2012.

About this section

Where a worker receives weekly compensation payments, the insurer may decide to reduce or end these payments under certain circumstances.

This section explains:

- how to notify the worker
- reduction and discontinuation timeframes
- when entitlements change.

Reducing or discontinuing a worker's weekly payments

Where a worker receives weekly compensation payments, the insurer may decide to reduce or discontinue these payments after gathering information obtained on the worker's:

- ability to earn, or
- unfulfilled capacity for work.

 Sections 40, 40A and 52A of the 1987 Act

Notifying the worker

Before notifying the worker of the change, the insurer must make sure an appropriately qualified person reviews all the information it has considered in its decision. This should be someone other than the original decision-maker.

The notice of reduction or discontinuation of weekly payments

As an insurer, your notice must include:

Reasons and issues in reducing or discontinuing payments	Statements explaining: ■ why the insurer has decided to reduce or discontinue weekly payments and the issues relevant to its decision ■ that the decision can be referred to the Workers Compensation Commission, if disputed ■ whether the insurer plans to refer the dispute to the Commission, or has already done so, including the related date of referral ■ that issues can only be referred to the Commission if they have been raised in the notice or in a request for or notice after a further review.
Calculation of reduced compensation	A statement of how the reduced compensation has been calculated if: ■ the notice relates to reducing weekly payments because of section 40 of the 1987 Act, and ■ the worker is not earning money (or the compensation is calculated on the worker's ability to earn, rather than actual earnings, after the injury).
Documents the worker has submitted	A statement identifying all reports and documents the worker submitted in the claim for weekly payments.
Documents the insurer has considered	■ A statement identifying the reports that are relevant to the decision, whether or not they support the reasons for the decision ■ A statement that a copy of the reports accompany the notice ■ A copy of all these reports. **Note**: If the insurer believes that giving the worker a report would pose a serious threat to anyone's life or health, the insurer can instead: ■ give a medical report to the medical practitioner the worker has nominated for that purpose ■ give any other report to the worker's legal practitioner ■ seek SIRA's approval on another approach when these options are not appropriate. Clause 46 of the 2010 Regulation
How to request a review	A statement that the worker can ask the insurer to review the decision, and the procedure for doing so.
Where to seek assistance	A statement that the worker can seek help from a trade union, a lawyer, SIRA's Customer Service Centre on 13 10 50 or Workers Compensation Independent Review Officer on 13 94 76.
Where to refer an application for determination	The street and email addresses of the Registrar of the Workers Compensation Commission.

Section 54 of the 1987 Act and Clauses 14 and 46 of the 2010 Regulation

Understanding reduction or discontinuation timeframes

The insurer must give the worker notice by post or in person.

 Section 236 of the 1998 Act

The insurer must also apply the required period of notice in section 54 of the 1987 Act (in effect at 30 September 2012).

If a defect is identified in the notice, the insurer should correct the defect and reissue the notice. The notice period restarts on the date the corrected notice is issued.

When issued by post, the notice cannot take effect until four working days after it was posted (or four working days after any relevant period the notice specifies).

 Section 76 of the *Interpretation Act 1987*

Changing entitlements

There is no need to issue a reduction or discontinuation notice when a worker's amount of weekly payments is reduced because of the application of lower rates of compensation after previous periods have expired, where higher rates were payable.

However, the insurer should advise the worker by phone (keeping a record of the conversation) or in writing of the change.

C2 Medical, hospital and rehabilitation expenses

All references to the 1987 Act in this chapter are to the historical version of the Act, effective as at 26 June 2012.

About this section

Workers can claim expenses relating to medical treatments and services, including hospital and rehabilitation.

Section 60 of the 1987 Act

This section explains:

- what treatments the worker can claim
- when the insurer will determine liability
- how much to pay for a treatment or service.

Understanding eligibility

Medical, hospital and rehabilitation expenses will be paid where the treatment or service:

- meets the definitions described in section 59 of the 1987 Act
- is reasonably necessary because of the injury.

A worker (and escort if necessary) who needs to travel for an approved treatment or service is also entitled to be reimbursed for fares, travel costs and maintenance, necessarily and reasonably incurred.

Sections 59 and 60 of the 1987 Act

The worker must claim and the insurer must pay eligible expenses as they are incurred.

Determining what is reasonably necessary

Before approving or paying for a medical, hospital or rehabilitation treatment or service, an insurer will determine, based on the facts of each case, whether the treatment or service is:

- reasonably necessary, and
- required as a result of the injury.

When considering the facts of the case, the insurer should understand that:

- what is determined as reasonably necessary for one worker may not be reasonably necessary for another worker with a similar injury
- reasonably necessary does not mean absolutely necessary
- although evidence may show that the similar outcome could be achieved by an alternative treatment, it does not mean that the treatment recommended is not reasonably necessary.

The above points should be sufficient in most cases for an insurer to determine reasonably necessary. Where the insurer remains unclear on whether a treatment is reasonably necessary, then the following factors may be considered:

- the appropriateness of the particular treatment
- the availability of alternative treatment
- the cost of the treatment
- the actual or potential effectiveness of the treatment
- the acceptance of the treatment by medical experts.

Section 60 of the 1987 Act

How to claim treatment and services

As a worker, you or your provider must give the insurer enough information to determine that the treatment or service is or was reasonably necessary.

This information might include:

- a *Workers compensation certificate of capacity* recommending treatment
- allied health recovery requests
- medical specialist referrals or reports.

If the insurer needs to know more, it should contact the treatment provider. If the provider does not supply more information, the insurer may then ask for an independent opinion.

WorkCover guidelines on independent medical examinations and reports

Determining liability

The insurer must within 21 days of receiving a claim:

- accept liability, or
- dispute liability (see C4).

Sections 279 and 280 of the 1998 Act

If the insurer disputes liability for services after previously approving, it should also tell the provider that it has withdrawn its approval.

Determining rates for treatment and services

To work out how much to pay for a treatment or service, the insurer should use the relevant SIRA Workers Compensation Fees Order, available from www.sira.nsw.gov.au. A schedule in each Order sets out the maximum gazetted amount that can be reimbursed for a medical treatment or service.

For treatments or services not covered by a Fees Order, the insurer should agree a fee with the provider beforehand, based on what the community would normally pay. The insurer should specify these costs when notifying the worker and provider of its approval.

A worker is not to pay any amount above maximum amounts set by SIRA.

C3 Lump sum compensation for permanent impairment

All references to the 1987 Act in this chapter are to the historical version of the Act, effective 26 June 2012.

About this section

Workers can claim lump sum compensation, such as permanent impairment or permanent injuries.

This section sets out:

- what compensation the worker can claim
- when the insurer will determine liability
- what happens after the insurer accepts liability.

Understanding eligibility

A claim for lump sum compensation can include compensation for:

Type of loss	Date of injury	Eligibility
Permanent impairment	For an injury received on and after 1 January 2002	■ There is permanent impairment from a physical injury ■ The permanent impairment for a primary psychological injury is at least 15%
Permanent injuries	For an injury received before 1 January 2002	See the Table of Disabilities
Pain and suffering		■ The agreed permanent impairment is 10% or greater, or ■ The agreed permanent injury is 10% of the maximum compensation payable in the Table of Disabilities.

 Sections 66 and 67 of the 1987 Act

How to claim lump sum compensation for an injury received on or after 1 January 2002

As a worker, your permanent impairment claim must be in writing and describe:

- what the injury is and any impairments arising from it
- when it happened
- any previous injury, condition or abnormality, which caused or might have caused part of an impairment, including any related compensation
- any previous employment, which caused or might have caused the injury.

It must include a report from a permanent impairment assessor listed on the SIRA website, as trained in the assessment of the part or body system being assessed. The report must include:

- a statement that the condition has reached maximum medical improvement
- an assessment on the part or system of the body being assessed including the percentage of permanent impairment in line with the *NSW workers compensation guidelines for the evaluation of permanent impairment* in effect at the time of the examination
- if the claim relates to hearing loss, a copy of the audiogram used for the medical report.

If your claim is the first notification of the injury, you must then supply information to show that:

- you were a worker, as defined by sections 4 or 5 and Schedule 1 of the 1998 Act, at the date of injury
- the injury meets the definition in section 4 of the 1998 Act.

Please see www.sira.nsw.gov.au for a *Permanent impairment claim* form.

Section 282 of the 1998 Act

How to claim lump sum compensation for an injury received before 1 January 2002

As a worker, your claim must be in writing and describe:

- what the injury is
- when it happened
- any previous injury, condition or abnormality, which caused or might have caused part of the loss or impairment, including any related compensation
- any previous employment, which caused or might have caused the injury.

It must also include:

- the percentage amount of loss or impairment measured of an injury described in the Table of Disabilities
- a medical report from a medical practitioner supporting the amount of loss or impairment claimed
- if the claim relates to hearing loss, a copy of the audiogram used for the medical report.

If your claim is the first notification of the injury, you must also include information to show that:

- you were a worker as defined by section 4 of the 1998 Act at the date of injury
- the injury meets the definition in section 4 of the 1998 Act.

Please see www.sira.nsw.gov.au for a *Permanent impairment claim* form.

Section 282 of the 1998 Act

Determining liability

Regardless of the date of injury, the requirements for determining liability for lump sum compensation claims are the same where the lump sum compensation claim has been made on or after 1 January 2002.

 Section 259 of the 1998 Act

If the degree of permanent impairment or injuries is fully ascertainable, the insurer must within one month of receiving a claim:

- accept liability, or
- dispute liability (see C4).

 Section 281 of the 1998 Act

'Fully ascertainable' means the degree of impairment or injury has been:

- agreed by the parties, or
- determined by an approved medical specialist (and not appealed).

Otherwise, the insurer has two months after a worker has provided all relevant information to dispute liability or make an offer of settlement.

If the insurer determines that all relevant particulars have not been provided about the claim, within two weeks of receiving the claim it must:

- ask the worker to supply this information, and/or
- arrange for an independent medical practitioner to examine the worker, and give the worker details of the appointment.

In these cases, the two-month timeframe for determining the claim begins on the date the worker supplies the missing information or attends the examination.

Liability determination for pain and suffering compensation is secondary to meeting the thresholds for permanent impairment or permanent injuries.

The lump sum amount payable

For an injury received on or after 1 January 2002	For an injury received before 1 January 2002
Compensation must be based on an assessment of the impairment contained in a medical report from a permanent impairment assessor listed on the SIRA Workers Compensation website, as trained in the assessment of the part or body system being assessed.	Compensation may be agreed based upon medical reports or negotiated between the parties.

Please see the *SIRA workers compensation benefits guide* at www.sira.nsw.gov.au for the amount payable for permanent impairment and permanent injuries.

How to make a settlement offer

As an insurer, the settlement offer should include:

- the details of the compensation
- information about the injury
- the agreed percentage of permanent impairment or permanent injury
- details of how the offer was calculated
- the extent of any existing condition or abnormality
- the documents the worker submitted for the claim
- the documents the insurer relied on in making the offer
- information on how the worker can accept or not accept the offer
- a statement that, if the offer is not accepted, the worker can lodge an application to resolve a dispute with the Workers Compensation Commission. This must be at least one month after the offer is made
- the postal and email address of the Registrar of the Workers Compensation Commission
- information about the worker getting independent legal advice or waiving the right to such advice.

Issuing a complying agreement

If the worker accepts the offer of settlement, the insurer and worker must complete a complying agreement.

Section 66A of the 1987 Act

It must include:

- the percentage of permanent impairment or permanent injury, including the injuries described in the table of compensation for permanent injuries, for which compensation is being paid
- the percentage allowed for any pre-existing condition or abnormality
- the medical report(s) relied on to assess this percentage
- the compensation payable, including an amount for pain and suffering (percentage and monetary value) where applicable
- the date of agreement
- certification that the insurer is satisfied the worker has obtained independent legal advice or has waived the right to do so.

Where compensation will cover both permanent impairment or permanent injuries and pain and suffering, each type of compensation can be agreed at different times. This might require two complying agreements and separate payments.

C4 Disputes and failure to determine a claim

All references to the 1987 Act in this chapter are to the historical version of the Act, effective as at 26 June 2012.

All references to the 2010 Regulation in this chapter are to the historical version of the Regulation, effective as at 30 September 2012.

About this section

Sometimes when a worker asserts a right to receive compensation, the insurer will dispute its liability for that compensation.

This section describes:

- why an insurer might decide to dispute liability
- how it must notify the worker of its decision
- how the worker can ask for a review
- what happens if the insurer fails to determine liability within the legislated timeframes.

Disputing liability

A dispute happens when the insurer decides, based on available information, that a person does not meet the legal requirements to be entitled to workers compensation benefits.

This might mean, for example, that the insurer does not:

- pay weekly payments or stops weekly payments after they have started
- pay for a service or treatment
- agree that a worker is entitled to lump sum compensation.

An insurer may dispute liability for many reasons, including, but not limited to:

Reason to dispute liability	Reference
The worker has not sustained an injury.	Section 4 of the 1998 Act
The person is not a worker.	Sections 4 and 5, and Schedule 1, of the 1998 Act
Employment was not a substantial contributing factor to the injury.	Section 9A of the 1987 Act
The psychological injury was wholly or predominantly caused by the employer's reasonable actions.	Section 11A of the 1987 Act
Claimed medical, hospital and rehabilitation expenses are not reasonably necessary because of the injury.	Section 60 of the 1987 Act
The claim for property damage covers items the Act does not.	Sections 74 and 75 of the 1987 Act
There is no total or partial incapacity for work.	Section 33 of the 1987 Act
The degree of permanent impairment does not reach the required thresholds for a lump sum payment.	Sections 65A and 67 of the 1987 Act

Notifying the worker

Before notifying the worker of the dispute, the insurer must make sure an appropriately qualified person reviews all the information it has considered in the decision and the reasons for the decision. This should be someone other than the original decision maker.

If satisfied by its decision, the insurer must then issue a notice of dispute to the worker within the legislated timeframes.

The notice of dispute

As an insurer, your notice of dispute must include:

Reasons for and issues in disputing liability	Concise, easy-to-understand statements explaining: ■ why the insurer disputes liability and the issues relevant to its decision ■ that the dispute can be referred to the Workers Compensation Commission for determination or the District Court for judgement ■ whether the insurer plans to refer the dispute to the Commission, or has already done so, including the related date of referral ■ that issues can only be referred to the Commission if they have been raised in the dispute notice, in correspondence relating to an offer of settlement, or in a request for or notice after a further review.
Documents the worker has submitted	A list of reports and documents the worker has submitted and relied on in making the claim.
Documents the insurer has considered	■ A statement identifying the reports of the type referred to in Clause 46 of the Regulation that are relevant to the decision, whether or not they support the reasons for the decision. ■ A statement that a copy of these reports accompany the notice ■ A copy of all these reports. **Note**: If reports are not provided to the worker they cannot be used to dispute liability. **Note**: If the insurer believes that giving the worker a report would pose a serious threat to anyone's life or health, the insurer can instead: ■ give a medical report to the medical practitioner the worker has nominated for that purpose ■ give any other report to the worker's legal practitioner ■ seek SIRA's direction on another approach when these options are not appropriate. Clause 46 of the 2010 Regulation
How to request a review	A statement that the worker can ask the insurer to review the decision, and the procedure for doing so.
Where to seek assistance	Statements that the worker can seek: ■ further information from the insurer ■ help from a trade union, a lawyer, SIRA's Customer Service Centre on 13 10 50 or Workers Compensation Independent Review Officer on 13 94 76.
Where to refer an application for determination of a dispute	The street and email addresses of the Registrar of the Workers Compensation Commission or the Registrar of the District Court, as appropriate. If the notice is about a claim for work injury damages, it must also include statements that the claimant: ■ must serve a pre-filing statement before starting court proceedings ■ cannot raise matters in court that are materially different from the pre-filing statement, except with the court's leave.

Section 74 of the 1998 Act and clauses 43 and 46 of the 2010 Regulation

Understanding dispute timeframes

The insurer must give the worker notice by post or in person.

 Section 236 of the 1998 Act

Where the dispute includes a decision on weekly payments, the insurer must also follow the required period of notice in section 54 of the 1987 Act (in effect at 30 September 2012).

If a defect is identified in the notice of dispute, the insurer should correct the defect and reissue the notice. The notice period for the dispute restarts on the date the corrected notice is issued.

When issued by post, the notice cannot take effect until four working days after it was posted (or four working days after any relevant period the notice specifies).

 Section 76 of the *Interpretation Act 1987*

Requesting a review of the insurer's decision

A person can ask the insurer to review the decision to dispute the claim at any time before an application for dispute resolution is lodged with the Workers Compensation Commission.

However, the request for a review does not delay the timeframe for the dispute to take effect.

When the insurer receives a request, it must review the claim and respond to the person within 14 days. The review might lead the insurer to:

- accept liability
- dispute liability.

Where the insurer continues to dispute the claim, it must issue a further notice of dispute.

 Section 287A of the 1998 Act

The person may request more than one review.

Failing to determine a claim

Where an insurer does not determine a claim in the timeframe applicable to the compensation benefit claimed, the worker should seek help from:

- SIRA's Customer Service Centre on 13 10 50 or contact@sira.nsw.gov.au
- Workers Compensation Independent Review Officer on 13 94 76 or complaints@wiro.nsw.gov.au.

C5 Worker representation

About this section

This section identifies how a worker may be represented for workers compensation matters.

Legal representation

Workers may be entitled to costs for legal representation and may seek to recover these costs through the Workers Compensation Commission.

 Section 341 of the 1998 Act (as at 26 June 2012)

Union representation

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

SIRA
State Insurance
Regulatory Authori

Disclaimer

This publication may contain information about the regulation of workers compensation in NSW. It may include some of your obligations under some of the legislation that the State Insurance Regulatory Authority administers. To ensure you comply with your legal obligations you must refer to the appropriate legislation.

Information on the latest laws can be checked by visiting the NSW legislation website www.legislation.com.au

This publication does not represent a comprehensive statement of the law as it applies to particular problems or to individuals or as a substitute for legal advice. You should seek independent legal advice if you need assistance on the application of the law to your situation.

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Customer Service Centre 13 10 50

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IPART
New South Wales

Independent Pricing and Regulatory Tribunal

Solar feed-in tariffs

Retailer contribution and benchmark range from 1 July 2016

Energy – Determination
June 2016

ISBN 978-1-925340-89-1 Det16-06

The Tribunal members for this document are:

Dr Peter J Boxall AO, Chairman

Ms Catherine Jones

Mr Ed Willett

Independent Pricing and Regulatory Tribunal of New South Wales
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Contents

Preliminary

1 Background

(a) Under section 43ECA of the *Electricity Supply Act 1995* (NSW) (**ESA**), the Minister may refer to the Independent Pricing and Regulatory Tribunal (**IPART**), for investigation and report, the determination of:

(1) the retailer benefit component payable by a Retailer to a customer under the Solar Bonus Scheme for Solar PV Exports (**Retailer Contribution**); and

(2) the benchmark range for feed-in tariffs paid by Retailer for Solar PV Exports (**Benchmark Range**)[1].

(b) On 3 June 2015, IPART received a referral (**Referral**) from the Minister for Industry, Resources and Energy to investigate and determine the Retailer Contribution and the Benchmark Range until 31 December 2016, or until replaced.

(c) On 15 October 2015, IPART issued its determination on the Retailer Contribution and the Benchmark Range (Determination No. 2, 2015).

2 Application of this determination

(a) This determination commences on the later of:

(1) 1 July 2016; and

(2) the date that it is published in the NSW Government Gazette,

(**Commencement Date**).

(b) This determination applies from the Commencement Date until the earlier of:

(1) 31 December 2016; and

(2) the date this determination is replaced,

(**Determination Period**).

(c) This determination:

(1) is made pursuant to the Referral; and

(2) determines:

(A) the Retailer Contribution; and

(B) the Benchmark Range.

[1] The Benchmark Range is not binding on Retailers. It is a voluntary range published by IPART to provide information to solar PV customers and Retailers.

3 Replacement of Determination (Determination No. 2, 2015)

This determination replaces Determination No. 2, 2015 from the Commencement Date.

4 Approach to determining the Retailer Contribution and Benchmark Range

In making this determination, IPART has had regard to:

(a) in respect of the Retailer Contribution, the financial benefit to Retailers as a result of the supply of electricity by customers under the Solar Bonus Scheme;

(b) the matters it is required to consider under the Referral; and

(c) the effect of the determination on competition in the retail electricity market, as required by section 43ECB of the ESA.

5 Schedules

(a) Schedule 1 sets out the Retailer Contribution.

(b) Schedule 2 sets out the Benchmark Range.

(c) Schedule 3 sets out the definitions and the interpretation provisions.

Schedule 1 Retailer Contribution

1 Application

This schedule sets out the Retailer Contribution for the Determination Period (or until schedule 1 of this determination is replaced).

2 Retailer Contribution

The Retailer Contribution for the Determination Period is 6.1¢/kWh.

Schedule 2 Benchmark Range

1 Application

This schedule sets out the Benchmark Range for the Determination Period (or until schedule 2 of this determination is replaced).

2 Benchmark Range

The Benchmark Range for the Determination Period is 5.5¢/kWh to 7.2¢/kWh.

Schedule 3 Definitions and interpretation

1 Definitions

1.1 General provisions

In this determination:

Benchmark Range has the meaning given in clause 1(a)(2) of the Preliminary section of this determination.

Commencement Date has the meaning given in clause 2(a) of the Preliminary section of this determination.

Determination Period has the meaning given in clause 2(b) of the Preliminary section of this determination.

ESA has the meaning given in clause 1(a) of the Preliminary section of this determination, being the *Electricity Supply Act 1995* (NSW).

GST has the meaning given in *A New Tax System (Goods and Services Tax) Act 1999* (Cth).

IPART has the meaning given in clause 1(a) of the Preliminary section of this determination, being the Independent Pricing and Regulatory Tribunal of New South Wales established under the *Independent Pricing and Regulatory Tribunal Act 1992* (NSW).

kWh means kilowatt hours.

National Energy Retail Law means the National Energy Retail Law set out in the schedule in the *National Energy Retail Law (South Australia) Act 2011* (SA), as amended and applied in New South Wales by the *National Energy Retail Law (Adoption) Act 2012* (NSW).

Referral has the meaning given in clause 1(b) of the Preliminary section of this determination.

Retailer has the meaning given in the National Energy Retail Law.

Retailer Contribution has the meaning given in clause 1(a)(1) of the Preliminary section of this determination.

Solar Bonus Scheme means the scheme established under section 15A of the ESA.

Solar PV Exports means electricity produced by a complying generator (as defined in section 15A of the ESA) and supplied to the distribution network by a customer under the Solar Bonus Scheme.

Taxable Supply has the meaning given in the *A New Tax System (Goods and Services Tax) Act 1999* (Cth).

2 Interpretation

In this determination:

(a) headings are for convenience only and do not affect the interpretation of this determination;

(b) a reference to a schedule, annexure, clause or table is a reference to a schedule or annexure to, clause of, or table in, this determination unless otherwise indicated;

(c) words importing the singular include the plural and vice versa;

(d) a reference to a law or statute includes regulations, rules, codes and other instruments under it and consolidations, amendments, re-enactments or replacements of them;

(e) where provisions of legislation referred to in this determination are renumbered, a reference to a legislative provision extends to the corresponding re-numbered provision of the legislation;

(f) where a word is defined, other grammatical forms of that word have a corresponding meaning;

(g) a reference to a day is to a calendar day;

(h) a reference to a person:

(1) includes any company, partnership, joint venture, association, corporation, other body corporate or government agency; and

(2) includes a reference to the person's executors, administrators, successors, substitutes (including, but not limited to, persons taking by novation), replacements and assigns;

(i) a reference to an officer includes a reference to the officer which replaces it or which substantially succeeds to its powers or functions; and

(j) a reference to a body, whether statutory or not:

(1) which ceases to exist; or

(2) whose powers or functions are transferred to another body,

is a reference to the body which replaces it or which substantially succeeds to its powers or functions.

3 Clarification notice

IPART may publish a clarification notice in the NSW Government Gazette to correct any manifest error in this determination. Such a clarification notice is taken to form part of this determination.

4 Prices exclusive of GST

Prices or charges specified in this determination do not include GST. A Retailer may charge customers an additional amount equal to GST payable by the Retailer in respect of any Taxable Supply to which the amounts relate.

COUNCIL NOTICES

BEGA VALLEY SHIRE COUNCIL

ROADS ACT 1993

Naming of Roads

Notice is hereby given that Bega Valley Shire Council in conjunction with the National Parks & Wildlife of New South Wales and the Forest Corporation of New South Wales, pursuant to section 162 of the *Roads Act 1993*, has officially named the roads as shown hereunder:

Road Name	Locality
Adams Street	Bemboka
Albert Street	Towamba
Alcock Collins Lane	Bemboka
Alcock Collins Road	Bemboka
Aragunnu Road	Wapengo
Armstrong Drive	Kalaru
Ash Road	Pericoe, Towamba
Back Creek Road	Towamba
Back River Road	Wapengo
Baelcoola Boundary Trail	Nungatta
Ballantyne Road	Nethercote
Bar Beach Road	Merimbula
Barney Street	Towamba
Barretts Road	Bemboka
Batemans Creek Firetrail	Candelo
Bellbird Hill Lane	Eden
Bemboka Peak Firetrail	Bemboka, Morans Crossing
Bemboka River Road	Bemboka, Steeple Flat
Bemboka Street	Bemboka
Ben Beasley Road	Towamba
Ben Boyd Trail	Towamba, Nullica
Betts Street	Bemboka
Big Jack Mountain Road	Burragate, Cathcart, Rocky Hall, New Buildings
Black Range Firetrail	Towamba
Blacka Street	Cobargo
Blackfellows Lake Road	Kalaru
Boobook Road	Yambulla
Brittania Street	Bemboka
Broad Street	Bemboka
Brown Pearsons Road	Bemboka
Buckett Lane	Millingandi
Buckleys Ridge Road	Bemboka
Buckleys Road	Bemboka
Caldecotts Road	Wapengo
Cattlemans Trail	Tantawangalo
Causeway Firetrail	Burragate, Wyndham
Causeway Link	Burragate
Chalkhills Firetrail	Myrtle Mountain, South Wolumla, Wyndham
Clarke Street	Bemboka
Cochrane Dam Road	Bemboka
Correa Close	Millingandi
Cow Bail Trail	Cathcart, Rocky Hall
Davidson Street	Burragate
Denison Street	Towamba
Dray Road	Yowrie
East Street	Towamba
Ellis Street	Bemboka
Evans Close	Kalaru
Ferngully Lane	Millingandi
Forest Lane	Millingandi, Yellow Pinch
Fulligans Road	Pericoe
Garfields Road	Numbugga
Garvan Street	Bemboka
Genoa Street	Towamba
George Brown Street	Eden
Geraghty Street	Bemboka
Goat Road	Towamba
Goodenia Road	South Wolumla
Granite Road	Yambulla
Green Hill Lane	Wyndham
Green Point Road	Millingandi
Greens Lane	Bemboka
Guthries Road	Bemboka, Morans Crossing
Hankinsons Road	Wapengo
Hardy Street	Cobargo

Harris Road	Brogo
Havard Lane	Boydtown
Heron Crescent	Kalaru
Honeymoon Ridge Road	Coolagolite, Murrah
Horse Head Road	Murrah
Hoskins Street	Bemboka
Hunters Road	Wapengo, Tanja
Hut Forest Road	Wonboyn North
Ike Game Road	Kalaru
Jellat Way	Kalaru
Jingera Road	Burragate
Kameruka Street	Bemboka
Kiah Store Road	Kiah
Knight Street	Towamba
Lake Cohen Drive	Kalaru
Link Firetrail	Dignams Creek
Link Road	Towamba
Link Trail	Bournda
Lizard Road	Wapengo
Loftus Street	Bemboka
Log Farm Road	Towamba
Logans Road	Towamba
Lookout Lane	Bemboka
Lot Stafford Drive	Kalaru
Lyrebird Lane	Millingandi
Manning Street	Towamba
Mataganah Firetrail	Pericoe, Coolangubra, Rocky Hall, New Buildings
McDonald Road	Towamba
Meads Creek Road	Bermagui
Millingandi Ridge Road	Millingandi
Millingandi Road	Millingandi, Yellow Pinch
Millingandi Short Cut Road	Millingandi
Mine Road	Lochiel
Mines Road	Nadgee
Mines Road	Wog Wog
Mitchell Street	Towamba
Mitchells Creek Road	Towamba, Nullica
Mogilla Road	Bemboka, Mogilla, Tantawangalo, Candelo
Monaro Street	Merimbula
Monaro Street	Wyndham
Monterey Road	Bemboka
Moon Bay Road	Mogareeka
Moons Road	Bemboka
Mussel Road	Wonboyn North
Nangutta Street	Towamba
Narira Road	Dignams Creek
Narrabarba Road	Narrabarba, Timbillica
Neilson Firetrail	Nelson
Nelson Creek Firetrail	Bemboka, Brogo
Nelson Street	Bemboka
Nimmitabel Street	Bemboka
Nobby Park Road	Bemboka
Nobby Park Track	Bemboka
Nowie Road	Tobamba
Obliqua Road	Bemboka
Ochre Lane	Millingandi
Old Wallagoot Road	Kalaru, Wallagoot
Oliver Street	Bemboka
Ooranook Lane	Bemboka
Ooranook Trail	Bemboka, Morans Crossing
Orange Ridge Firetrail	Tinpot
Orange Ridge Track	Tinpot, Dignams Creek
Parkes Street	Bemboka
Peak Alone Firetrail	Yowrie
Pericoe Street	Burragate
Pigs Crossing Road	Bermagui, Coolagolite
Pipeclay Road	Greigs Flat, Lochiel
Pipers Lookout Track	Bemboka
Poole Road	Yambulla, Nungatta
Poplar Avenue	Bega
Quarry Road	Nelson, Chinnock
Quondolo Street	Pambula
Racecourse Road	Bermagui
Raktari Place	Kalaru
Rats Valley Firetrail	South Wolumla

River Road	Bermagui
Robertson Street	Bemboka
Rutherford Creek Road	Bemboka
Sams Corner Road	Bemboka, Mogilla
Sapphire Coast Drive	From Kalaru to Merimbula
Sheepskin Road	Burragate
Sindels Road	Wapengo
Smiths Firetrail	Bemboka
Smiths Road	Wapengo
Soldiers Lane	Wolumla
Stanton Rock Road	Burragate, Wyndham
Strathmore Crescent	Kalaru
Stringybark Place	Millingandi
Sullivans Gap Road	Bemboka
Tee Ridge Road	Wapengo
Tin Hut Firetrail	Bemboka, Brogo, Numbugga
Tin Mine Road	Tantawangalo, Cathcart
Towamba Road	Burragate, Towamba, Nullica, Eden
Towamba Street	Burragate
Towamba Street	Towamba
Victoria Street	Towamba
Wapengo Lake Road	Wapengo
Warragaburra Lane	Bega
Waterside Lane	Millingandi
Wattle Road	Bemboka
Werrinook Firetrail	Bemboka
Werrinook Road	Bemboka
Westlake Lane	Millingandi
White Rock Firetrail	Bemboka, Yankees Creek
Whittles Road	Wapengo
Wog Wog Road	Wog Wog, Coolangubra
Wog Wog Trail	Wog Wog, Coolangubra, Pericoe
Woolosen Road	Cathcart
Worlands Road	Tanja
Wyndham Street	Burragate
Xi Road	Bemboka
Yambulla Road	Towamba
Yankees Gap Firetrail	Bemboka

LEANNE BARNES, General Manager, Bega Valley Shire Council, PO Box 492, Bega NSW 2550. [8623]

BEGA VALLEY SHIRE COUNCIL

ERRATUM

In the notice referring to the Naming of Public Roads in the Bega Valley Local Government Area, folio 8484, dated 1 April 2016, the following road name was incorrect, Anderson Street, Bega. The correct road name is Anderson Drive, Bega. This notice corrects these errors.

LEANNE BARNES, General Manager, Bega Valley Shire Council, PO Box 492, Bega NSW 2550. [8624]

LAKE MACQUARIE CITY COUNCIL

LOCAL GOVERNMENT ACT 1993
Section 50 (4)

Notice of Vesting of Public Garden and Recreation Space in Council

Notice is hereby given that in pursuance of section 50 (4) of the *Local Government Act 1993* the lands described in the Schedule below is vested in Lake Macquarie City Council as Public Garden and Recreation Space.

BRIAN BELL, General Manager, Lake Macquarie City Council, 126–138 Main Road, Speers Point, 2310.

Schedule

Lot 13 DP 25496 in the Parish of Teralba and County of Northumberland. [8625]

WINGECARRIBEE SHIRE COUNCIL

ROADS ACT 1993
Section 16

Dedication of Land as Public Road

Notice is hereby given by Wingecarribee Shire Council, pursuant to section 16 of the *Roads Act 1993*, that the land described in the Schedule below is hereby dedicated as public road. Dated at Moss Vale 8 June 2016.

ANN PRENDERGAST, General Manager, Wingecarribee Shire Council, Civic Centre, 68 Elizabeth Street Moss Vale NSW 2577.

Schedule

The land described as 'Daphne Street' being part of the residue land in Conveyance Book 337 No 287 dated 22 April 1886 at Bowral in the State of New South Wales, as shown in Deposited Plan 1217751. [8626]

PRIVATE ADVERTISEMENTS

MAB DIVERSIFIED PROPERTY TRUST

ARSN 103 463 467 (***Trust***)

Trustee and Responsible Entity: MAB Funds Management Limited ABN 36 098 846 701 (***Trustee***)

Creditors and others having claims in respect of the Trust, a registered managed investment scheme, are required by the Trustee of Level 5, 441 St Kilda Road, Melbourne, Victoria, Australia 3004 to send particulars to the Trustee by the 17th day of July 2016 after which date the Trustee may convey or distribute the assets, having regard only to the claims of which the Trustee then has notice. [8627]

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