

Form

Application for mediation

Please complete all sections of this form

- Worker to keep copy of this form
- This form to be given to NT WorkSafe

This form may be used to request mediation pursuant to the *Return to Work Act*. If a notice of decision and rights of appeal has been received from the insurer, you may use the application form provided with that notice.

I _____
request to arrange a mediation with respect to the matter(s) described below.

My details:

Surname:			
Given names:			
Date of birth:		Date of injury or disease:	
Postal address:			
Suburb:		State:	Postcode:
Home number:		Work number:	
Mobile number:		Email address:	
Name of employer:			
Name of insurer:		Claim number:	

Nature of dispute:

(please outline your workers' compensation dispute clearly and briefly)

Signature: _____

Date: _____

A worker MUST be available for 28 days after lodging their application

Please return this form to:

Hand deliver:

NT WorkSafe
First floor, Building 3
Darwin Corporate Park
631 Stuart Highway
Berrimah NT 0828

Or

Post:

NT WorkSafe
Rehabilitation and Compensation
Request for Mediation
GPO Box 1722
Darwin NT 0801

Or

Email:

Mediationworksafe.DoB@nt.gov.au

or

Fax:

(08) 8999 5141