| 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](mailto:Mediationworksafe.DoB@nt.gov.au)  or  **Fax:**  (08) 8999 5141 | | | | |