| 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 WorkSafeFirst floor, Building 3Darwin Corporate Park631 Stuart HighwayBerrimah NT 0828 | Or | **Post:**NT WorkSafe Rehabilitation and CompensationRequest for MediationGPO Box 1722Darwin NT 0801 | Or | **Email:**Mediationworksafe.DoB@nt.gov.au or**Fax:**(08) 8999 5141 |