

Workers' Compensation and Rehabilitation Act 2003 (the Act). This is an approved form under section 542 of the Act.

Please read the information attached to this form before completing the application.

PRIVACY STATEMENT: Refer to the information provided with this form.

1 – Application details

Who is making the application for review?

Worker/claimant Employer

Claim number

Is English your first language? Yes No

If NO - Do you require an interpreter? Yes No

If YES – In what language?

Do you have any other special requirements? Please specify:

How would you like Q-COMP to contact you? Post Phone Email

Worker's details

Title: MR MS MISS MRS DR

Last name:

Work phone:

First name:

Home phone:

Date of birth:

Mobile:

Postal address:

Number and street

Suburb/town

Postcode

Email Address:

Employer's details (to be filled out by *all* applicants)

Business name:

Contact person:

Contact phone:

Mobile:

Business address:

Number and street

Suburb/town

Postcode

Postal address:

PO Box number

Suburb/town

Postcode

Email Address:

2 – Grievance

What Insurer decision do you wish to have reviewed?

- Acceptance of a claim
- Rejection of a claim
- Termination of a claim
- Other – please provide details below

Date of the Insurer’s Decision you wish to have Reviewed: (dd/mm/yyyy)

Other details:

You need to provide your grounds for review, which means you need to explain why you think the Insurer’s decision is wrong and should be changed. If insufficient space, attach separate pages. Please attach any relevant documents to support your application for review e.g. medical reports or statements from witnesses.

- Insufficient investigation/evidence
- Insurer did not consider relevant information
- I did not have the opportunity to respond to adverse information
- I have new information to provide at review
- Insurer did not make contact with me or witnesses
- Other – please specify details below

Other details:

Your Review Officer will contact you to discuss your application and the review process. Additionally, you have the right to speak to your Review Officer in person or over the telephone to make personal representations about your application at a right of appearance. This is optional.

Do you wish to have a right of appearance? Yes No

3 – Signature

Applicant’s signature

Print name

Date

1 – Application details

PLEASE READ THIS IMPORTANT INFORMATION – The application for review is an approved form under the *Workers' Compensation and Rehabilitation Act 2003*. The information on this page is not part of the approved form. This information will help you complete the approved form.

Complete the form and either post, email or fax to:

Q-COMP

PO Box 10119

BRISBANE ADELAIDE STREET QLD 4000

Email: reviewunit@qcomp.com.au

Fax: 07 3020 6375

Who is making the application for review?

Tick the appropriate box and write the claim number/claim reference in the space provided. The claim number/claim reference should be stated on the notice of decision from the Insurer.

What is the application for?

Tick the appropriate box.

Worker's details

Show details of the injured worker.

Employer's or policy holder's details

Show details of the injured worker's employer in this section. If you are the worker/claimant, you only need to complete the business name of your employer. If you are the policy holder, you need to complete this section.

2 – Grievance

What aspect of your claim decision do you wish to have reviewed?

Please tick the appropriate box and if necessary explain in your own words what it is you want Q-COMP to review.

What are your grounds for review?

Please tick the appropriate box and if necessary explain in your own words what it is you want Q-COMP to review.

It is not sufficient to say that you disagree with a decision. You should detail the reasons why you believe the decision is wrong. You may have a medical report about the injury or some other information that was not available at the time the decision was made. You should attach these documents to your application so that they may be considered in the review. If no grounds for review are received the application is not valid and will be returned to you for completion.

Applications for review must be lodged within three months of receiving the insurer's written confirmation of the decision. If the application for review is lodged after this time, reasons for late lodgement need to be provided.

Personal representations – do you wish to speak to a review officer about your application?

Tick the appropriate box.

You have the right to make personal representations to a review officer with a view to achieving a resolution of the matter (e.g. in person, by telephone).

Your right to make personal representations is optional. Lodging an application for review will result in a thorough and independent review by Q-COMP. This is irrespective of whether or not you make personal representations.

3 – Signature

If the application is not signed, the application is not valid and will be returned to you for completion.

Sign and date the application and either post, email or fax to:

Q-COMP

PO Box 10119

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Privacy, confidentiality and procedural fairness

Q-COMP's collection, storage, use, management and disclosure of an individual's personal information is regulated by the *Information Privacy Act 2009*. Q-COMP collects and manages personal information in accordance with the Information Privacy Principles set out in that Act. Q-COMP collects, uses and discloses personal information for the purpose of reviewing a decision made by the workers' compensation insurer in accordance with the *Workers' Compensation and Rehabilitation Act 2003*. In making its review decision, Q-COMP is obliged by the rules of procedural fairness to refer important information, including personal information, to others for their response. The disclosure could be to the worker, the insurer, the employer and any other person whose interests might be affected by the Q-COMP review decision. If you believe that information you provide to Q-COMP is covered by a genuine legal obligation of confidence you should notify Q-COMP in writing. Q-COMP may still be obliged to reveal the substance (but not the detail) of the confidential information to another if that is what procedural fairness requires