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GOVERNMENT GAZETTE DEADLINES

Close of business every Wednesday

Except when a holiday falls on a Friday, deadlines will be altered as per advice given on this page.

Easter deadlines

Due to the Public Holidays over the Easter period the details for inclusion in the *Government Gazette* are:

The Gazette will be published on 5 April 2012 the deadline will be close of business on 3 April 2012.

Special Supplements

A Special Supplement or Extraordinary Supplement is a document which has a legal requirement to commence on a certain date and time. Release of Publication is required on the same day. The request for a Supplement is received from the department to the *Government Gazette* by telephone. The copy must be accompanied by a letter or email requesting the Supplement and signed by a Minister or Head of a Department.

NOTE: Advance notice of a Special Supplement is essential as early as possible on the day required. On Thursdays early notice is a priority and when possible notice should be given a day prior being the Wednesday.

Please Note:

- **Only electronic lodgement of Gazette contributions will be accepted.** If you have not received a reply confirming acceptance of your email by the close of business on that day please phone 9228 3120.

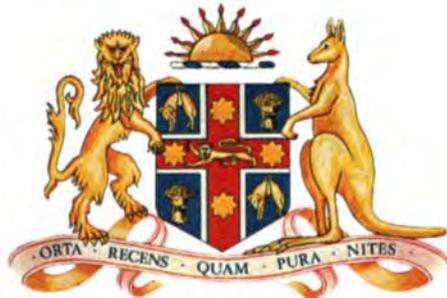
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Government Gazette

OF THE STATE OF
NEW SOUTH WALES

Number 30
Friday, 23 March 2012

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SPECIAL SUPPLEMENT

WORKCOVER GUIDELINES ON INDEPENDENT MEDICAL EXAMINATIONS AND REPORTS

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, under section 119 (4) and section 376 of the Workplace Injury Management and Workers Compensation Act 1998, issue the following guidelines.

Dated this 13th day of March 2012.

JULIE NEWMAN,
A/ Chief Executive Officer,
WorkCover Authority of NSW

WORKCOVER GUIDELINES ON INDEPENDENT MEDICAL EXAMINATIONS AND REPORTS

Workplace Injury Management and Workers Compensation Act 1998

These guidelines are issued under section 119 (4) and section 376 of the Workplace Injury Management and Workers Compensation Act 1998. The guidelines set out WorkCover's policy in respect of independent medical examinations as well as the mandatory obligations for employers/insurers when referring a worker for a medical. They also provide guidance for all parties, including referrers, examining medical practitioners, and injured workers.

These guidelines replace guidelines dated 14 April 2009 and published in the NSW Government Gazette No. 63.

These guidelines commence on 23 March 2012.

In this guideline, the Workers Compensation Act 1987 is referred to as the 1987 Act and the Workplace Injury Management and Workers Compensation Act 1998, is referred to as the 1998 Act.

Definition of Insurer

Insurer is an insurer within the meaning of the Workers Compensation Act 1987 and the Workplace Injury Management and Workers Compensation Act 1998 and includes Scheme Agents and self and specialised insurers.

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INTRODUCTION

Purpose and Scope of the Guidelines

The purpose of these guidelines is to provide the basis for a shared understanding of the role of independent medical examinations in the management of compensable injuries in the NSW workers compensation system.

The guidelines outline mandatory [as per section 119 (4) of the 1998 Act] and other obligations for the referral, conduct and reporting of independent medical examinations, and complaints management.

Mandatory obligations are set out in Part 1 of these guidelines. These are made in accordance with section 119 (4) of the 1998 Act which states that an examination of a worker who has given notice of an injury must be in accordance with the WorkCover guidelines.

The other obligations set out in the Introduction and Part 2 of the guidelines apply to all independent medical examinations.

This document is intended for use by those who:

- refer injured workers for independent medical examinations
- undertake independent medical examinations and provide reports
- use independent medical examination reports in managing injuries, claims and disputes.

This document is also intended for use by injured workers and their representatives. A brochure is available from WorkCover for injured workers who are referred for independent medical examinations. The NSW Medical Board policy Medico-Legal Guidelines provides useful information for workers and referrers (available from their website www.nswmb.org.au).

This document covers referrals by employers/insurers and lawyers involved in the workers compensation system, but not referrals to approved medical specialists by the Workers Compensation Commission of New South Wales.

Definition of Independent Medical Examination

Independent medical examination means an impartial assessment based on the best available evidence that is requested by a worker, a worker's solicitor or employer/insurer and undertaken by an appropriately qualified and experienced medical practitioner (who is not in a treating relationship with the worker) for the purposes of providing information to assist with workers compensation injury and claims management.

PART 1 MANDATORY OBLIGATIONS FOR EMPLOYERS/INSURERS

Part 1 sets out the mandatory obligations (pursuant to section 119 (4) of the 1998 Act for employers/insurers when they require a worker to attend an independent medical examination.

Referral for an independent medical examination is appropriate when information from the treating medical practitioner(s) is inadequate, unavailable or inconsistent and where the referrer has been unable to resolve the issues related to the problem directly with the practitioners.

All referrals for independent medical examinations are to be arranged at reasonable times and dates and with adequate notice provided to the worker, as outlined on page 7, 'Notification and explanation to the worker'.

Referrals for an independent medical examination are made when answers to one or more of the questions outlined on page 5, 'Reasons for referral' are sought.

All referrals for independent medical examinations are to be to appropriately qualified medical practitioners who have the expertise to adequately respond to the question(s) outlined in the referral. The independent medical examiner is to be a specialist medical practitioner with qualifications relevant to the treatment of the injured worker's injury. Care is to be taken when referring a worker with complex injuries. Referrers are to ensure that medical specialists with specific expertise are selected, e.g. a hand or plastic surgeon for hand injuries, a spinal surgeon for complex back injuries, a neurosurgeon or rehabilitation specialist for head injuries.

The employer/insurer must meet any reasonable costs incurred by the worker, including wages, travel and accommodation. This may include pre-payment of travel and accommodation expenses. If the worker is not reasonably able to travel unescorted, this may include expenses for the worker's escort. *Reference section 125 of the 1998 Act.*

A worker receiving weekly compensation payments can be required to submit themselves for subsequent independent medical examinations when information from the treating medical practitioners remains inadequate, unavailable or inconsistent and where the referrer cannot resolve the issues related to the problem directly with the treating practitioner(s) and:

- the subsequent independent medical examination is with a specialist medical practitioner with qualifications relevant to the treatment of the injured worker's injury; and
- the employer/insurer has evidence that the worker's medical condition as a result of the injury has changed; or
- the employer/insurer has evidence of a change in the worker's health not resulting from the injury which will affect the worker's participation in the labour market; or
- the employer/insurer has evidence of a material change or need for material change, in the manner or type of treatment; or
- the worker makes a claim for section 66 lump sum compensation or work injury damages; or
- the worker requests a review pursuant to a notice issued under section 54 of the 1987 Act or section 74 of the 1998 Act and includes additional medical information that the employer/insurer is asked to consider; or
- there has been at least 6 months since the last independent medical examination required by the employer/insurer; or
- the last independent medical examination was unable to be completed.

Subsequent independent medical examinations must be with the same medical practitioner unless they have ceased to practise (permanently or temporarily) in the specialty concerned, they no longer practise in a location convenient to the worker or both parties agree that a different medical practitioner is required.

If the worker considers the requirement to attend an independent medical examination is unreasonable, the worker is to advise the referrer of the reasons for their objection. The referrer must take account of this objection and advise the worker of their decision following this consideration. Benefits are not to be affected prior to adequate written notice being received by the worker following this consideration (see WorkCover Guidelines for Claiming Compensation Benefits, clause 9.3, Part 2). Any decision to suspend payment of weekly compensation can only be made after the worker has had an opportunity to comply with a reasonable request and must be made on the basis of sound evidence and the worker advised in writing of the reasons for the suspension. The worker may contact WorkCover's Claims Assistance Service on 13 10 50 or their union for assistance in relation to such requests and decisions. The insurer is to respond to these requests.

PART 2 OBLIGATIONS FOR ALL INDEPENDENT MEDICAL EXAMINATIONS

Part 2 sets out the obligations for all independent medical examinations (in addition to the mandatory obligations set out in Part 1).

1. Referral for Independent Medical Examination

Reasons for referral

An independent medical examination is appropriate where the information required relates to:

- diagnosis of an injury reported by the worker and determining the contribution of work incidents, duties and/or practices to that injury
- diagnosis of the worker's ongoing condition and whether it still results from the injury
- recommendations and/or need for treatment
- fitness for pre-injury duties and hours, and the likelihood of, and timeframe for recovery
- fitness for other jobs/duties, including those in the worker's recent employment history (descriptions of such duties are to be provided to the independent medical examiner)
- what past and/or ongoing incapacity results from the injury
- physical capabilities and any activities that must be avoided
- an assessment of permanent loss (injuries pre 1 January 2002) or whole person impairment (injuries on and after 1 January 2002) resulting from the injury, including any proportion to be deducted that is due to a pre-existing injury, abnormality or condition
- When an injured worker submits a report from an assessor of permanent impairment who is the worker's treating medical practitioner and the assessment of permanent impairment is less than 10% whole person impairment, if questions regarding that assessment arise they are to be posed to the author in the first instance. If the response from the assessor is inadequate, unavailable, inconsistent or not received in 10 working days, a referral for an independent medical examination may be made.
- The worker can be referred for an independent medical assessment if the worker submits an assessment of permanent impairment that is equal to or more than 10% whole person impairment.
- The worker can be required to submit themselves for an independent medical assessment if the claim is for additional permanent impairment or permanent loss, when one or more previous claims for permanent impairment or permanent loss have already been determined and paid.
- In any case, if the worker submits an assessment of permanent impairment by an assessor who is not the worker's treating medical practitioner, and the employer/insurer determines to refer the worker for an independent medical examination, the worker should be referred to the treating medical practitioner for assessment of permanent impairment if that practitioner is trained in whole person impairment.

Barriers in relation to return to work and difficulties in communicating with a treating doctor might best be resolved through use of an Injury Management Consultant (refer to WorkCover's Guidelines on Injury Management Consultants).

Responsibility of referrer

The referrer has a responsibility to ensure that:

- the referral is made to an appropriate medical practitioner
- an appointment can be made within a reasonable period of time (usually 4 weeks)
- all parties are informed of the appointment details of the examination
- the worker is provided with an explanation of the nature of the examination and the details of the appointment
- the worker's special needs are catered for, eg interpreter, disabled access
- the independent medical examiner is provided with details of the worker and the specific reason for the referral
- all the information relevant to the referral question(s) is provided to the independent medical examiner
- the independent medical examiner is paid promptly for providing the service at the rate set out in the Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order in force at the time of the examination (www.workcover.nsw.gov.au).
- there is no conflict of interest in relation to the worker and referrer.

It is not acceptable to list standard questions that are not relevant to the specific aspect of the claim leading to this referral.

Selection of an appropriate medical practitioner for the examination

It is important that the independent medical examiner who is selected to provide the examination is appropriately qualified and has the expertise to competently provide an opinion on the question(s) in the referral. The independent medical examiner is to be a medical specialist with qualifications relevant to the treatment of the injured worker's injury. If the referral includes a question of causation or treatment, the independent medical examiner is to be in current clinical practice.

If the medical report relates to a claim for permanent impairment, it must be completed in accordance with the WorkCover Guides for the Evaluation of Permanent Impairment by a medical specialist with qualifications and training relevant to the body system being assessed who has been trained in the WorkCover Guides.

If there is more than one impairment that requires assessment by different medical specialists, one specialist must be nominated as the lead assessor and determine the final amount of whole person impairment.

A subsequent examination is to be with the same independent medical examiner who conducted the original examination, whenever practical.

The location of the independent medical examiner's rooms should be as geographically close to the worker's home address as possible or accessible by direct transport routes. The rooms should contain appropriate facilities, including access for people with ambulatory difficulties, and accommodate the worker's specific physical needs.

Special requirements of the worker relating to gender, culture or language are to be accommodated.

If the worker wishes to have an accompanying person with them at the examination, the independent medical examiner's agreement to the presence of a companion is to be obtained.

The independent medical examiner should be able to provide an appointment within a reasonable time, usually 4 weeks, and a report of the examination within 10 working days, unless different arrangements are agreed by the parties.

Where it is the independent medical examiner's routine practice to record the examination on audio or video, the worker must be informed of this and be in agreement prior to the examination being scheduled. The recording of the examination is only to proceed if the worker consents.

Communication with the selected medical practitioner

The letter of referral to the independent medical examiner must provide clear direction about the question(s) to be addressed and the medical opinions sought.

Documents to be included

The independent medical examiner must be provided with all the information that is relevant to the questions to be addressed. Documents could include a claim form, medical certificates, witness reports, employer reports of injury, clinical notes/reports of treating doctors, medical reports, medical investigation reports, rehabilitation and functional assessment reports, job descriptions and duty statements, details of work with other employers and details of other settlements or awards.

Independent medical examiners are not able to order additional radiological or similar investigations so the results of all existing investigations are to be made available to the independent medical examiner.

Reports and/or electronic records of lay investigators are not to be provided with referrals for assessment of permanent impairment.

Documents are to be provided to the independent medical examiner at least 10 days prior to the arranged appointment. They should be supplied in a manner that facilitates review/perusal by the independent medical examiner. This includes the provision of an index of all documents provided with the documentation organised accordingly. The index is to be attached to the referral.

Notification and explanation to the worker

The worker is to be first advised in writing at least 10 working days before the appointment, unless a shorter time is required because of exceptional and unavoidable circumstances and agreed to by the parties, eg a need to consider an urgent request for treatment.

Advice about the appointment for the independent medical examination must include:

- the specific reason for the examination
- if applicable, an explanation of why the response from the treating medical practitioner or author of the assessment report to the insurer's enquiry was inadequate, inconsistent or unavailable
- the likely duration of the examination
- name, specialty and qualifications of the examiner
- date, time and location of the appointment and contact details of the examiner's offices and appropriate travel directions
- the need to be punctual
- what to take, eg x-rays, reports of investigations/tests, comfortable clothing to enable an appropriate examination to be conducted
- how costs are to be paid
- that a failure to attend the examination or an obstruction of the examination may lead to –
 - o a suspension of weekly compensation and/or
 - o the right to recover compensation under the 1987 Act

- that the worker may be accompanied by a person other than their legal representative with the agreement of the independent medical examiner, however, the accompanying person must not participate in the examination and may be required to withdraw from the examination if requested
- that no one may be present during the actual physical/psychological examination of the injured worker, unless agreed by the worker and by the medical examiner
- whether the travel costs for an accompanying person will be met (this usually only applies if the worker requires an attendant as a result of the injury)
- how complaints are to be managed
- that the workers compensation legislation gives the worker or a nominee a right to a copy of any report relevant to a decision made by a referrer to dispute liability for or reduce, compensation benefits.

A WorkCover brochure about independent medical examinations is to be provided to the worker with the written notice of the appointment.

2. Conduct of an Independent Medical Examination

The NSW Medical Board's policy Medico-Legal Guidelines provides principles for the independent medical examiner's conduct during the examination.

If the worker provides the independent medical examiner with any additional information at the time of the examination, this information is to be noted in the examiner's report.

If the injured worker fails to attend the examination, the independent medical examiner must notify the referrer as soon as possible.

3. Reporting an Independent Medical Examination

The suggested format for the report is attached as Attachment A.

The report is to be written in plain English and use accepted medical terminology as the intended audience is insurer staff, workers and workers' representatives, eg unions, legal representatives.

The report is to answer the referrer's question(s) and include other information elicited during the examination that is relevant to those questions. The examination report is to list the material reviewed, provided by the referrer and/or any material provided by the worker at the time of consultation, any facts relied upon, the relevant medical history, examination findings, and the medical reasons for their conclusions.

The report should be provided to the referrer within 10 working days of the examination or within a different timeframe if agreed between the parties.

4. Corrections and Updating of Reports

Where a report contains an obvious error, the referrer may request the independent medical examiner to clarify and correct the report at no extra cost. Such requests are to be made in writing.

Where the referrer requests that the examiner review additional information and seeks a supplementary report, that report will attract an additional cost.

5. Complaints about Independent Medical Examinations

If the worker has concerns about the conduct of the independent medical examiner during the examination, they should raise those issues with the examiner at the time of the examination. The examiner should record the complaint and forward this to the referrer with their report and advise the worker to do likewise.

If the worker does not feel confident enough to do this, the worker should raise their concerns with the referring party as soon as possible after the examination. All insurers have in place a complaints management process. Making such a complaint can be facilitated by a union.

If the complaint is unable to be satisfactorily resolved, the worker may forward their complaint to WorkCover. WorkCover will advise the independent medical examiner of the complaint and provide an opportunity for the examiner to respond to the complaint.

WorkCover may refer the matter to the Health Care Complaints Commission, if it meets the criteria for such referral, eg more than 5 complaints about one independent medical examiner are received within a 12 month period and found to be justified or if professional misconduct or fraudulent action are alleged.

The worker may at any time make a complaint to WorkCover, the insurer, the Health Care Complaints Commission or the NSW Medical Board.

6. Complaints about Workers

Independent medical examiners should report any unreasonably late or non- attendance by the worker to the referring party. Similarly, any inappropriate behaviour or behaviour which impeded the examination should likewise be brought to the notice of the referrer within 2 days.

7. Fees and Payments for Properly Completed Reports

The maximum fees to be charged and paid are those set out in the Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order in force at the time of the examination.

The referrer is to either:

- a. agree the category of report being requested with the independent medical examiner and confirm the request in writing indicating that payment will be made within 10 days of receipt of a properly completed report and invoice; or
- b. pay in accordance with a contractual arrangement between the medical practice and the referring body on receipt of a properly completed tax invoice.

Either arrangement cannot agree to a fee above the maximum fee prescribed in the Workers Compensation (Medical Examinations and Reports) Order.

The referrer's liability to pay for a report will be contingent on the report containing the information listed in the standard format or as agreed between the parties.

If it involves an assessment of permanent impairment for an injury on or after 1 January 2002, the assessment must be conducted by a WorkCover approved assessor of permanent impairment in accordance with the *WorkCover Guides for the Evaluation of Permanent Impairment*.

In some instances, the referrer will require an assessment in accordance with the WorkCover Guides for the Evaluation of Permanent Impairment, even though the injury is before 1 January 2002. The independent medical examiner must be advised if this is the case.

Use of an interpreter, multiple system injuries and more complex matters will attract a surcharge in addition to the basic fees. These are listed in the Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order current at the time of the examination.

In some instances, the referrer will require an assessment in accordance with the *WorkCover Guides for the Evaluation of Permanent Impairment*, even though the injury is before 1 January 2002. The independent medical examiner must be advised if this is the case.

Use of an interpreter, multiple system injuries and more complex matters will attract a surcharge in addition to the basic fees. These are listed in the Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order current at the time of the examination.

The Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order classifies the problems to be addressed into standard, moderately complex and complex. Definitions of these are:

A. **Standard Reports** are reports relating solely to a single event or injury in relation to:

- causation; or
- fitness for work; or
- treatment; or
- simple permanent impairment assessment of one body system.

B. **Moderately Complex Reports** are:

- reports relating to issues involving a combination of two of the following:
 - o causation
 - o fitness for work
 - o treatment
 - o simple permanent impairment assessment of one body system
- or
- reports of simple permanent impairment assessment of two body systems or more than one injury to a single body system.

C. **Complex Reports** are:

- reports relating to issues involving a combination of 3 or more of the following:
 - o causation
 - o fitness for work
 - o treatment
 - o simple permanent impairment assessment of one body system.
- or
- A complex method of permanent impairment assessment on single body system or multiple injuries involving more than one body system.

The referrer is to indicate the expected level of complexity on referral and the independent medical examiner should advise the reason for any difference from this level at the time of receiving the referral.

Fees for cancellations, non-attendance or late cancellation by the worker or another party, such as an interpreter, are included in the Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order current at the time of the examination.

Complaints about patterns of late or non-payment by insurers should be referred for investigation to the WorkCover doctors' hotline on 1800 661 111 or by email to provider.services@workcover.nsw.gov.au

ATTACHMENT A

Report format

- Worker's details including:
 - ‰ date of examination
 - ‰ worker's name
 - ‰ date of birth/age
 - ‰ details of who attended the examination (ie interpreter, family member or friend).
- General history including:
 - ‰ date of injuries
 - ‰ brief history of the circumstances of the injuries
 - ‰ job description/work tasks (when relevant).
- Clinical history including:
 - ‰ summary of injuries received and diagnoses made of the worker's condition.
 - ‰ summary of all treatment provided
 - ‰ details and dates of clinical investigations carried out
 - ‰ details of any previous or subsequent injuries, condition or abnormality.
- Examination findings including:
 - ‰ list of injuries assessed
 - ‰ your findings on comprehensive clinical examination, including negative findings
 - ‰ your comments on consistency of presentation and, where appropriate, how this compares to the medical reports and other material sighted.
- Conclusions
 - ‰ Your opinion in relation to the specific questions asked in the letter of referral (refer to page 5).
- If the referral is about permanent loss of use as a result of injuries received before 1 January 2002 or for whole person impairment for injuries received on or after 1 January 2002, questions regarding maximum medical improvement, whether the condition has resulted in a permanent impairment, and whether there is any deduction for a pre-existing condition must be addressed. A summary table (see Table 1) and a copy of all calculations must be included.

Table 1 – Whole Person Impairment (WPI)

| <i>Body part or system</i> | <i>Date of injury</i> | <i>Chapter, page and paragraph number in WorkCover Guides</i> | <i>Chapter, page, paragraph, figure and table numbers in AMA5 Guides</i> | <i>% WPI</i> | <i>% WPI deductions pursuant to section 323 for pre-existing injury, condition and abnormality</i> | <i>Sub-total/s % WPI in whole numbers (after any deduction/s in column 5)</i> |
|---|-----------------------|---|--|--------------|--|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| Total % WPI (the Combined Table values of all sub-totals in whole numbers) | | | | | | |

WORKCOVER GUIDELINES FOR CLAIMING COMPENSATION BENEFITS

Workers Compensation Act 1987

Workplace Injury Management and Workers Compensation Act 1998

Explanatory Note

These guidelines are made under section 376 (1) of the Workplace Injury Management and Workers Compensation Act 1998. The guidelines refer to sections in both the Workers Compensation Act 1987 (referred to as 'the 1987 Act') and the Workplace Injury Management and Workers Compensation Act 1998 (referred to as 'the 1998 Act').

The guidelines set out the procedures for:

- the initial notification of an injury and making provisional liability payments
- the making and handling of claims for weekly payments and medical expenses compensation
- disputing all or part of the claim for weekly payments or medical expenses
- reducing or terminating weekly payments
- making and handling claims for lump sum compensation (permanent impairment and pain and suffering)
- making and handling claims for work injury damages.

These guidelines replace guidelines dated 17 April 2009 and published in the *NSW Government Gazette* No. 63.

These guidelines commence on 23 March 2012.

A step taken in claims making or handling in accordance with the replaced guidelines is as valid as it would have been if done under these guidelines.

Questions about these guidelines should be directed to the WorkCover NSW Information Centre on 13 10 50.

Dated: 13 March 2012.

JULIE NEWMAN,
A/ Chief Executive Officer,
WorkCover NSW

APPLICATION OF THESE GUIDELINES

These guidelines apply to:

- injuries notified from 1 January 2002
- claims made from 1 January 2002, even if the injury was received before 1 January 2002.

These guidelines apply to workers, employers and insurers within the meaning of the Workers Compensation Act 1987 and the Workplace Injury Management and Workers Compensation Act 1998. Insurers include Scheme Agents for the Nominal Insurer and self and specialised insurers who hold a licence under Division 3 of Part 7 of the 1987 Act.

These guidelines do not apply to:

- the workers compensation company within the meaning of the Coal Industry Act 2001; or
- claims arising from the dust diseases which are referable to the NSW Dust Disease Board or the NSW Dust Disease Tribunal.

DEFINITION

Injury is defined in Section 4, Part 1 of the Workers Compensation Act 1987:

(a) *“means personal injury arising out of or in the course of employment;*

(b) *includes –*

- a disease which is contracted by a worker in the course of employment and to which the employment was a contributing factor; and*
- the aggravation, acceleration, exacerbation or deterioration of any disease, where the employment was a contributing factor to the aggravation, acceleration, exacerbation or deterioration; and*

(c) *does not include (except in the case of a worker employed in or about a mine to which the Coal Mines Regulation Act 1982 applies) a dust disease, as defined by the Workers Compensation (Dust Diseases) Act 1942 or the aggravation, acceleration, exacerbation or deterioration of a dust disease, as so defined”.*

STRUCTURE OF THESE GUIDELINES

These guidelines contain six parts:

- | | |
|------------|---|
| Part 1 | Initial Notifications and Provisional Liability |
| Part 2 | Making and Handling a Claim for Weekly Payments and Medical Expenses Compensation |
| Part 3 | Disputing all or Part of the Claim for Weekly Payments and Medical Expenses |
| Part 4 | Terminating or Reducing Weekly Payments of Compensation |
| Part 5 | Making and Handling a Claim for Lump Sum Compensation (Permanent Impairment and Pain and Suffering) |
| Part 6 | Making and Handling a Claim for Work Injury Damages |
| Appendix 1 | Application for Review by Insurer |

GOVERNING PRINCIPLES

The WorkCover guidelines are founded on the following principles:

1. **timeliness** To satisfy legislative requirements, workers, employers, insurers and other persons acting on behalf of the worker or employer will obtain and provide information about the injury in a timely manner.
2. **active decision making** Insurers are required to obtain certain information to make certain assessments.
3. **sound up-to-date decisions** Insurers will make sound decisions on the information available within the timeframes the law allows and they will review and update decisions as they receive new information.
4. **documented reasons** Insurers will record the reasons for their decisions and show that they have considered all relevant information.
5. **peer review** Insurers will arrange for all decisions to dispute all or part of a claim, to terminate or reduce weekly payments or to decline provisional payments on the basis of a reasonable excuse, to be reviewed by a suitably experienced person
6. **consent** Worker's consent to the collection, use and disclosure of personal and health information when they sign the claim form or medical certificate
7. **privacy** Section 243 of the 1998 Act the Commonwealth privacy law, the National Privacy Principles and the NSW Health Records and Information Privacy Act 2002 apply to the information collected and used for the purposes of handling the worker's claim. In relation to workers compensation claims, medical advice will be kept confidential and information released to other parties only on a "need to know" basis eg medical information would only be released to an employer if it was relevant to an injured worker's return to work.

AIMS

The aims of these guidelines are to:

- ensure the prompt management of a worker's injuries
- ensure a worker's timely, safe and durable return to work as early as possible having regard to the nature of the injury
- give workers certainty and proper income support while they are incapacitated by work injuries
- facilitate timely and sound decision-making
- reduce disputes
- maintain the employment relationship between the worker and the employer
- clarify all issues in dispute and promptly resolve disputes if they do occur
- set the requirements for making a claim under the 1998 Act for compensation benefits pursuant to the 1987 Act.

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Part 1 INITIAL NOTIFICATIONS AND PROVISIONAL LIABILITY

Chapter 3 of the 1998 Act sets out workers', employers' and insurers' obligations to participate and co-operate in injury management for injured workers.

Part 3 of Chapter 7 of the 1998 Act sets out an insurer's duty to accept provisional liability and commence weekly payments to an injured worker.

Part 3 of the 1987 Act sets out compensation benefits payable to injured workers.

1. Provisional Liability

Provisional liability enables an insurer to make available compensation benefits to provide income support and effect injury management strategies for an injured worker without admitting liability. An insurer that fails to commence weekly payments as required by section 267 of the 1998 Act is guilty of an offence. *Reference section 267 (5) of the 1998 Act.*

Provisional liability requires an insurer to commence making weekly payments by way of income support on a provisional basis within 7 days of receiving initial notification, unless the insurer is able to properly rely on one of the 7 formal reasonable excuses (see Clause 7, Part 1) and this is communicated to the worker within the 7 days. This enables payments to be made to an injured worker without delay. *Reference section 267 of the 1998 Act.* These weekly compensation payments may be made under section 36, 38 or 40 of the 1987 Act.

An important feature of provisional liability is that, after initial notification, the insurer is to collect information that is sufficient to enable them to make a soundly based decision to commence weekly payments of compensation.

Provisional liability also applies to provision of compensation benefits under section 60 (eg ambulance services, medical or related treatment, hospital treatment and occupational rehabilitation services, etc). *Reference section 280 of the 1998 Act.*

2. Initial Notification of Injury

An initial notification means the first notification of a workplace injury that is given to the relevant insurer. *Reference section 266 of the 1998 Act.* A worker, employer or their representative (for instance, a medical practitioner) can make the initial notification of workplace injury to the relevant insurer.

All incidents involving an injury, where workers compensation is payable or may be payable, are to be notified to the insurer within 48 hours. *Reference section 44 of the 1998 Act.*

The notification may be in writing (including by electronic means) or verbally (including over the phone).

The insurer must have implemented systems and allocated sufficient resources to make sure that the person giving the information is guided through the process to assist them to give all the information needed for the notification to be handled swiftly, efficiently and fairly.

Minimum Identifying Information for Initial Notification

At the initial notification, the insurer is to gather the following information.

2.1 Worker's information:

- name
- contact details
- residential address
- date of birth.

2.2 Employer's information:

- business name
- business address.

2.3 Treating doctor information:

- name (the insurer may need to be flexible in relation to workers in remote rural areas where access to medical treatment is not readily available); or
- if the worker is hospitalised, name of hospital.

2.4 Injury or illness and accident details:

- date and time of workplace injury or period of time over which the illness/injury emerged from date of first symptoms
- description of how the workplace injury happened
- description of the workplace injury.

2.5 Notifier information:

- name of person making the initial notification
- relationship to worker or employer
- contact details, telephone and address.

Supporting Information

It is good practice to gather supporting information at the initial notification. This may include:

- employer's policy number
- employer contact name and position/title
- employer's telephone number and/or email address
- telephone number of treating doctor
- date of consultation with treating doctor
- diagnosis of workplace injury
- worker's capacity to return to work and expected return to work date
- details of any time off work
- person to whom the payment is to be paid
- current weekly wage details.

The initial notification is complete when the worker, employer or representative has provided the minimum identifying information to the insurer. If information is missing which is essential for the insurer to make a decision about the worker's entitlement to provisional liability, the insurer must, within the next 3 working days, inform the person (verbally or in writing) who made the notification that the notification is incomplete. The person may then make another initial notification. If the missing information does not prevent a decision being made, the insurer may start payments.

3. No Identifiable Workers Compensation Policy

If the insurer cannot identify a current policy that covers the worker who is the subject of an initial notification within 7 days after the notification is made, then the insurer is to either:

- contact the employer, and the person who made the notification and request more information in order to identify the policy. If the policy still cannot be identified, then the insurer is to inform the employer and the person who made the notification that the insurer is not the current insurer. The insurer must then refer the notification to WorkCover's Claims Assistance Service (CAS) and notify the worker; or
- pass the notification to the current insurer, if the identity of the current insurer can be determined, and notify the worker.

4. Consideration that the Injury is Work Related

After the initial notification, the insurer is to obtain medical information to verify that the worker has sustained a work related injury and to determine the worker's expected period of incapacity. This information may be obtained from:

- the treating doctor or hospital, subject to authority completed by the worker,
- the employer or the employer's representative; or
- the worker or the worker's representative.

The information may be in any form, including a WorkCover medical certificate (although the insurer does not have to see a WorkCover medical certificate). Information from the employer or a representative of the employer may:

- confirm or refute the claim that the worker has sustained a work related injury
- confirm or refute the details of the injury and the worker's expected period of incapacity, if the employer has those details.

If the employer believes the injury is not work related, the employer must provide evidence to support the assertion, eg medical evidence that the medical condition already existed and has not been aggravated by work or factual evidence that the injury occurred in circumstances not arising out of or in the course of employment.

However, suspicion, innuendo, anecdotal or unsupported information received from any source, including the employer alone, is not acceptable evidence and cannot be the basis for not commencing provisional payments.

5. Confirm Worker Status

If there is any doubt that the injured person is a worker within the meaning of the workers compensation legislation, the insurer is to verify the worker's status.

The relevant definition of worker is in section 4 of the 1998 Act and provisions in regard to deemed workers are in section 5 and Schedule 1 of the 1998 Act which concerns the special categories of "Deemed employment" of workers, ie various factual situations outlined in the schedule where the legislation deems or makes a person a worker under the Act although they may not satisfy the common law test of an employment relationship.

Acceptable evidence of the worker's status is the employer agreeing to that status or the insurer seeing copies or having verbal confirmation, of any of the following of the worker's:

- current payslip
- payroll number
- bank statement that includes regular employer payment entries
- contract of employment.

If the worker and employer disagree as to the worker's status, then the insurer is required to consider the governing principles of these guidelines when making a decision.

6. Action Following Initial Notification

When an insurer receives an initial notification, it is to:

- 6.1 issue a claim notification number to the notifier at the time of initial notification (if made by telephone) and to the worker and employer in writing within 7 days after the notification is made
- 6.2 make early contact with the worker, employer and nominated treating doctor (if appropriate) to gather information to use in considering if provisional liability is appropriate and to assist in making decisions about reasonably necessary services and the claims estimate
- 6.3 start injury management if the worker is likely to be incapacitated (total or partial) for more than 7 continuous days, even if any of the days are not work days. *Reference section 45 of the 1998 Act*
- 6.4 approve provisional liability for weekly compensation benefits and commence weekly payments of compensation within 7 days unless the reasonable excuses apply (see Clause 7, Part 1)
- 6.5 decide the period of time for which benefits will be paid on the basis of the nature of the injury, the period of the worker's incapacity and the expected future period of incapacity
- 6.6 decide whether to approve provisional liability for medical expenses up to \$7,500 or approve medical expenses as part of an injury management plan within 7 days. *Reference sections 50 and 280 of the 1998 Act.*

Note: The only reason for not approving provisional liability for compensation benefits is if an insurer has a reasonable excuse (see Clause 7, Part 1).

Note: All medical expenses must meet the test of 'reasonably necessary' in order to be approved by the insurer (see Clause 10, Part 1).

If the insurer decides to approve provisional liability for compensation benefits, the insurer must give written notice about the decision to commence payment to the worker and employer as soon as practicable after payments start. *Reference sections 267 and 269 of the 1998 Act.*

- 6.7 include in the notice to the worker and employer:
 - that benefits have commenced on the basis of provisional acceptance of liability
 - the period of expected weekly payments of compensation
 - the amount to be paid each week and how that amount is calculated
 - whether the insurer or the employer will pay the worker
 - what the worker should do if they do not receive payment
 - that an injury management plan will be developed, if required
 - the worker's entitlement to make a claim, including details of how to make a claim
 - a copy of the WorkCover brochure for injured workers, *Information for injured workers*, is to be given to the worker. *Reference section 269 of the 1998 Act.*

If the worker has returned to work, the insurer's letter is to advise that the worker does not have to make a claim unless the worker expects further problems from the workplace injury.

If the worker has not returned to work, the letter should include advice to the worker that if the worker expects to be off work for more than the period approved by the insurer, a claim may need to be made and a claim form should be enclosed (see clause 2, Part 2).

- 6.8 include in the notice to the employer details about how the weekly payments of compensation are to be made and for small employers a copy of the WorkCover brochure, *Employers guide: what to do if an injury occurs*.

If a worker does not immediately have time off work following initial notification but later requires time off, the insurer is to commence weekly payments of compensation within 7 days of becoming aware that the worker is to be off work.

7. Reasonable Excuse to Not Commence Provisional Payments

The insurer has a reasonable excuse for not commencing provisional liability payments if:

- 7.1 **there is insufficient medical information** –
 - the insurer has a reasonable excuse if it does not have enough medical information to establish there is an injury or that the injury cannot be related to the worker's employment (refer to Clause 4, Part 1). However, the insurer may have to allow special consideration for workers in remote rural areas if access to medical treatment is not readily available. This reasonable excuse can only be utilised in circumstances where there has been a failure to provide a medical certificate or information to the insurer despite requests from the insurer
- 7.2 **the injured person is unlikely to be a worker** –
 - the worker has been unable to verify their status as a worker as described above; or
 - the employer is able to verify that the worker is not a worker

7.3 **the insurer is unable to contact worker –**
and is unable to do so after trying repeatedly by phone or electronic means, and at least once in writing

7.4 **the worker refuses access to information –**

the insurer has a reasonable excuse if the worker will not consent to the release or collection of personal or health information in relation to the workplace injury to determine the worker's entitlement to compensation benefits under provisional liability

7.5 **the injury is not work related –**

the insurer has a reasonable excuse if the employer has provided acceptable evidence that the worker did not sustain an injury or the worker's employment is not a substantial contributing factor to the injury. Evidence that may lead to this conclusion is set out in Clause 4, Part 1. Employment is required to be a substantial contributing factor (not the substantially contributing factor) under section 9A of the 1987 Act. It may be a substantial contributing factor, even if it is one of a number of factors

7.6 **the injury is not a significant injury –**

if the injury is not significant, (ie the worker is likely to be incapacitated for work, whether partial or total or a combination of both, for less than 7 continuous days), the insurer may extend the time to assess provisional liability entitlements to 21 days after the initial notification is made.

If the insurer does that, then within 7 days of the initial notification, the insurer is to notify the worker in writing that a decision will be made within 21 days of the initial notification.

7.7 **the injury is notified after 2 months –**

the insurer has a reasonable excuse if the notice of injury is not given to the employer within 2 months after the date of the injury. However, the insurer may ignore this excuse if a liability is likely to exist and if it believes paying compensation benefits to the worker under provisional liability will be an effective injury management intervention

7.8 **if the insurer has a reasonable excuse for not accepting provisional liability and commencing payments, it is to –**

- give written notice to the worker within 7 days after the initial notification
- inform the employer as soon as practicable.

Reference sections 267 and 268 of the 1998 Act.

7.9 **the insurer's notice to the worker is to include the following –**

- details of the reasonable excuse, including copies of all information, documents, and medical reports that are relevant and were considered in making the decision
- How the issue will be resolved by the insurer or how the worker may resolve the issue
- that the worker may contact WorkCover's Claims Assistance Service on 13 10 50 or their union for assistance
- that the worker can make a claim for compensation and that claim will be determined within 21 days of receipt by the insurer
- details of how to make a claim
- a claim form

Reference section 268 of the 1998 Act

7.10 **the insurer's notice to the employer is to include the following –**

- details of the reasonable excuse given to the worker
- that the employer may contact WorkCover's Claims Assistance Service on 13 10 50 for assistance.

8. **The insurer has satisfied its obligations to start paying:**

8.1 **if the insurer and the employer have agreed in writing that the employer is to pay a worker for any time off work,** and the insurer has confirmed with the employer –

- the amount of weekly payments and how that amount was calculated
- the period for which the employer is authorised to pay
- any special conditions the insurer requires

8.2 **if the period to be paid is for a closed period and is to be paid in one amount,** and the insurer has confirmed in writing to the employer –

- the period to be paid
- the amount to be reimbursed to the employer
- that the amount will be paid to the employer within a further 7 days
- that the employer must pay the worker as soon as practicable

Reference section 264 (3) of the 1998 Act

8.3 **if ongoing payments are to be made and the insurer and employer agree that for this worker and this injury the employer will pay,** and the insurer has given the employer written confirmation of this agreement including at least –

- employer's agreement to make payments to the worker on their usual pay day
- the amount of weekly payments to be paid to the worker and how that amount was calculated

- the approved period of payment
- any special conditions the insurer requires, eg the requirement for the worker to provide ongoing WorkCover medical certificates to the employer for continuing payments
- the time when the insurer will pay the first payment to the employer
- the schedule for ongoing weekly payments, if applicable
- that the employer must pay the worker as soon as practicable

Reference section 264 (3) of the 1998 Act

- how the employer can withdraw from the agreement

8.4 **if the insurer pays the employer before the employer pays the worker** and the insurer has given the employer written confirmation of at least –

- the period paid and amount
- that the employer must pay the worker as soon as practicable.

Reference section 264 (3) of the 1998 Act

8.5 **if the insurer pays the worker directly**, the insurer has satisfied its obligations if it has made the weekly payment direct to the worker. In that case, the insurer is to arrange with the worker about the payment of taxation in accordance with the Income Tax Assessment Act 1936 of the Commonwealth and the Income Tax Assessment Act 1997 of the Commonwealth.

Provisional weekly payments cannot be deducted from or held against a worker's entitlements. Any such deductions can be recovered as a debt by the worker. *Reference section 233 of the 1998 Act.*

9. Period of Payment of Provisional Liability

The insurer is to continue to make weekly payments of compensation for the expected period of provisional liability. This period (up to a maximum of 12 weeks) will be determined by the nature and seriousness of the worker's injury and the expected period of incapacity.

The 12 week period for weekly payments of compensation starts on the first day the worker becomes entitled to this payment. The 12 week period can be paid under sections 36, 38 or 40 of the 1987 Act. If payment is stopped during the 12 week period, the period of non-payment is not included in the 12 week period.

10. Provisional Liability for Medical Expenses

The insurer can pay section 60 benefits up to \$7,500 provided they are reasonably necessary for the management of the injury, as would be required by the insurer if liability had been admitted.

Relevant factors in determining reasonably necessary treatment

The treatment or service must have the purpose and potential effect to:

- alleviate the consequences of the injury
- maintain the worker's state of health; or
- slow or prevent its deterioration given the injury.

A decision about reasonably necessary treatment must include consideration of all of the following: appropriateness, effectiveness, the alternatives available, cost benefit and its acceptance among the medical profession:

appropriateness – the capacity to relieve the effects of the injury

effectiveness – the degree to which the treatment will potentially alleviate the consequences of the injury

alternatives – consideration must be given to all other viable forms of treatment for the injury

cost benefit – there must be an expected positive benefit, given the cost involved, that should deliver the expected health outcomes for the worker

acceptance – the acceptance of the treatment among the medical profession must be considered, ie is it a conventional method of treatment and would medical practitioners generally prescribe it?

There are no time limits over what period the medical treatment can be given as long as the \$7,500 limit is not exceeded. *Reference section 280 of the 1998 Act.* The insurer can pre-approve above \$7,500 in exceptional circumstances.

WorkCover fees orders are gazetted and set out the maximum fee amount for which an employer is liable under the Act for treatment of an injured worker. The insurer must not pay above these amounts.

If the worker has paid for reasonably necessary medical treatment, the insurer is to reimburse the worker within 7 days after the worker requests payment.

If the worker has paid for travelling expenses to receive medical treatment or to attend a medical appointment that the insurer has arranged, the insurer is to reimburse the worker within 7 days after the worker requests payment.

11. Need for a WorkCover Medical Certificate

Reference section 270 of the 1998 Act.

If the insurer has commenced making weekly payments of compensation, the insurer is entitled to request the worker to provide a WorkCover medical certificate covering any period of incapacity for which payments have been or are to be made.

The request can be made to the worker or the worker's representative in writing or verbally. If the request is made verbally then it must be confirmed in writing. When the insurer makes the request, it is to notify the worker:

- of the period of incapacity the WorkCover medical certificate is required to cover
- that the worker must give the WorkCover medical certificate to the insurer within 7 days after the request or within a period agreed by the insurer and worker
- that weekly payments may be discontinued if the WorkCover medical certificate is not received by the insurer.

12. Circumstances Affecting Payment under Provisional Liability:

12.1 If a worker returns to pre-injury duties and is then off work again

Provisional liability can be paid for a cumulative total of 12 weeks, even if the worker returns to work for intermittent periods and workers compensation is not paid during those periods.

If the worker returns to work and is then off work again, the insurer may pay weekly payments of compensation for the periods the injured worker is 'off work' under provisional liability. These periods must not exceed a cumulative total of 12 weeks, and apply where the worker has had a recurrence and this additional period will progress injury management and return to work for the worker. However, if the worker had resumed pre-injury work and sustained a further injury or aggravated the original injury, this is a new injury and a further potential 12 weeks of provisional liability may be payable

12.2 If payments are made for at least 8 weeks

Once an insurer has paid weekly payments of compensation to a worker under provisional liability for at least 8 weeks, the insurer is to notify the worker that they will need to make a claim if they will require payments of compensation to be paid beyond 12 weeks because of ongoing partial or total incapacity. (*Refer to clause 2, Part 2 re Need for a Claim Form*).

12.3 After a reasonable excuse no longer exists

If the reasonable excuse the insurer relied on for not commencing provisional weekly payments ceases to exist, the insurer must commence payment within 7 days (unless information identifying a further reasonable excuse exists and is relied on by the insurer)

12.4 If the initial notification of injury is a claim

An insurer must commence payments of compensation benefits under provisional liability within 7 days of the claim being received, unless the insurer has a reasonable excuse. *Reference sections 267 and 275 of the 1998 Act.*

The requirement to commence provisional payments is waived if liability for the claim is determined, and notice of this decision given to the worker within 7 days of receipt of the claim.

13. Ceasing Provisional Liability for Weekly Payments of Compensation

Provisional liability for weekly payments of compensation ceases for one of the following reasons:

- 13.1 if the worker returns to work before the end of the approved period for provisional liability for weekly payments and is not incurring any economic loss; or
- 13.2 if the worker makes a claim and this claim is accepted.

In either of the above cases, the insurer need not notify the worker that the provisional liability for weekly payments of compensation is to cease.

14. Circumstances in which Provisional Liability may be Discontinued

Provisional liability may be discontinued if the following circumstances occur:

- 14.1 if the worker unreasonably fails to comply with a requirement of Chapter 3 of the 1998 Act in respect of injury management. *Reference section 57 (1) and (2) of the 1998 Act*
- 14.2 if the worker does not provide a WorkCover medical certificate that certifies the worker's incapacity within 7 days after the insurer requested the certificate. *Reference section 270 (1) (a) and (2) of the 1998 Act*; or
- 14.3 if the worker does not authorise a provider of medical or hospital treatment or occupational rehabilitation services to give an insurer the information specified in section 270 (1) (b) of the 1998 Act within 7 days after the insurer making the request. *Reference section 270 (1) (b) and (2) of the 1998 Act*
- 14.4 if the insurer receives new credible evidence (eg the worker is not a worker as defined, employment is not a substantial contributing factor to the injury) that was not available at the time the provisional payments began.

In the four circumstances described above, the insurer must send the worker written notice that provisional liability and payments have been discontinued and must send a copy to the employer and service providers, if appropriate. The notice must inform the worker that provisional payments have been discontinued, the reason that they have been discontinued,

attach all documents and medical reports relevant to the decision. In the case of non-compliance, the notice must detail any action that the worker can take to comply and enable the insurer to re-commence provisional liability and make payments. The notice must also inform the worker and employer that they may contact WorkCover's Claims Assistance Service on 13 10 50, their union or employer association for further information (see section 74 notices, Part 3 of these guidelines).

15. Re-opening a Provisional Liability Claim

The insurer may recommence provisional liability on a notification of injury in the following circumstances:

- 15.1 for administration purposes to make further payments
- 15.2 if provisional liability for payment of compensation benefits has ceased or been discontinued for reasons described above at Clauses 13.1 and Clauses 14.1 to 14.4 and the worker becomes eligible again for compensation benefits, the payments can start again if the cumulative totals are not exceeded (12 weeks of weekly payments of compensation and \$7,500 of expenses under section 60 of the 1987 Act). Any periods for which weekly payments of compensation are not made because they have been stopped is not included in the 12 weeks
- 15.3 recurrence of original injury, ie spontaneous re-emergence of symptoms needing treatment or causing incapacity as opposed to a new injury which is an aggravation or further incident, impacting on the same area of the body as the original claim
- 15.4 claim is litigated.

The insurer must notify the employer within 7 days that provisional liability has been re-opened, unless it has only been re-opened for administrative purposes.

Part 2 MAKING AND HANDLING A CLAIM FOR WEEKLY PAYMENTS AND MEDICAL EXPENSES COMPENSATION

1. Time Limits for Making a Claim

Claims are generally to be made within 6 months of the injury. *Reference section 261 (1) of the 1998 Act.*

Before a worker can make a claim the worker must give notice of injury to the employer except in special circumstances. *Reference section 254 of the 1998 Act.*

A notice of injury may be given orally or in writing and must be given to any person designated by the employer for that purpose (eg as specified in an employer's return to work program) or to any person under whose supervision the worker is employed (which may include a person other than a direct supervisor).

A notice of injury must state:

- the name and address of the person injured
- the cause of the injury (in plain language)
- the date on which the injury happened.

2. Need for a Claim Form

In most circumstances, the need for a claim form can be waived and the claim taken to have been made.

A claim form is only required if:

- a reasonable excuse notice has been issued and the reason continues to exist
- compensation is claimed or payable beyond the provisional liability period for weekly payments of compensation or where medical expenses under provisional liability may exceed \$7,500 and there is insufficient information to determine ongoing liability
- an injury notification is made but there is insufficient information to determine liability. (See clause 7.9, Part 1 for requirements for a notice).

3. Minimum Information Required to Make a Claim

If a claim is to be made it is to be completed on the claim form available from the employer's insurer for workers compensation purposes. The claim form must be completed to the full extent that the relevant information is available and must include the worker's particulars, injury details, injured worker's declaration, work details and employer's particulars. Further information in support of the claim should be provided as soon as possible after it is received. In making a claim, the worker must provide all reports and documents that they rely upon in making the claim as soon as possible after that information is received to either:

- the employer from whom they are claiming workers compensation benefits
- the insurer responsible for providing the employer's workers compensation insurance.

If the claim is for weekly payments of compensation, the worker must provide a WorkCover medical certificate (if one has not already been given to the insurer or employer) or a medical report that includes the information normally provided on a WorkCover medical certificate.

If a worker has completed a claim form in relation to one claim for an injury, that information is relevant for any subsequent claim for weekly payments, section 60 expenses or permanent impairment that is related to the same injury.

Where an injury has been sustained by a worker while on a journey, a journey claim form is to be completed.

4. Employer Actions when Served with a Claim

Within 7 days after an employer receives a claim, the employer must complete their relevant sections on the form and send the claim to the insurer responsible for covering the worker for compensation. From then on, if the insurer requests more information, the employer must respond within 7 days of receiving the request with all information that is reasonably attainable. *Reference section 264 (1) and (2) of the 1998 Act.* The employer must also forward to the insurer, within 7 days of receipt, any documentation the employer receives in respect of the claim.

Failure by the employer to forward the information to the insurer within 7 days, where the information is in the employer's possession or reasonably obtainable, renders the employer liable for prosecution under section 264 (1) of the 1998 Act. *Reference Clause 14A of the Workers Compensation Regulation 2003.*

An employer must, within 14 days of a request from the worker, supply to the worker the wage and earning details set out in section 43 (2) of the 1987 Act.

Failure by the employer to forward the information to the worker within 14 days, without reasonable excuse, renders the employer liable for prosecution under section 43 (2A) of the 1987 Act.

5. Insurer Actions when Served with a Claim

Once the insurer receives the claim for weekly compensation or medical compensation benefits, they are responsible for gathering further information from all relevant sources to enable the claim to be determined within 21 days, unless one of the following reasons for not determining the claim applies:

- expiry date beyond the due date, ie. The expiry date of the expected provisional liability period for weekly payments is greater than the claim determination due date. If a determination is still required, the insurer must determine the claim prior to the conclusion of the approved period of provisional liability
- returned to work, ie the worker has returned to work on pre-injury duties and received payments for the amounts claimed, and is not expected to be entitled to receive any further compensation benefits resulting from the injury
- medical expenses only, ie the claim is for only medical compensation benefits and liability has been provisionally accepted for the claimed expenses *Reference section 280 of the 1998 Act*
- deficient claim, ie within 7 days after the insurer received the claim, the insurer has notified the worker in writing that the claim contains an error that is material, ie not obvious or typographical and how to correct that deficiency. This could include –
 - o worker has failed or refuses to sign the declaration form
 - o no medical certificate received (where weekly compensation payments are claimed).

The worker may correct the error at any time. When the error is corrected, the claim is then made and the insurer must determine it within 21 days of the correction being notified to them.

The insurer is also to notify the employer within 7 days that a claim has been made by their worker.

If the insurer cannot find a current policy that covers a claim within 7 days after the claim is made, then the insurer is to either:

- contact the employer and person who made the claim, and request more information in order to identify the policy. If the policy still cannot be identified, then the insurer is to inform the employer and the person who made the claim that the insurer is not the current insurer. The insurer must then refer the claim to WorkCover's Claims Assistance Service (CAS) on 13 10 50; or
- pass the claim to the current insurer if known. (May be identified by a request for an employer's past claims experience from the new insurer or from the cancellation request made by the employer)
- pass the information in writing on to the worker or the worker's representative.

Upon request from a worker or a worker's representative, a copy of medical information or a report from a treating medical practitioner should be supplied. If the insurer is of the opinion that supplying the worker with a copy of a medical report would pose a serious threat to the life or health of the worker or any other person, the insurer may instead supply the medical report to a medical practitioner nominated by the worker for that purpose.

6. Evidence to Support a Decision on Liability

Information which the insurer can use to inform their decision on liability includes the initial report of injury, the claim form, the WorkCover medical certificate completed by the nominated treating doctor (and signed by the worker), further information received from the worker and the responses made by the worker, employer and doctor during any contact made with them by the insurer.

It is the role and responsibility of the insurer to gather sufficient information to enable them to make a soundly based decision on liability and on any other aspect of the claim within the prescribed time-frame.

When seeking a report, especially from medical practitioners, an insurer must state clearly that the worker will have an entitlement under the legislation to a copy of the report.

Gaining objective, evidence based medical information from the nominated treating doctor, which explains and clarifies issues regarding the injury, treatment and any period of incapacity, is particularly important.

When a decision is made to deny liability, all documents relevant to that decision must be made available to the worker, as set out in Part 3, Clause 4.7.

7. Accepting Liability

When liability is accepted, the insurer must notify the worker and employer that workers compensation benefits will commence and that they will include the provision of reasonably necessary services as set out in Division 3 of Part 3 of the 1998 Act.

Include in the notice to the worker and employer:

- that benefits have commenced on the basis of acceptance of liability
- the amount to be paid each week and how that amount is calculated
- whether the insurer or the employer will pay the worker
- what the worker should do if they do not receive payment
- that an injury management plan will be developed, if required
- a copy of the WorkCover brochure for injured workers, *Information for injured workers. Reference section 269 of the 1998 Act.*
- a copy of the WorkCover brochure, Employers guide: what to do if an injury occurs, to small employers (if not previously provided).

7.1 Weekly payments of compensation are to be determined, and continue to be made based on:

- wage records supplied by the employer
- the current medical certificate supplied by the worker
- current work status
- the application of Sections 36 to 40 of the 1987 Act.

Section 84 of the 1987 Act provides that weekly payment of compensation is payable at the employer's usual time of payment – at fortnightly or shorter intervals or at intervals agreed between the employer/insurer and the worker.

7.2 Reasonably necessary services must be approved by the insurer once the need for treatment has been justified in a report or a treatment plan which specifies:

- the services proposed
- the anticipated outcome
- duration
- frequency
- cost of the service.

If there is insufficient or inadequate information upon which to make a soundly based decision, further information should be requested from the treatment provider. Failing this, it may be necessary to obtain an independent opinion.

When notifying the treatment provider of approval, the insurer should specify the costs approved, consistent with WorkCover fee schedules where these have been gazetted or with rates that are customarily charged in the community. Once a plan is approved, the insurer is liable for costs, unless they advise the provider that liability for the services has been declined before the services are provided.

Insurers should make payments to service providers in a timely manner to guarantee continuity of service provision.

8. No Response from the Insurer

If the insurer does not respond to a new claim or a request for a specific benefit under Part 3, Divisions 2, 3 and 5 of the 1987 Act within 21 days, the worker can seek assistance from WorkCover's Claims Assistance Service (CAS) on 13 10 50 or their union. CAS will issue the worker with a CAS reference number upon initial contact and then contact the insurer to facilitate a response.

CAS will send a letter to the worker within 7 days of the request advising either:

- the insurer's response (ie the action the insurer has taken or will take); or
- that there is still no response.

Once the 7 days has elapsed, the worker may lodge a dispute with the Workers Compensation Commission (WCC) quoting the CAS reference number and attaching the CAS letter. For the purpose of relying on the CAS reference number or letter to commence proceedings in the WCC, the CAS inquiry must be made no earlier than 7 days before the time limit for determining the claim has expired.

9. Managing Employer Expectations

Decisions on liability, reduction or termination of weekly benefits or declinature of other entitlements, are to be advised to the employer of the injured worker. This is of particular importance whilst the cost of claim impacts on the employer's premium.

Small employers are unlikely to have knowledge or experience of the workers compensation system and should be provided with additional information e.g WorkCover Brochure, *Employers guide: what to do if an injury occurs*.

10. Requests from Employers and Union representatives

Insurers are to respond to requests from union and employer representatives on behalf of their members with appropriate consent from the member.

11. Managing Worker Obligations

11.1 Failure to comply with injury management

Section 57 of the 1998 Act states that if a worker fails unreasonably to comply with a requirement of Chapter 3 of the 1998 Act after being requested to do so by the insurer, the worker has no entitlement to weekly payments of compensation during the period that the failure continues.

To ensure a fair process and before proceeding to suspend weekly payments of compensation, the insurer is to explore the reasons for non-compliance and assist the worker to comply with the requirement.

The insurer is to take steps to give the worker the opportunity to comply with the requirement and explain to the worker that weekly payments of compensation may be suspended if they do not comply and they will not be entitled to be paid for the period of suspension. In the event of suspension, they will be notified in writing. The notice under section 57 of the 1998 Act should contain similar information to that contained in a notice under section 54 of the 1987 Act. (Refer to clause 6, Part 4, of these guidelines). The worker should be advised to contact their union or WorkCover's Claims Assistance Service for further information.

11.2 Non-participation by the nominated treating doctor

Section 47 of the 1998 Act states that the worker must, when requested to do so by the insurer, nominate as the worker's treating doctor for the purpose of an injury management plan for the worker, a medical practitioner who is prepared to participate in the development of, and in arrangements under, the plan.

If the nominated treating doctor does not reasonably participate in injury management, the insurer is to write to the worker (with a copy to the nominated treating doctor and employer) advising them that if the doctor does not participate, they may need to change their nominated treating doctor using the procedure for changing the nominated treating doctor that is stated on the injury management plan. *Reference section 47(6) of the 1998 Act.* The insurer is to ask the worker to show the letter to the doctor and request the doctor to participate. The insurer is to follow this procedure and consider any reasons the worker may have for remaining with the doctor despite the non-participation of the doctor.

11.3 Failure by worker to attend medical examination at the direction of the employer

Section 119 of the 1998 Act requires a worker who has given notice of injury to submit to an examination by a medical practitioner, provided and paid by the insurer/employer, if so required. The insurer is to ensure that the worker understands why they are being asked to comply with the requirement, that weekly payments of compensation may be suspended if they do not comply, and that in the event of suspension they will be notified in writing. Such notice must be given in accordance with the *WorkCover Guidelines on independent medical examinations and reports*.

To ensure due process and before proceeding to suspend weekly payments of compensation, the insurer is to explore the reasons for the non-compliance and assist the worker to comply with the requirement.

12. Reviewing the Claim

The claim should be reviewed at scheduled review points and when new information is received which may impact on the status and direction of the claim. The injury management plan and claims estimate need to be revised and updated in accordance with any information received.

13. Approval to Exceed the Statutory Maximum for Medical and Hospital Expenses

Insurers must apply to WorkCover when it is likely that medical and related expenses or hospital costs will exceed \$50,000 or a previously approved maximum amount.

14. Closing a Claim

A claim may be closed when a decision can be made that the worker has no ongoing entitlement to benefits and this decision is not being disputed. Factors to be considered include:

- worker has achieved optimal return to work and health outcomes
- all payments have been made
- no recovery action is current.

Prior to closing a claim, the worker is to be notified in writing giving the reason for the decision and that the claim may be reopened on receipt of sufficient reasons.

15. Re-opening a Claim

A claim can be re-opened after it has been closed for the following reasons:

- recurrence of original injury
- further payments or recoveries
- claim is litigated
- claims administration.

If a claim is re-opened again other than for administration purposes, a decision on the additional compensation benefits must be determined again within 21 days.

The insurer must also notify the employer within 7 days that a claim made by their worker has been re-opened, unless it is re-opened for administrative purposes.

Part 3 DISPUTING ALL OR PART OF A CLAIM FOR WEEKLY PAYMENTS AND MEDICAL EXPENSES

1. Relevant Legislation and Reasons for Disputing Liability

Section 74 of the 1998 Act applies when the insurer has credible evidence to indicate that they are not liable for all or part of a claim, meaning that they:

- do not commence weekly payments
- cease or reduce weekly payments after they have started (see also under Part 4); or
- decline to pay for a service that has been requested.

Note: A section 74 notice is not required when payments are to be reduced as a result of the application of a different rate of compensation after the expiration of an earlier period or incapacity for which a higher rate is payable. In this case, the insurer is to send a letter to the worker advising of the reduction, the new rate, how it is calculated, and the legislative basis for the change.

The reasons for disputing liability may include the evidence the insurer has regarding the liability for the provision of compensation benefits, for example:

- that the worker has not sustained an injury as defined in section 4 of the 1998 Act
- that the worker has no incapacity for work
- that the worker is not a worker, as defined in section 4 of the 1998 Act
- that employment is not a substantial contributing factor to the injury as set out in section 9A of the 1987 Act
- that psychological injury was wholly or predominantly caused by reasonable actions of the employer, as set out in section 11A of the 1987 Act
- that a service that has been requested under Part 3, Divisions 2, 3 and 5 of the 1987 Act is not reasonably necessary
- the incapacity or need for treatment or permanent impairment does not result from the injury.

2. Evidence Relevant to the Decision

The insurer must consider all evidence relevant to the claim to which the decision relates, including reports and plans submitted on behalf of the worker and independent reports obtained by the insurer. This evidence may include but is not limited to:

- the claim form
- medical certificates
- medical reports prepared by treating practitioners and specialists
- treatment plans
- return to work plans
- rehabilitation reports
- factual/investigative reports
- independent medical reports prepared by a specialist medical practitioner with qualifications relevant to the treatment of the injured worker's injury (refer to *WorkCover Guidelines on Independent Medical Examinations & Reports*)
- injury management consultant reports
- independent treatment review reports (eg independent physiotherapist consultant).

3. Internal Review Before Issuing a Dispute Notice

Before giving notice of the decision to dispute liability on all or part of the claim, the insurer must carry out an internal review of all of the evidence considered in arriving at the decision. This includes reviewing all documents which are relevant to the claim or any aspect of the claim to which the decision to dispute relates. At a minimum, the review is to be conducted by someone other than the person who has made the original decision and, by someone with requisite expertise, eg Technical Advisor or Senior Claims Supervisor. The reviewer(s) must have comprehensive knowledge of the legislation as it applies to the matter in dispute and the issues arising from it. Where a self insurer or specialised insurer does not have a person within their organisation who can review the decision, this review may be undertaken by a person external to the organisation with the requisite knowledge and expertise.

4. Requirements for a Notice Disputing Liability

Section 74 of the 1998 Act requires an insurer who disputes liability in respect of a claim or any aspect of a claim, to give notice of the dispute to the worker and adhere to the requirements for the notice of dispute. All matters in dispute at that time must be given in this notice.

Clause 34 of the Workers Compensation Regulation 2003 provides additional information to be included in a section 74 notice.

An insurer must comply with the requirements in section 74 and clause 34. Any defect in a notice should be corrected as soon as it comes to the insurer's attention.

A section 74 notice may not need to be given to a worker by an insurer if a correct section 54 notice, as per the 1987 Act has been given. Section 54 of the 1987 Act deals with requirements for insurers to give notice to workers before discontinuing

or reducing benefits. If a notice given by an insurer under section 54 contains all the information required by section 74, a separate section 74 notice is not required and the section 54 notice becomes the dispute notice.

A decision to dispute liability should not be made lightly.

The section 74 notice must give the worker notice, in clear and unambiguous language, of the issue(s) that are genuinely in dispute and the reason(s) for the dispute. It is not acceptable to list all potential issues that may arise under the legislation, regardless of their relevance to the claim under consideration. Nor is it acceptable to say, for example that “notice of injury” is disputed. The insurer must state precisely which aspect of that “notice of injury” is disputed, why it is disputed and upon which section or sub-section of the legislation it relies.

A section 74 notice will identify the issues that may be referred to the Workers Compensation Commission (WCC) for determination and must therefore be prepared by a responsible officer who has a detailed knowledge of the worker’s claim and the legislation. The notice should only be prepared after a comprehensive and detailed consideration of the factual and legal issues in the claim.

A section 74 notice must:

- precisely identify, in plain language in the body of the document, the issue(s) in dispute AND, in respect of each issue, the insurer’s reasoning for disputing the issue
- identify the sections and, if necessary, the sub-sections of the legislation on which the insurer relies and that are relevant to the issues in dispute
- have attached to it any relevant document to which clause 37 of the Workers Compensation Regulation 2003 applies. The obligation to provide a copy of a report applies to any report that is relevant to the claim or any aspect of the claim to which the decision relates, whether or not the report supports the reasons for the decision
- state that the worker has the right to request a review of the claim by the insurer
- state that the worker can seek advice or assistance from the Claims Assistance Service or from their trade union or from a lawyer
- state that the worker can refer the dispute for determination by the WCC
- if the insurer has referred or proposes to refer the dispute to the WCC, include a statement to that effect specifying the date of referral or proposed referral
- state that the matters that may be referred to the WCC are limited to matters notified in the notice or in any notice issued after a further review or in correspondence prior to a referral concerning an offer of settlement or in a request for further review.

A section 74 notice must be written in plain language, as specified in section 74 (2B) and must include:

4.1 a statement of the matter(s) in dispute

This identifies the general, plain language nature of the workers compensation benefit(s) that is/are in dispute. It should also include who made the decision and the date it was made and who confirmed the decision and the date it was confirmed.

4.2 reasons the insurer disputes liability

A section 74 notice must show the legislative basis for the insurer to dispute liability by referring to the sections or clauses of the workers compensation legislation, regulations or guidelines that are relevant and relied upon by the insurer for its decision.

It is not acceptable to list standard grounds of objection that are not relevant to the actual issues in dispute.

4.3 a statement of the insurer and claimant issues relevant to the matter in dispute, The section 74 dispute notice must include a plain language description of all that the insurer has considered in coming to the decision to dispute liability for all or part of a worker’s entitlement to workers compensation benefits.

The information provided must be comprehensive as it informs all parties of the line of reasoning that the insurer has relied on in disputing liability and will rely on if the claimant files an Application to Resolve a Dispute in the WCC.

It must be written on a case-by-case basis, as it must reflect the facts of the case. Precedents cannot be relied on.

All of the information that has been considered by the insurer (either provided by or on behalf of the worker or obtained by the insurer) in making the decision and the conclusions the insurer has drawn from this must be included.

The level of detail must be sufficient to substantiate the legislative basis (i.e. each section and sub-section of the Act cited) to dispute liability as shown in 4.2. This will assist the worker to accept the decision or decide if an optional review should be requested.

4.4 a statement identifying all reports and documents relevant to the claim or aspect of the claim to which the decision relates

The notice must refer to all reports in the possession of the insurer that were considered in making the decision to dispute the claim or any aspect of the claim. This extends to reports and documents that do not support the decision reached but are still relevant and must include, but are not limited to:

- medical reports, certificates and clinical notes (including reports under sections 119 and 126 of the 1998 Act)

- treatment plans
- factual/investigation reports
- rehabilitation reports
- assessment reports under section 40A of the 1987 Act
- any other relevant reports
- wage details required to be supplied under section 43 (2) of the 1987 Act.

Reference to reports must include the name and relevant qualifications of the person who wrote the report, and the date of the report.

4.5 a statement identifying the reports and documents submitted by the worker in making the claim

This refers to relevant information received by the insurer from the worker or on the worker's behalf in support of the worker's claim. It also includes information obtained from the worker pursuant to an obligation under section 71 of the 1998 Act to comply with any reasonable request by the insurer to furnish specified information (in addition to information furnished in the claim form).

The worker is limited to this information in any application for dispute resolution lodged with the WCC, except where the worker was not legally represented at the relevant time or where additional information is provided in a request for review (refer clause 4.7 below).

4.6 a statement identifying that all reports and documents relevant to the decision to dispute the claim, as referred to in 4.4 above (and which are in the possession of the insurer), are attached to the dispute notice.

A relevant report does not have to be attached where it has already been supplied to the worker provided it is identified in the statement referred to in clause 4.4 above.

If the insurer is of the opinion that supplying the worker with a copy of a report would pose a serious threat to the life or health of the worker or any other person, the insurer may instead :

- in the case of a medical report, supply the report to a medical practitioner nominated by the worker for that purpose; or
- in any other case, supply the report to a legal practitioner representing the worker; or
- when neither of the above options are appropriate, seek a direction or authority from WorkCover to redirect, eg this could be appropriate when a union is representing a worker.

Should a matter proceed to the WCC, both parties are limited to relying on reports and documents identified in the dispute notice or dispute review notice (refer clause 4.7 below) with the exception of those workers who are not represented by a solicitor.

4.7 a statement indicating that the worker can request a review of the claim by the insurer (optional review)

Section 287A of the 1998 Act provides the worker with an opportunity to request the insurer to review the decision to dispute the claim or any aspect of the claim at any time before an application for dispute resolution is lodged with the WCC. When a request for review is made, the claim must be reviewed by the insurer and a response made within 14 days after the request is made. A request is taken to have been made when it is first received by an insurer.

The statement in the notice must describe the procedure for requesting a review and indicate that the worker may raise further issues and introduce further supporting evidence when seeking the review. The notice must also include a statement advising the worker that this extra information must be provided if the worker is to include it in any application for dispute resolution referred to the WCC.

The optional review must be carried out in accordance with the insurer's complaints and disputes management model. At a minimum, the review is to be conducted by someone other than the person who has made the original decision and by someone with requisite expertise, eg technical advisor or senior claims supervisor. The reviewer(s) must have comprehensive knowledge of the legislation as it applies to the matter in dispute and the issues arising from it. Where a self insurer or specialised insurer does not have a person within their organisation who can review the decision, this review may be undertaken by a person external to the organisation with the requisite knowledge and expertise.

The response will either be to accept the worker's claim or issue a new dispute review notice (see Clause 5 below). The request for an optional review of a dispute notice does not constitute a stay of the decision to terminate or reduce payments.

The worker may separately contact the insurer to seek clarification of the notice or correction of a defect.

A standard form for requesting the review is to be attached to the dispute notice. (See Appendix 1).

4.8 the notice must also include a statement advising that the worker may –

- contact WorkCover's Claims Assistance Service on 13 10 50
- seek assistance from the worker's union or a lawyer
- refer the dispute to the Registrar for determination by the WCC (including the postal and email address of the Registrar).

Where the insurer has referred or proposes to refer the dispute for determination by the WCC, the notice must also include a statement to that effect, specifying the date of referral or proposed referral.

- 4.9 a statement indicating that the matters that may be referred to the WCC are limited to matters notified in the dispute notice or in a dispute review notice.**

5. Dispute Review Notice

If the insurer continues to dispute the claim following the optional review, they must issue a further dispute notice. The content of this dispute notice must comply with the requirements of section 74. Any **further reports** that have come into the possession of the insurer and that are relevant to the review decision are to be attached. The notice can refer to and rely on the content of the original section 74 notice and attachments, provided they remain applicable. Information and documents relevant to the dispute review decision are also to be attached, unless already provided.

The worker may request more than one review.

6. Section 74 template

Headings

1. A statement of the matter(s) in dispute.
2. Reasons the insurer disputes liability.
3. A statement of the insurer and claimant issues, relevant to the matter in dispute.
4. A statement identifying all reports and documents which were relevant to the claim or aspect of the claim to which the decision relates.
5. A statement identifying the reports and documents submitted by the worker in making the claim.
6. A statement identifying that all reports and documents relevant to the decision to dispute the claim referred to in 4 above (and which are in the possession of the insurer) are attached to the dispute notice.
7. A statement indicating that the worker can request a review of the claim by the insurer (optional review).
8. Other matters (see 4.8 above).
9. A statement indicating that the matters that may be referred to the WCC are limited to matters notified in the dispute notice or in a dispute review notice.

Part 4 TERMINATING OR REDUCING WEEKLY PAYMENTS OF COMPENSATION

1. Relevant Legislation and Reasons for Terminating or Reducing Payments of Weekly Compensation

Section 54 of the 1987 Act applies if a worker:

- has received weekly payments of compensation for a continuous period of at least 12 weeks
- has provided the worker's employer or the employer's insurer with a certificate by a medical practitioner specifying the expected duration of the worker's incapacity
- and the insurer has evidence to support the termination or reduction of payment of weekly compensation.

The insurer shall not discontinue payment or reduce the amount, of the compensation during the period of incapacity so specified without giving the worker the prescribed period of notice of intention to discontinue payment of the compensation or to reduce the amount of the compensation.

Failure to give the prescribed period of notice under section 54 of the 1987 Act by the insurer or employer is an offence rendering the insurer liable for prosecution under section 54(1) and also liable to the worker to pay the amount of compensation that would have been payable had the prescribed period been properly observed.

The reasons for terminating or reducing payments may include:

- if the insurer receives evidence impacting on the claim with respect to entitlement to weekly compensation under section 40 or section 52A of the 1987 Act.

Note: A section 54 notice is not required for a reduction in weekly benefits when payments are reduced as a result of application of legislative requirements, eg. under section 37 or section 38 of the 1987 Act. In this case, the insurer is to send a letter to the worker advising of the reduction, the new rate, how it is calculated and the legislative basis for the change.

2. Evidence Relevant to the Decision

The insurer must consider all evidence relevant to the decision, including reports and plans submitted on behalf of the worker and independent reports obtained by the insurer. This evidence may include but is not limited to:

- the claim form
- medical certificates
- medical reports prepared by treating practitioners and specialists
- treatment plans
- return to work plans
- rehabilitation reports
- factual/investigative reports
- independent medical reports prepared by a specialist medical practitioner with qualifications relevant to the treatment of the injured worker's injury (refer to *WorkCover Guidelines on independent medical examinations and reports*)
- injury management consultant reports
- independent treatment reports (eg independent physiotherapist consultant).

All issues and information relevant to the decision are to be provided to the claimant when a decision to reduce or terminate payments is communicated to the claimant.

When seeking a report, especially from medical practitioners, an insurer must give clear advice that the worker will have an entitlement under the legislation to a copy of the report.

3. Internal Review Before Issuing a Notice to Terminate or Reduce Weekly Payments of Compensation

Before giving notice of the decision to terminate or reduce weekly payments of compensation, the insurer must carry out a review of all the evidence considered in arriving at the decision. This includes reviewing all documents which are relevant to the claim or any aspect of the claim to which the decision to terminate or reduce relates. At a minimum, the review is to be conducted by someone other than the person who has made the original decision and by someone with requisite expertise, eg technical advisor or senior claims supervisor. The reviewer(s) must have comprehensive knowledge of the legislation as it applies to the matter in dispute and the issues arising from it. Where a self insurer or specialised insurer does not have a person within their organisation who can review the decision, this review may be undertaken by a person external to the organisation with the requisite knowledge and expertise.

4. Requirements for a Notice to Terminate or Reduce Weekly Payments of Compensation

Section 54 of the 1987 Act provides that if an insurer terminates or reduces weekly compensation, they must give notice of the decision to reduce or terminate payments to the worker. It also sets out the requirements for the notice of dispute.

Clause 15 of the Workers Compensation Regulation 2003 provides additional information to be included in a section 54 notice. An insurer must comply with the requirements in section 54 and clause 15. Any defect in a notice should be corrected as soon as it comes to the insurer's attention.

If a notice given by an insurer under section 54 contains all the information required by section 74 of the 1998 Act a separate section 74 notice is not required in the event of a dispute and the section 54 notice becomes the dispute notice.

A decision to dispute liability should not be made lightly.

The section 54 notice must give the worker notice, in clear and unambiguous language, of the issue(s) that are genuinely in dispute and the reason(s) for the dispute. It is not acceptable to list all potential issues that may arise under the legislation, regardless of their relevance to the claim under consideration. Nor is it acceptable to say, for example that “notice of injury” is disputed. The insurer must state precisely which aspect of that “notice of injury” is disputed, why it is disputed and upon which section or sub-section of the legislation it relies.

A section 54 notice will identify the issues that may be referred to the Workers Compensation Commission (WCC) for determination and must therefore be prepared by a responsible officer who has a detailed knowledge of the worker’s claim and the legislation. The notice should only be prepared after a comprehensive and detailed consideration of the factual and legal issues in the claim.

A section 54 notice must:

- precisely identify, in plain language in the body of the document, the issue(s) in dispute AND, in respect of each issue, the insurer’s reasoning for disputing the issue
- identify the sections and, if necessary, the sub-sections of the legislation on which the insurer relies and that are relevant to the issues in dispute
- have attached to it any relevant document to which clause 37 of the Workers Compensation Regulation 2003 applies. The obligation to provide a copy of a report applies to any report that is relevant to the claim or any aspect of the claim to which the decision relates, whether or not the report supports the reasons for the decision
- state that the worker has the right to request a review of the claim by the insurer
- state that the worker can seek advice or assistance from the Claims Assistance Service or from their trade union or from a lawyer
- state that the worker can refer the dispute for determination by the WCC
- if the insurer has referred or proposes to refer the dispute to the WCC, include a statement to that effect specifying the date of referral or proposed referral
- state that the matters that may be referred to the WCC are limited to matters notified in the notice or in any notice issued after a further review or in correspondence prior to a referral concerning an offer of settlement or in a request for further review.

A section 54 notice must be written in plain language, and must include the following in order to operate as a dispute notice as well as a section 54 notice:

4.1 a statement of the matter(s) in dispute

This identifies the general, plain language nature of the weekly compensation benefits claim that is/are in dispute. It should also include who made the decision and the date it was made and who confirmed the decision and the date it was confirmed.

4.2 reasons the insurer is terminating or reducing weekly payments of compensation

A section 54 notice must show the legislative basis for the insurer to terminate or reduce weekly compensation. The reasons must refer to those parts of the workers compensation legislation, regulations or guidelines that are relevant and relied upon by the insurer for its decision.

It is not acceptable to list standard grounds of objection that are not relevant to the actual issues in dispute.

4.3 a statement of the insurer and claimant issues relevant to the matter in dispute

The section 54 notice must include a plain language description of all that the insurer has considered in coming to the decision to dispute liability for all or part of a worker’s entitlement to weekly compensation benefits.

The information provided must be comprehensive as it informs all parties of the line of reasoning that the insurer has relied on in disputing liability and will rely on if the claimant files an Application to Resolve a Dispute in the WCC.

It must be written on a case-by-case basis, as it must reflect the facts of the case. Precedents cannot be relied on.

All of the information that has been considered by the insurer (either provided by or on behalf of the worker or obtained by the insurer) in making the decision and the conclusions the insurer has drawn from this must be included.

The level of detail must be sufficient to substantiate the legislative basis (i.e. each section and sub-section of the Act cited) to dispute liability as shown in 4.2. This will also assist the worker to accept the discussion or determine if an optional review should be requested.

4.4 A statement identifying all reports and documents relevant to the claim or aspect of the claim to which the decision relates

The notice must refer to all reports and documents in the possession of the insurer which are relevant to the decision. This extends to reports that do not support the decision reached but are still relevant, and may include but are not limited to:

- medical reports, certificates and clinical notes (including reports under sections 119 and 126 of the 1998 Act)
- treatment plans
- factual/investigation reports

- rehabilitation reports
- assessment reports under section 40A of the 1987 Act
- any other relevant reports or documents
- wage details required to be supplied under section 43 (2) of the 1987 Act.

Reference to reports must include the name and relevant qualifications of the person who wrote the report and the date of the report.

4.5 a statement identifying the reports and documents submitted by the worker in making the claim

This refers to relevant information received by the insurer from the worker in support of the worker's claim. It also includes information obtained from the worker pursuant to an obligation under section 71 of the 1998 Act to comply with any reasonable request by the insurer to furnish specified information (in addition to information furnished in the claim form).

The worker is limited to this information in any application for dispute resolution lodged with the WCC, except where the worker was not legally represented at the relevant time or where additional information is provided in a request for review (refer clause 4.7 below).

4.6 a statement identifying that all reports and documents relevant to the decision to terminate or reduce weekly payment as referred to in 4.4 above (and which are in the possession of the insurer) are attached to the dispute notice

A relevant report does not have to be attached where it has already been supplied to the worker provided it is identified in the statement referred to in clause 4.4 above.

If the insurer is of the opinion that supplying the worker with a copy of a report would pose a serious threat to the life or health of the worker or any other person, the insurer may instead:

- in the case of a medical report, supply the report to a medical practitioner nominated by the worker for that purpose; or
- in any other case supply the report to a legal practitioner representing the worker
- when neither of the above options are appropriate seek a direction or authority from WorkCover to redirect, eg this would be appropriate when a union is representing a worker.

Should a matter proceed to the WCC, both parties are limited to relying on reports and documents identified in the dispute notice or dispute review notice (refer clause 4.7 below) with the exception of those workers who are not represented by a solicitor.

4.7 a statement indicating that the worker can request a review of the claim (optional review)

Section 287A of the 1998 Act provides the worker with an opportunity to request the insurer to review the decision to dispute the claim or any aspect of the claim, at any time before the dispute is referred to the WCC. When a request for review is made, the claim must be reviewed by the insurer and a decision made within 14 days of the request. A request is taken to have been made when it is first received by the insurer.

The statement in the notice must describe the procedure for requesting a review and indicate that the worker may raise further issues and introduce further supporting evidence when seeking the review. The notice must also include a statement advising the worker that this extra information must be provided if the worker is to include it for any application to dispute referred to the WCC.

The optional review is to be carried out in accordance with the insurer's complaints and disputes handling model. At a minimum, the review is to be conducted by someone other than the person who has made the original decision and by someone with requisite expertise. The reviewer(s) must have comprehensive knowledge of the legislation as it applies to the matters in dispute and the issues arising from it. Where a self insurer or specialised insurer does not have a person within their organisation who can review the decision, this review may be undertaken by a person external to the organisation with the requisite knowledge and expertise.

The response will be to either accept the workers response to the dispute notice or to issue a new dispute review notice (see clause 5 below).

The request for an optional review of a dispute notice does not constitute a stay of the decision to terminate or reduce payments.

The worker may separately contact the insurer to seek clarification of the notice or correction of a defect.

A standard form for requesting the review is to be attached to the dispute notice (see Appendix 1).

4.8 the notice must also include a statement advising that the worker may –

- contact WorkCover's Claims Assistance Service on 13 10 50
- seek assistance from the worker's union or lawyer
- refer the dispute to the Registrar for determination by the WCC (including the postal and email address of the Registrar).

The notice referred to in this section is also to include information about the possible entitlements of the injured worker under section 38 of the 1987 Act and the requirements for the worker to obtain those benefits if –

- the notice relates to a reduction in the amount of the worker's weekly compensation as a result of the application of section 40
- the injured worker is not in receipt of earnings

- the information has been supplied to the worker under section 40A
- a statement as to how the reduced compensation has been calculated
- the worker has not previously received section 38 benefits

4.9 a statement indicating that any matters that may be referred to the WCC are limited to matters notified in the dispute notice or in a dispute review notice

5. Dispute Review Notice

If the insurer maintains the original decision following the optional review, they must issue a further notice. This must contain the same type of information as the original section 54 notice. Any **further reports** that have come into the possession of the insurer and that are relevant to the review decision are to be attached. The notice can refer to and rely on the content of the original notice and attachments provided they remain applicable. Information and documents relevant to the dispute review decision are also to be attached unless already provided.

The worker may request more than one review.

6. Section 54 template

Note: The format for this template may also be used for a section 57 suspension notice.

Headings

1. A statement of the matter(s) in dispute.
2. Reasons the insurer is terminating or reducing weekly compensation.
3. Statement of the insurer and claimant issues relevant to the matter in dispute.
4. A statement identifying all reports and documents relevant to the claim or aspect of the claim to which the decision relates.
5. A statement identifying the documents submitted by the worker in making the claim which are relevant to the decision.
6. A statement identifying that all reports and documents relevant to the decision to terminate or reduce weekly payments of compensation referred to in 4. above (and which are in the possession of the insurer) are attached to the dispute notice.
7. A statement indicating that the worker can request a review of the claim.
8. Other matters – see 4.8 above.
9. A statement indicating that any matters that may be referred to the WCC are limited to matters notified in the dispute notice or in a dispute review notice.

Part 5 MAKING AND HANDLING A CLAIM FOR LUMP SUM COMPENSATION (PERMANENT IMPAIRMENT AND PAIN AND SUFFERING)

To be eligible for lump sum compensation under section 66 of the 1987 Act a worker must have sustained an injury, as defined in section 4 of the 1998 Act that resulted in permanent impairment.

1. Minimum Information Required for a Worker to Initiate a Claim

If a claim is already in progress for the injury and the insurer has sufficient information regarding the injury sustained and is satisfied that the injury has resulted in permanent impairment and that it has reached maximum medical improvement, then the permanent impairment claim form is not required. If this claim proceeds as a dispute to the Workers Compensation Commission, a claim form is not to be required.

A permanent impairment claim form is required if a worker is initiating a claim for permanent impairment and pain and suffering (if applicable) related to an injury and has not previously made a claim in respect of the injury or if the insurer does not have sufficient information about the injury for which the claim is being made.

2. Relevant Particulars about a Claim. (*Refer to section 282 of the 1998 Act*).

The claim must include relevant particulars about the claim.

2.1 For injuries pre 1 January 2002:

- the injury received (as identified in claim for workers compensation. If no claim for compensation has been made, it will be necessary to separately make such a claim)
- all impairments arising from the injury
- the amount of loss as measured by the Table of Disabilities
- any previous injury or any pre-existing condition or abnormality, to which any proportion of an impairment is or may be due (whether or not it is an injury for which compensation has been paid or is payable under Division 4 of Part 3 of the 1987 Act)
- details of all previous employment to the nature of which the injury is or may be due
- information as to whether or not the degree of impairment resulting from the injury is permanent
- a medical report supporting the amount of loss claimed.

2.2 For injuries from 1 January 2002:

- the injury received, as identified in claim for workers compensation. If no claim for compensation has been made, it will be necessary to separately make such a claim
- all impairments arising from the injury
- whether the condition has reached maximum medical improvement
- the amount of whole person impairment assessed in accordance with the *WorkCover Guides for the evaluation of permanent impairment*
- a medical report completed in accordance with the *WorkCover Guides for the evaluation of permanent impairment* by a medical specialist with qualifications and training relevant to the body system being assessed who has been trained in the *WorkCover Guides*
- If there is more than one impairment that requires assessment by different medical specialists, one specialist must be nominated as lead assessor and determine the final amount of whole person impairment
- if the claim is for permanent impairment of hearing, a copy of the audiogram used by the medical specialist in preparing the report that accompanies the claim.

3. Claim for Pain and Suffering

Reference section 67 of the 1987 Act.

To make a claim for pain and suffering the worker must provide relevant particulars about a claim:

- a claim for permanent loss or whole person impairment completed on the permanent impairment claim form
- evidence that the loss according to the Table of Disabilities is at least 10% of the maximum that can be awarded or the level of whole person impairment is 10% or above
- a description of the effect the impairment has on their work, domestic and leisure activities
- the proportion of the maximum amount of compensation under section 67 claimed for the pain and suffering.

4. Employer Action on Receipt of a Claim for Permanent Impairment

Within 7 days after an employer receives a claim, the employer must send the claim to the insurer responsible for covering the worker for compensation. From then on, if the insurer requests more information, the employer must respond within 7 days of receiving the request with all information that is reasonably obtainable. The employer must also forward to the insurer within 7 days of receipt any documentation the employer receives in respect of the claim. *Reference section 264 (1) and (2) of the 1998 Act.*

Failure by the employer to forward the information to the insurer within 7 days, where the information is in the employer's possession or reasonably obtainable, renders the employer liable for prosecution under section 264 (1) of the 1998 Act.

5. Insurer Action on Receipt of a Claim for Permanent Impairment

Reference section 281 of the 1998 Act.

When an insurer receives a claim for permanent impairment the insurer must determine the claim by the latest date of either:

- (a) within 1 month after the degree of permanent impairment first becomes fully ascertainable, as agreed by the parties or as determined by an approved medical specialist; or
- (b) within 2 months after the claimant has provided to the insurer all relevant particulars about the claim

For (a) above, 'fully ascertainable as agreed by the parties' means that

- the claimant has reached maximum medical improvement
- the medical report has been prepared by a WorkCover trained assessor of permanent impairment in accordance with the *WorkCover Guides for the evaluation of permanent impairment*
- the medical report has been provided to the insurer
- the level of permanent impairment (as per the medical report) is agreed by the insurer.

Claim to be determined within 1 month from the receipt of the report. For (b) above the following applies:

- If the insurer considers the report is not in accordance with the *WorkCover Guides* the insurer advises the injured worker within 2 weeks of receipt of the claim that further information is required and seeks clarification from the author, with a copy of the request sent to the injured worker's legal representative. If the required information is not forthcoming within 10 working days the insurer arranges an independent medical examination.
- The insurer will determine the worker's entitlements and advise the worker within 2 months from the date of the examination of the worker or within 1 month of receiving that report, whichever is the earlier.

Referrals for an independent medical examination are only to be made when one or more of the questions outlined in "reasons for referral" on page 5 of the *Guidelines on Independent Medical Examinations and Reports* are sought.

The offer of payment to the injured worker must be in accordance with a properly completed report by a trained assessor of permanent impairment. If there is more than one way to assess the level of impairment the more beneficial result is to be chosen. (See paragraph 3.5 in the *WorkCover Guides for the evaluation of permanent impairment*).

When an offer is made it should be accompanied by the medical report on which this offer is based, see also Clause 8 in relation to a "complying agreement".

If the claim is served on the insurer, the insurer must notify the employer that a claim has been made within 2 working days.

If the insurer cannot find a current policy that covers a claim within 7 days after the claim is made, then the insurer is to either:

- contact the employer, and the person who made the claim, and request more information in order to identify the policy. If the policy still cannot be identified, then the insurer is to inform the employer and the person who made the claim that the insurer is not the current insurer. The insurer must then refer the claim to WorkCover's Claims Assistance Service; or
- pass the claim to the current insurer, if the identity of the current insurer can be determined and notify the worker in writing.

6. No Response from the Insurer

If the insurer does not respond to a claim for permanent impairment within 2 months, the worker can seek assistance from WorkCover's Claims Assistance Service (CAS) on 13 10 50. CAS will issue the worker with a CAS reference number upon initial contact, and then contact the insurer to facilitate a response.

CAS will send a letter to the worker within 7 days of the request advising either:

- the insurer's response; or
- that there is still no response.

Once the 7 days has elapsed, the worker may lodge a dispute with the Workers Compensation Commission (WCC) quoting the CAS reference number and attaching the CAS letter. For the purpose of relying on the CAS reference number or letter to commence proceedings in the WCC, the CAS inquiry must be made no earlier than 7 days before the time limit for determining the claim has expired.

7. Insurer Accepts a Claim for Permanent Impairment

If the insurer is satisfied with the claim made, and the level of impairment properly assessed in accordance with the *WorkCover Guides* (for injuries from 1 January 2002), there is no need to obtain further assessments and an offer of payment will be made to the worker in accordance with section 66 of the 1987 Act.

Any payment for permanent impairment is to be in accordance with the level of permanent impairment assessed by a trained assessor of permanent impairment in accordance with the *WorkCover Guides* for injuries from 1 January 2002.

The offer needs to set out:

- the date of the injury
- the injury to which the offer relates
- the amount of the offer or extent of pre-existing condition or abnormality, if any
- the reports and documents relied upon in making the offer
- the reports and documents served and relied upon by the worker in support of the claim (the worker is limited to this information in any application for dispute resolution lodged with the WCC, except where the worker was not legally represented at the relevant time or where additional information is provided in further correspondence prior to referral to the WCC)
- a statement that if the offer is not accepted, the worker can:
 - o contact WorkCover's Claims Assistance Service on 13 10 50
 - o seek assistance from the worker's union or lawyer
 - o apply to the Registrar for determination by the WCC one month after the offer is made (including the postal and email address of the Registrar).
- a statement that the matters that may be referred to the WCC are limited to matters notified in writing between the parties concerning the offer of settlement.

Copies of the reports and documents relied upon by the insurer in the making of the offer must be attached to the written advice of the offer to the worker. If the insurer is of the opinion that supplying the worker with a copy of a medical report would pose a serious threat to the life or health of the worker or any other person, the insurer may instead supply the medical report to a medical practitioner nominated by the worker for that purpose.

Where the outcome of the assessment of permanent impairment is nil whole person impairment and there are no other issues in dispute the insurer is to issue a letter to the worker that incorporates the following requirements:

- the date of injury
- the injury to which the claim relates
- the advice that a decision has been made that no offer will be made in respect of the worker's claim for lump sum compensation as the injury has not resulted in any degree of permanent impairment
- description of the reports and documents relied upon by the insurer in reaching the decision not to make an offer. NOTE: The reports and document must also be attached unless supply would pose a serious threat to the life or health of the worker or any other person, in which case they may be supplied to a medical practitioner nominated by the worker
- description of the reports and documents served and relied upon by the worker in support of the claim
- a statement that advises if the worker wishes to pursue their claim, the worker can:
 - o contact WorkCover's Claims Assistance Service on 13 10 50
 - o seek assistance from the worker's union or lawyer
 - o apply to the Registrar for determination by the WCC one month after receipt of advice from the Insurer (including the postal and email address of the Registrar).
- that the matters that can be referred to the WCC are limited to matters notified in writing between the parties concerning the claim.

8. Complying Agreements

Reference section 66A of the 1987 Act.

Prior to making a payment to the worker for permanent impairment under section 66 of the 1987 Act and for pain and suffering under section 67 of the 1987 Act the insurer must be satisfied that a worker has obtained independent legal advice in order to record the payment details as a complying agreement. Evidence of independent legal advice can be in either:

- a letter from the worker's solicitor; or
- details of the agreement regarding payment signed and returned to the insurer by the worker.

The following details must be included in a complying agreement:

- degree of permanent impairment
- medical report(s) relied on to assess the degree of permanent impairment
- amount of compensation payable in respect of degree of permanent impairment
- amount of pain and suffering compensation (if applicable)
- date of agreement
- certification by insurer that it is satisfied that the worker has obtained independent legal advice.

The complying agreement may be contained in one or more documents which must be kept on the insurer's file.

9. Insurer Disputes Liability for the Claim

If an insurer disputes liability in respect of a claim for permanent impairment, the insurer must issue a section 74 Notice in accordance with Part 3 of these guidelines.

Part 6 MAKING AND HANDLING A CLAIM FOR WORK INJURY DAMAGES

1. General

A claim for work injury damages (WID) must meet two criteria:

- the work injury is a result of the negligence of the employer
- the work injury resulted in at least 15 percent whole person impairment (WPI).

A claim for WID can only be made where a claim for lump sum compensation for the work injury has been made pursuant to section 66 of the 1987 Act. The claim under section 66 must be made before or at the same time as the claim for WID. *Reference section 280A of the 1998 Act.*

Before a worker is entitled to claim for work injury damages the degree of WPI must have been assessed to be at least 15 percent. The assessment of WPI must have been made in accordance with the *WorkCover Guides for the Evaluation of Permanent Impairment*. *Reference sections 313, 314 and 322 of the 1998 Act and section 151H of the 1987 Act.*

2. Particulars of the Claim and Evidence Relied Upon

To make a claim for WID the worker must provide particulars about the claim and the evidence to be relied upon. This must include:

- details of the injury to the worker caused by the negligence or other tort of the employer
- degree of assessed WPI
- evidence of the negligent act/s of the employer
- economic loss that is being claimed as damages.

Reference section 282 of the 1998 Act.

3. Where Whole Person Impairment not Fully Ascertainable

Court proceedings for WID must be commenced within 3 years after the date on which the injury was received. *Reference section 151D of the 1987 Act.*

Where this time limit is reached but the WPI for the injured worker is not fully ascertainable, the worker should make a claim for WID setting out the particulars of the claim and the evidence to be relied upon as per clause 2 above, with the exception of the degree of assessed WPI.

4. Employer Action on Receipt of a Claim for Work Injury Damages

The employer must send the claim to the responsible insurer within 7 days of receipt. If the insurer requests more information the employer must also respond within 7 days of receiving the request with all information that is reasonably obtainable. The employer must also forward any documents received in respect of the claim to the insurer within 7 days of receipt. *Reference section 264 (1) and (2) of the 1998 Act.*

5. Insurer Action on Receipt of a Claim for Work Injury Damages

The insurer is to determine the claim:

- within 1 month of the WPI being fully ascertainable; or
- within 2 months after all relevant particulars have been supplied, whichever is the later.

The insurer is to determine the claim by:

- accepting liability and making a reasonable offer of settlement; or
- disputing liability.

The insurer is to notify the worker of the determination.

This notification is to include whether or not the insurer accepts that the degree of WPI of the injured worker resulting from the work injury is sufficient for an award of damages.

Where liability is disputed the insurer is to issue a notice pursuant to section 74 of the 1998 Act in accordance with the requirements of Part 3 of these Guidelines.

Where liability is accepted and an offer of settlement is made it is to specify an amount of damages or a manner of determining an amount of damages.

Where only partial liability for the claim is accepted the offer is to include details sufficient to ascertain the extent to which liability is accepted. *Reference section 281 of the 1998 Act.*

6. Resolution of Dispute about Degree of Whole Person Impairment

If an insurer does not agree that the worker has at least 15 percent WPI the matter is to be resolved by an application to resolve the dispute at the WCC. This will be referred directly to an approved medical specialist (AMS). The AMS will make an assessment of the degree of WPI and this assessment will be binding on all parties. *Reference sections 313 and 314 of the 1998 Act.*

7. Requirement for Pre-Filing Statement before Commencing Court Proceedings

Before a worker can commence court proceedings for the recovery of work injury damages, the worker must serve on the employer or the insurer a pre-filing statement (PFS) setting out the particulars of the claim and the evidence that the worker will rely on to establish or support the claim.

The PFS cannot be served unless:

- the person on whom the claim is made wholly disputes liability for the claim; or
- the person on whom the claim is made has made an offer of settlement to the claimant, pursuant to the determination of the claim and when required by section 281 of the 1998 Act and one month has elapsed since the offer was made; or
- the person on whom the claim is made has failed to determine the claim as and when required by section 281 of the 1998 Act.

The PFS is to consist of a copy of the statement of claim intended to be filed in the court and is to include as attachments the information and other documents required by the Workers Compensation Acts and Workers Compensation Commission Rules including the certificate issued by an AMS or notification of acceptance that the work injury has resulted in a degree of WPI of at least 15 percent. *Reference section 315 of the 1998 Act.*

8. Insurer Action on Receipt of a Pre-Filing Statement

The insurer must respond to the PFS within 28 days after the PFS is received by:

- accepting or denying liability (wholly or in part)
- if the insurer does not accept liability, serving on the worker a pre-filing defence (PFD), setting out all particulars of the defence and evidence that the insurer will rely on in order to defend the claim (as the Workers Compensation Commission Rules may require).

If the insurer fails to respond to the PFS within 42 days the worker can commence court proceedings for the recovery of work injury damages and does not have to refer the dispute for mediation. *Reference section 316 of the 1998 Act.*

If the PFS is defective the insurer must advise the worker within 7 days of receipt and include in the advice to the worker how the worker can fix the defect. If there is a dispute as to whether the PFS is defective this may be referred to the Registrar of the WCC for determination. *Reference section 317 of the 1998 Act.*

9. Mediation

Before a worker can commence court proceedings the claim must be referred for mediation except as stated above in clause 8. This cannot happen until 28 days after the PFS has been served on the insurer. The worker must apply to the WCC for mediation.

The insurer may only decline to participate in the mediation if liability for the claim is wholly disputed. *Reference section 318A of the 1998 Act.*

The mediator will attempt to bring the parties to agreement for the matter, so that court proceedings will not be necessary. If the mediator cannot bring the parties to agreement the mediator will issue a certificate certifying the final offers of settlement made by the parties in the mediation. *Reference section 318B of the 1998 Act.*

If mediation is not successful the offers made at the mediation are not to be disclosed to the court in any subsequent court proceedings. *Reference section 318E of the 1998 Act.*

10. Commencing Court Proceedings

Court proceedings may commence when:

- a worker has served a PFS on the insurer; and –
 - the insurer has failed to respond to the PFS within 42 days; or
 - the insurer has wholly disputed liability and declined to participate in mediation and the mediator has issued a certificate to this effect; or
 - mediation has taken place but has not been successful and the mediator has issued a certificate to this effect.

If court proceedings commence all parties are limited to the matters raised in the PFS and the PFD and to the reports and other evidence disclosed in those statements except by leave of the court. Additionally, where an insurer fails to respond to the PFS within 42 days the insurer cannot dispute liability for the claim. *Reference Section 318 of the 1998 Act.*

APPENDIX 1 APPLICATION FOR REVIEW BY INSURER

This is an application form to request the review of a decision made to dispute a workers compensation claim (or any aspect of a claim). This application is made under section 287A of the Workplace Injury Management and Workers Compensation Act 1998.

| | |
|----------------------|--|
| Worker's name | |
| Insurer/Scheme Agent | |
| Claim number | |

Requested by:

worker worker's representative dependant dependant's representative

| | |
|---------------|--|
| Name | |
| Address | |
| Phone number | |
| Mobile number | |
| Fax number | |

Decision to be Reviewed

Decision referred to in the notice under sections 74 or 287A of the Workplace Injury Management and Workers Compensation Act 1998 or section 54 of the Workers Compensation Act 1987 (please specify date of notice)

.....

Please identify the decision that you are requesting the insurer review:

- liability for the injury
- medical expenses
- amount of weekly payments
- property damage
- other (please specify).....

.....
.....

Reasons for Seeking the Review

Please provide:

- reasons in support of your application
- any further information which supports your reasons for requesting the review.

.....
.....
.....
.....
.....
.....

Additional Reports or Documents

Please list and provide copies of all further information, reports and documents in support of this application for review.

.....

.....

.....

.....

.....

Important

If you have any new or additional matters that you want the insurer to consider, these must be raised with, and copies of relevant documents provided to the insurer, as part of this application. Should you later wish to dispute the decision at the Workers Compensation Commission, you must have supplied all information for consideration. The Workers Compensation Commission will not allow introduction of any information not previously considered by the insurer. The Workers Compensation Commission is limited to consideration of matters notified in the final dispute notice or in this application (reference section 289 of the Workplace Injury Management and Workers Compensation Act 1998).

Signed: (*worker or representative*)

Dated:



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SPECIAL SUPPLEMENT

ENVIRONMENTAL PLANNING AND ASSESSMENT ACT 1979

Land Acquisition (Just Terms Compensation) Act 1991

Notice of Compulsory Acquisition of Land in The Local Government Area of Liverpool

THE Minister administering the Environmental Planning and Assessment Act 1979, declares, with the approval of Her Excellency the Governor that the land described in the Schedule below is acquired by compulsory process under the provisions of the Land Acquisition (Just Terms Compensation) Act 1991, for the purposes of the Environmental Planning and Assessment Act 1979.

Dated at Sydney, this 16th day of February 2012.

By Her Excellency's Command,

The Hon. BRADLEY RONALD HAZZARD, M.P.,
Minister for Planning and Infrastructure and
Minister Assisting the Premier on Infrastructure NSW

SCHEDULE

1. All that piece or parcel of land situated in the Local Government Area of Liverpool, Parish of Cabramatta, County of Cumberland, being Lot 277, Deposited Plan 2475; Lot 279, Deposited Plan 2475; Lot 280, Deposited Plan 2475; Lot 234, Deposited Plan 2475; Lot 235, Deposited Plan 2475; Lot 236, Deposited Plan 2475; Lot 237, Deposited Plan 2475 and Lot 69, Deposited Plan 752019, property known as 215 Sixteenth Avenue East, West Hoxton and said to be in the name of the Edward James BANKS.
Excepting thereout easement for transmission line affecting the part of Lots 237 and 277 in DP 2475 shown so burdened in Volume 1114, Folio 127.
Excepting thereout lease to Telstra Corporation Limited of part of Lot 277 in DP 2475 being the area shown hatched in plan (page 23) with dealing AF 897005.
Excepting thereout lease to Telstra Corporation Limited of part of Lot 277 in DP 2475 being the area shown hatched in plan (page 23) with dealing AF 897006.
Excepting thereout lease to Telstra Corporation Limited of part of Lot 277 in DP 2475 being the area shown hatched in plan (page 23) with dealing AF 897007.
Excepting thereout lease to Telstra Corporation Limited of part of Lot 277 in DP 2475 being the area shown hatched in plan (page 23) with dealing AF 897008.
Excepting thereout easement for transmission line affecting the part of Lot 236 in DP 2475 and shown so burdened in Volume 2361, Folio 103.
Excepting thereout easement for transmission line affecting the part of Lot 69 in DP 752019 and shown so burdened in Volume 7561, Folio 206.
2. All that piece or parcel of land situated in the Local Government Area of Liverpool, Parish of Cabramatta, County of Cumberland, being Lot 281, Deposited Plan 2475; Lot 282, Deposited Plan 2475; Lot 232, Deposited Plan 2475 and Lot 233, Deposited Plan 2475, property known as 215 Sixteenth Avenue East, West Hoxton and said to be in the name of the Edward James BANKS and Judith Helen BANKS.

3. All that piece or parcel of land situated in the Local Government Area of Liverpool, Parish of Cabramatta, County of Cumberland, being Lot 278, Deposited Plan 2475, property known as 215 Sixteenth Avenue East, West Hoxton and said to be in the name of PLEASANT VIEW POULTRY FARM PTY LTD, ACN 001 794 752.

Excepting thereout easement for transmission line affecting the part of Lot 278 in DP 2475 and shown so burdened in DP 444523.

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SPECIAL SUPPLEMENT

NATIONAL PARKS AND WILDLIFE ACT 1974

Revocation of Land in a State Conservation Area and Reservation as a National Park

I, Professor MARIE BASHIR, AC, CVO, Governor of the State of New South Wales, with the advice of the Executive Council, pursuant to section 47MA(1) of the National Parks and Wildlife Act 1974 and with the concurrence of the Minister administering the Mining Act 1992, hereby revoke the reservation of the State Conservation Area described in Column 1 and reserve those lands as Dharawal National Park.

Signed and sealed at Sydney, this 21st day of March 2012.

MARIE BASHIR,
Governor

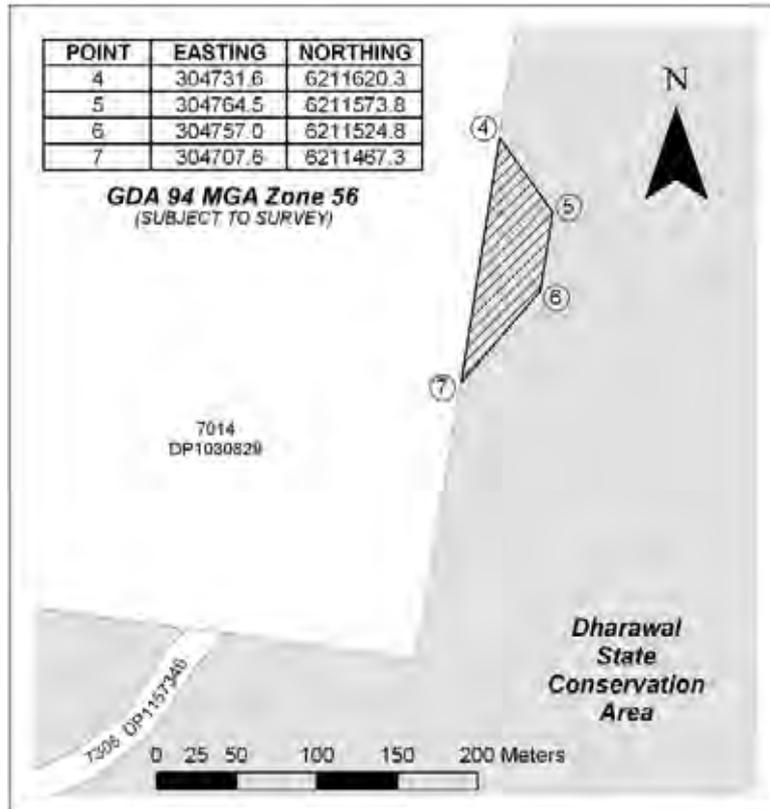
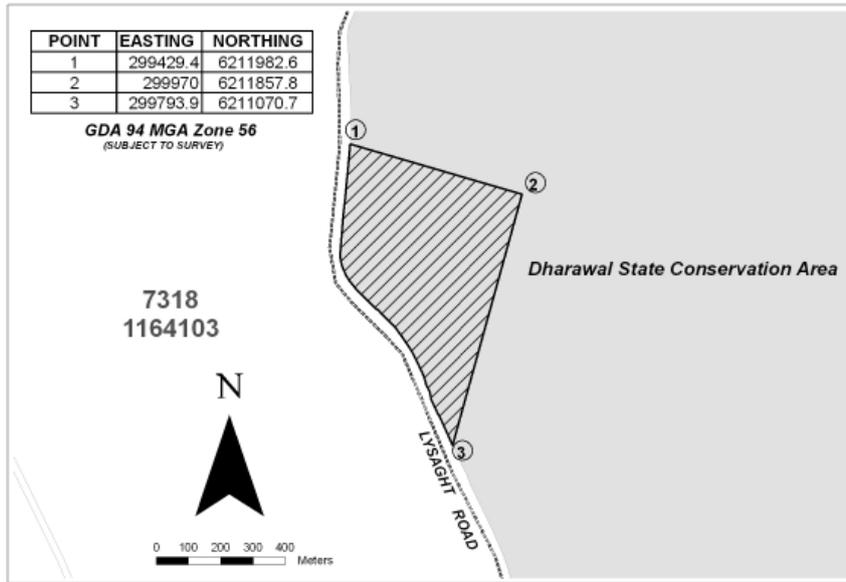
By Her Excellency's Command,

ROBYN PARKER, M.P.,
Minister for the Environment

GOD SAVE THE QUEEN!

SCHEDULE

| <i>Column 1</i> <i>State Conservation Area</i> | <i>Column 2</i> <i>Reservation Date</i> |
|---|--|
| Dharawal State Conservation Area, as reserved on the dates in Column 2, with the exception of: (a) Lots 12, 46 and 63 in DP 752066; and (b) the areas shown by hatching in the following diagrams. Note: The area of land to be reserved is about 6508 hectares. File No.: OEH DOC12/196. | 4 April 1996 28 June 2002 1 October 2004 22 October 2004 27 March 2009 4 March 2011 |



NATIONAL PARKS AND WILDLIFE ACT 1974

Notice of Reservation of a National Park

I, Professor MARIE BASHIR, AC, CVO, Governor of the State of New South Wales, with the advice of the Executive Council, reserve the lands described in the Schedule below as part of Dharawal National Park, under the provisions of section 30A(1) of the National Parks and Wildlife Act 1974.

Signed and sealed at Sydney, this 21st day of March 2012.

MARIE BASHIR,
Governor

By Her Excellency's Command,

ROBYN PARKER, M.P.,
Minister for the Environment

GOD SAVE THE QUEEN!

SCHEDULE

Addition to Dharawal National Park

Land District – Metropolitan; L.G.A. – Wollongong

County Cumberland, Parish Southend, 303.7 hectares, being Lots 30 and 31 in DP 1138149 and that part of Lot 2 in DP 1127487 situated west of the Princes Highway (Main Road 678); inclusive of Crown public roads within Lot 2, from a depth of 30 metres below the surface to the centre of the earth.

File No.: OEH DOC12/196.

Note: The above reservation is from a depth of 30 metres below the surface to the centre of the earth. The land to a depth of 30 metres was reserved by *New South Wales Government Gazette* notice published on 4 March 2011.

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OF THE STATE OF
NEW SOUTH WALES

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LEGISLATION

Online notification of the making of statutory instruments

Week beginning 19 March 2012

THE following instruments were officially notified on the NSW legislation website (www.legislation.nsw.gov.au) on the dates indicated:

Regulations and other statutory instruments

Health Services (Health Education and Training Institute) Order 2012 (2012-111) — published LW 23 March 2012

James Hardie Former Subsidiaries (Winding up and Administration) Amendment (Statutory Recovery Claims) Regulation 2012 (2012-112) — published LW 23 March 2012

Public Authorities (Financial Arrangements) Amendment (Metro Transport Sydney) Regulation 2012 (2012-110) — published LW 23 March 2012

State Property Authority Amendment Order 2012 (2012-113) — published LW 23 March 2012

Transport Administration (General) Amendment (Light Rail) Regulation 2012 (2012-114) — published LW 23 March 2012

Water Industry Competition (General) Amendment (IPART Pricing Investigations) Regulation 2012 (2012-121) — published LW 23 March 2012

Environmental Planning Instruments

Camden Local Environmental Plan 2010 (Amendment No 10) (2012-115) — published LW 23 March 2012

Gosford Local Environmental Plan No 470 (2012-116) — published LW 23 March 2012

Liverpool Local Environmental Plan 2008 (Amendment No 12) (2012-117) — published LW 23 March 2012

Singleton Local Environmental Plan 1996 (Amendment No 81) (2012-118) — published LW 23 March 2012

State Environmental Planning Policy (Major Development) Amendment (Sydney Olympic Park) 2012 (2012-120) — published LW 23 March 2012

Uralla Local Environmental Plan 2012 (2012-119) — published LW 23 March 2012

Assents to Acts

ACTS OF PARLIAMENT ASSENTED TO

Legislative Assembly Office, Sydney, 21 March 2012

IT is hereby notified, for general information, that Her Excellency the Governor has, in the name and on behalf of Her Majesty, this day assented to the undermentioned Acts passed by the Legislative Assembly and Legislative Council of New South Wales in Parliament assembled, viz.:

Act No. 8, 2012 – An Act to amend the Children (Detention Centres) Act 1987 to constitute the Serious Young Offenders Review Panel; and for other purposes. [**Children (Detention Centres) Amendment (Serious Young Offenders Review Panel) Bill**]

Act No. 9, 2012 – An Act to provide for the making of declarations and orders for the purpose of disrupting and restricting the activities of criminal organisations and their members; to make related amendments to various Acts; and for other purposes. [**Crimes (Criminal Organisations Control) Bill**]

Act No. 10, 2012 – An Act to amend the Criminal Procedure Act 1986 to make provision for case management in respect of summary proceedings dealt with by superior courts. [**Criminal Procedure Amendment (Summary Proceedings Case Management) Bill**]

Act No. 11, 2012 – An Act to make miscellaneous amendments to legislation relating to crimes and court proceedings, the Director of Public Prosecutions and fine enforcement. [**Courts and Crimes Legislation Amendment Bill**]

Act No. 12, 2012 – An Act to amend the Education Act 1990 to replace the School Certificate with the Record of School Achievement; and for related purposes. [**Education Amendment (Record of School Achievement) Bill**]

Act No. 13, 2012 – An Act to establish and confer functions on the Mental Health Commission; and for other purposes. [**Mental Health Commission Bill**]

RONDA MILLER,
Clerk of the Legislative Assembly

OFFICIAL NOTICES

Roads and Maritime Services

ROAD TRANSPORT (GENERAL) ACT 2005

Notice under Clause 20 the Road Transport (Mass, Loading and Access) Regulation 2005

TAMWORTH REGIONAL COUNCIL, in pursuance of Division 4 of Part 2 of the Road Transport (Mass, Loading, Access) Regulation 2005, by this Notice, specify the routes and areas on or in which 25 metre B-Doubles may be used subject to any requirements or conditions set out in the Schedule.

Dated: 15 March 2012.

PAUL BENNETT,
General Manager,
Tamworth Regional Council
(by delegation from the Minister for Roads)

SCHEDULE

1. Citation

This Notice may be cited as Tamworth Regional Council 25 Metre B-Double Route Notice No. 3/2012.

2. Commencement

This Notice takes effect on date of gazettal.

3. Effect

This Notice remains in force until 1 September 2015 unless it is amended or repealed earlier.

4. Application

This Notice applies to those 25 metre B-Double vehicles which comply with Schedule 1 of the Road Transport (Mass, Loading and Access) Regulation 2005 and Schedule 2 of the Road Transport (Vehicle Registration) Regulation 2007.

5. Routes

| <i>Type</i> | <i>Road No.</i> | <i>Road Name</i> | <i>Starting Point</i> | <i>Finishing Point</i> | <i>Conditions</i> |
|-------------|-----------------|--------------------------|-----------------------|--------------------------------|---|
| Local. | Nil. | Railway Avenue, Duri. | Currabubula Street. | Duri Silos 250metres south. | Access prohibited between 11:00am and midday and 3:45pm and 4:45pm daily. |

ROAD TRANSPORT (GENERAL) ACT 2005

Notice under Clause 20 the Road Transport (Mass, Loading and Access) Regulation 2005

TAMWORTH REGIONAL COUNCIL, in pursuance of Division 4 of Part 2 of the Road Transport (Mass, Loading, Access) Regulation 2005, by this Notice, specify the routes and areas on or in which 25 metre B-Doubles may be used subject to any requirements or conditions set out in the Schedule.

Dated: 15 March 2012.

PAUL BENNETT,
General Manager,
Tamworth Regional Council
(by delegation from the Minister for Roads)

SCHEDULE**1. Citation**

This Notice may be cited as Tamworth Regional Council 25 Metre B-Double Route Notice No. 4/2012.

2. Commencement

This Notice takes effect on date of gazettal.

3. Effect

This Notice remains in force until 1 September 2015 unless it is amended or repealed earlier.

4. Application

This Notice applies to those 25 metre B-Double vehicles which comply with Schedule 1 of the Road Transport (Mass, Loading and Access) Regulation 2005 and Schedule 2 of the Road Transport (Vehicle Registration) Regulation 2007.

5. Routes

| <i>Type</i> | <i>Road No.</i> | <i>Road Name</i> | <i>Starting Point</i> | <i>Finishing Point</i> | <i>Conditions</i> |
|-------------|-----------------|------------------------------|--------------------------------|--------------------------|---|
| Local. | Nil. | Currububula Street, Duri. | Werris Creek Road (MR 130). | Railway Avenue, Duri. | Access prohibited between 11:00am and midday and 3:45pm and 4:45pm daily. |

ROADS ACT 1993

Order -Sections 46, 49, 54 and 67

Sutherland Shire Council area

Declaration as a Controlled Access Road
of Bangor Bypass at Menai and Bangor

I, the Minister for Roads and Ports, pursuant to Sections 46, 49, 54 and 67 of the Roads Act, 1993, by this order -

1. dedicate as public road the land described in Schedule 1 under;
2. declare to be a main road the said public road described in Schedule 1 and the public road described in Schedule 2 under;
3. declare to be a controlled access road the said main road described in Schedules 1 and 2;
4. declare that access to the said controlled access road is restricted; and
5. specify in Schedule 3 under, the points along the controlled access road at which access may be gained to or from other public roads.

**HON DUNCAN GAY MLC
MINISTER FOR ROADS AND PORTS**

—————
SCHEDULE 1

ALL those pieces or parcels of land situated in the Sutherland Shire Council area, Parish of Bangor and County of Cumberland shown as:

Lot 3 Deposited Plan 9364;
 Lot 9 Deposited Plan 855612;
 Lot 101 Deposited Plan 850901;
 Lot 1 Deposited Plan 576638;
 Lots 1, 2 and 6 Deposited Plan 816772;
 Lot 2 Deposited Plan 816773;
 Lot 5 Deposited Plan 841436;
 Lot 8 Deposited Plan 839170;
 Lot 2 Deposited Plan 1110507;
 Lot 9 Deposited Plan 1047691;
 Lots 52 and 53 Deposited Plan 1170531;
 Lots 12, 13 and 14 Deposited Plan 1045750;
 Lot 26 Deposited Plan 259251; and
 Lot 2 Deposited Plan 573922.

The above Lots are all shown on RMS Plan 0663 411 AC 4002.

—————
SCHEDULE 2

ALL those pieces or parcels of public road situated in the Sutherland Shire Council area, Parish of Bangor and County of Cumberland shown as:

Lot 16 Deposited Plan 260931; and

Lots 100 and 101 RMS Plan 0663 411 AC 4002.

The above Lots are all shown on RMS Plan 0663 411 AC 4002.

—————
SCHEDULE 3

Between the points A and B; and

Between the points C and D; all shown on RMS Plan 0663 411 AC 4002.

(RMS Papers: 411.11033 Pt 5)

ROADS ACT 1993

Order - Sections 46, 49, 54 and 67

Newcastle and Maitland City Council areas

Dedication of Land as Public Road and Declaration as a Controlled Access Road of part of the New England Highway at Thornton and Beresfield

I, the Minister for Roads, pursuant to Sections 46, 49, 54 and 67 of the Roads Act, 1993, by this order -

1. dedicate as public road the land described in Schedules 1 and 2 under;
2. declare to be a main road the said public road described in Schedule 2 and the public road described in Schedule 3 under;
3. declare to be a controlled access road the said main road described in Schedules 2 and 3 under;
4. declare that access to the said controlled access road is restricted; and
5. specify in Schedule 4 under, the points along the controlled access road at which access may be gained to or from other public roads.

**HON DUNCAN GAY MLC
MINISTER FOR ROADS AND PORTS**

SCHEDULE 1

ALL those pieces or parcels of land situated in the Maitland and Newcastle City Council areas, Parish of Alnwick and County of Northumberland shown as:

Lot 81 Deposited Plan 1113716;

Lot 36 Deposited Plan 1091199; and

Lot 392 Deposited Plan 1153874.

The above Lots comprise the whole of the land in the correspondingly numbered certificates of title and are all shown in RMS Plan 0009 325 AC 4005.

SCHEDULE 2

ALL those pieces or parcels of land situated in the Maitland and Newcastle City Council areas, Parish of Alnwick and County of Northumberland shown as:

Lots 23 to 34 inclusive, Deposited Plan 1091199;

Lots 3 and 5 to 10 inclusive, Deposited Plan 237977; and

Lots 21 and 22 Deposited Plan 545676.

The above Lots are all shown in RMS Plan 0009 325 AC 4005.

SCHEDULE 3

ALL those pieces or parcels of public road situated in the Maitland and Newcastle City Council areas, Parish of Alnwick and County of Northumberland shown as:

Lots 20 and 21 Deposited Plan 226431;

Lot 4 Deposited Plan 237977;

Lots 51, 52 and 53 in RMS Plan 0009 325 AC 4005.

The above Lots are all shown in RMS Plan 0009 325 AC 4005.

SCHEDULE 4

Between the points A and B;

between the points C and D;

between the points E and F; and

between the points G, H and J; all shown in RMS Plan 0009 325 AC 4005.

(RMS Papers: 9/325.1124)

Department of Trade and Investment, Regional Infrastructure and Services

MINE HEALTH AND SAFETY ACT 2004

Instrument of Appointment

I, BRAD MULLARD, Executive Director, Mineral Resources, Department of Trade and Investment, Regional Infrastructure and Services, pursuant to section 127 (1) (b) of the Mine Health and Safety Act 2004, hereby appoint Paul RAFTERY as an Inspector.

Dated this 21st day of March 2012.

BRAD MULLARD,
Executive Director, Mineral Resources,
Department of Trade and Investment,
Regional Infrastructure and Services
(under subdelegation from Director-General
of authority delegated by Minister for
Resources and Energy)

(T12-1054)

No. 4509, GOODRICH RESOURCES LTD (ACN 150737563), area of 12 units, for Group 1, dated 27 March 2012. (Orange Mining Division).

(T12-1055)

No. 4510, SIBELCO AUSTRALIA LIMITED (ACN 000 971 844), area of 4 units, for Group 2, dated 27 March 2012. (Armidale Mining Division).

(T12-1056)

No. 4511, GFM EXPLORATION PTY LTD (ACN 150 033 042), area of 14 units, for Group 1, dated 27 March 2012. (Sydney Mining Division).

(T12-1057)

No. 4512, CARPENTARIA EXPLORATION LIMITED (ACN 095 117 981), area of 100 units, for Group 1, dated 27 March 2012. (Inverell Mining Division).

CHRIS HARTCHER, M.P.,
Minister for Resources and Energy

MINE HEALTH AND SAFETY ACT 2004

Instrument of Appointment

I, BRAD MULLARD, Executive Director, Mineral Resources, Department of Trade and Investment, Regional Infrastructure and Services, pursuant to section 127 (1) (b) of the Mine Health and Safety Act 2004, hereby appoint Paul Warren DE GRUCHY as an Inspector.

Dated this 21st day of March 2012.

BRAD MULLARD,
Executive Director, Mineral Resources,
Department of Trade and Investment,
Regional Infrastructure and Services
(under subdelegation from Director-General
of authority delegated by Minister for
Resources and Energy)

NOTICE is given that the following applications have been granted:

EXPLORATION LICENCE APPLICATION

(T11-0258)

No. 4350, now Exploration Licence No. 7912, ABX2 PTY LTD (ACN 139 791 478), Counties of Argyle, Georgiana and King, Map Sheet (8728, 8729, 8828, 8829), area of 103 units, for Group 2, dated 28 February 2012, for a term until 28 February 2014.

MINING LEASE APPLICATIONS

(T08-0048)

Singleton No. 315, now Mining Lease No. 1660 (Act 1992), STONECO PTY LIMITED (ACN 003 646 704), Parish of Lincoln, County of Brisbane, Map Sheet (9134-4-S), area of 58.64 hectares, to mine for limestone, dated 23 November 2011, for a term until 23 November 2032.

(11-0372)

Armidale No. 407, now Mining Lease No. 1671 (Act 1992), WERRIS CREEK COAL PTY LIMITED, Parish of Grenfell, County of Buckland, Map Sheet (9035-3-N, 9035-3-S), area of 96.15 hectares, for the purpose of building, mining plant, road, railway, dam, drain, cable, stockpiling or depositing of overburden, ore or tailings, storing of fuel, machinery and equipment, transmission of electricity, drainage of water, conveyance of electricity and conveyance of materials, dated 9 March 2012, for a term until 9 March 2033.

(T11-0005)

Armidale No. 408, now Mining Lease No. 1672 (Act 1992), WERRIS CREEK COAL PTY LIMITED, Parish of Grenfell, County of Buckland, Map Sheet (9035-3-S), area of 130.5 hectares, to mine for coal, dated 9 March 2012, for a term until 9 March 2033. As a result of the grant of this title, Exploration Licence No. 5993 and Exploration Licence No. 7422 have ceased to have effect.

MINERAL RESOURCES

NOTICE is given that the following applications have been received:

EXPLORATION LICENCE APPLICATIONS

(T12-1606)

No. 137, COMET RIDGE LTD (ACN 106 092 577), area of 122 blocks, for Petroleum, dated 12 March 2012. (Inverell Mining Division).

(T12-1051)

No. 4506, BC EXPLORATION PTY LTD (ACN 144 885 165), area of 25 units, for Group 1, dated 22 March 2012. (Orange Mining Division).

(T12-1052)

No. 4507, WALLA MINES LTD (ACN 146 239 858), area of 10 units, for Group 2, dated 22 March 2012. (Sydney Mining Division).

(T12-1053)

No. 4508, GOLDEN CROSS OPERATIONS PTY. LTD. (ACN 050 212 827), area of 60 units, for Group 1, dated 22 March 2012. (Cobar Mining Division).

(T11-0006)

Armidale No. 409, now Mining Lease No. 1672 (Act 1992), WERRIS CREEK COAL PTY LIMITED, Parish of Grenfell, County of Buckland, Map Sheet (9035-3-S), area of 130.5 hectares, to mine for coal, dated 9 March 2012, for a term until 9 March 2033. As a result of the grant of this title, Exploration Licence No. 5993 and Exploration Licence No. 7422 have ceased to have effect.

CHRIS HARTCHER, M.P.,
Minister for Resources and Energy

NOTICE is given that the following application has been withdrawn:

EXPLORATION LICENCE APPLICATION

(T11-0242)

No. 4335, GOODRICH RESOURCES LTD (ACN 150 737 563), County of Ashburnham and County of Kennedy, Map Sheet (8531, 8532). Withdrawal took effect on 13 March 2012.

CHRIS HARTCHER, M.P.,
Minister for Resources and Energy

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

(12-1716)

Authorisation No. 459, COAL & ALLIED OPERATIONS PTY LTD (ACN 000 023 656), area of 385.88 hectares. Application for renewal received 27 March 2012.

(T03-1001)

Exploration Licence No. 6224, RAPTOR MINERALS LIMITED (ACN 101 168 343), area of 40 units. Application for renewal received 22 March 2012.

(T03-1008)

Exploration Licence No. 6226, DEFIANCE RESOURCES LTD (ACN 119 700 220), area of 61 units. Application for renewal received 22 March 2012.

(12-0588)

Exploration Licence No. 7115, PHOENIX VISION COAL PTY LTD (ACN 143 652 895), area of 500 hectares. Application for renewal received 23 March 2012.

(T09-0175)

Exploration Licence No. 7483, MMG AUSTRALIA LIMITED (ACN 004 074 962), area of 34 units. Application for renewal received 23 March 2012.

(T09-0176)

Exploration Licence No. 7484, MMG AUSTRALIA LIMITED (ACN 004 074 962), area of 118 units. Application for renewal received 23 March 2012.

(T09-0183)

Exploration Licence No. 7485, GOLDEN CROSS OPERATIONS PTY. LTD. (ACN 050 212 827), area of 3 units. Application for renewal received 22 March 2012.

(T09-0231)

Exploration Licence No. 7486, CENTIUS GOLD LIMITED (ACN 140 475 921), area of 34 units. Application for renewal received 23 March 2012.

(T09-0147)

Exploration Licence No. 7489, GOLD OF OPHIR PTY LTD (ACN 138 513 587), area of 72 units. Application for renewal received 23 March 2012.

(T09-0214)

Exploration Licence No. 7493, PLATSEARCH NL (ACN 003 254 395), area of 74 units. Application for renewal received 22 March 2012.

(T09-0215)

Exploration Licence No. 7494, PLATSEARCH NL (ACN 003 254 395), area of 79 units. Application for renewal received 22 March 2012.

(T09-0216)

Exploration Licence No. 7495, PLATSEARCH NL (ACN 003 254 395), area of 16 units. Application for renewal received 22 March 2012.

(T09-0281)

Exploration Licence No. 7502, SOMERSET MINERALS PTY LTD (ACN 142 148 418), area of 10 units. Application for renewal received 21 March 2012.

CHRIS HARTCHER, M.P.,
Minister for Resources and Energy

RENEWAL OF CERTAIN AUTHORITIES

NOTICE is given that the following authorities have been renewed:

(11-0913)

Assessment Lease No. 2, JESASU PTY LTD (ACN 001 654 682), Parish of Buckley, County of Arrawatta, Map Sheet (9138-1-2, 9138-1-S), area of 106.5 hectares, for a further term until 14 March 2014. Renewal effective on and from 6 March 2012.

(09-7554)

Exploration Licence No. 4459, CENTRAL WEST GOLD NL (ACN 003 078 591), County of Gough, Map Sheet (9239), area of 1 units, for a further term until 3 December 2013. Renewal effective on and from 20 March 2012.

(11-5632)

Exploration Licence No. 6475, PLATSEARCH NL (ACN 003 254 395), County of Yancowinna, Map Sheet (7134), area of 9 units, for a further term until 16 November 2013. Renewal effective on and from 20 March 2012.

(T06-7059)

Exploration Licence No. 6853, RAPTOR MINERALS LIMITED (ACN 101 168 343), Counties of Yantara and Yungnulgra, Map Sheet (7437, 7537), area of 16 units, for a further term until 8 August 2013. Renewal effective on and from 26 March 2012.

(07-0182)

Exploration Licence No. 6901, CARPENTARIA EXPLORATION LIMITED (ACN 095 117 981), Counties of Bland and Clarendon, Map Sheet (8428, 8429), area of 154 units, for a further term until 8 October 2013. Renewal effective on and from 26 March 2012.

(07-0354)

Exploration Licence No. 6976, EAGLEHAWK GEOLOGICAL CONSULTING PTY LTD (ACN 061 324 454), County of Yancowinna, Map Sheet (7233), area of 50 units, for a further term until 7 December 2013. Renewal effective on and from 23 March 2012.

(07-0351)

Exploration Licence No. 6984, EAGLEHAWK GEOLOGICAL CONSULTING PTY LTD (ACN 061 324 454), Counties of Menindee and Yancowinna, Map Sheet (7133, 7233), area of 50 units, for a further term until 7 December 2013. Renewal effective on and from 23 March 2012.

(T08-0235)

Exploration Licence No. 7341, PRORATA RESOURCES PTY LIMITED (ACN 129 617 090), County of Hawes, Map Sheet (9235, 9335), area of 7 units, for a further term until 1 May 2013. Renewal effective on and from 2 March 2012.

(T09-0071)

Exploration Licence No. 7375, CARPENTARIA EXPLORATION LIMITED (ACN 095 117 981), Counties of Bland and Clarendon, Map Sheet (8428, 8429), area of 108 units, for a further term until 30 July 2013. Renewal effective on and from 26 March 2012.

(T09-0100)

Exploration Licence No. 7393, ILUKA RESOURCES LIMITED (ACN 008 675 018), Counties of Menindee, Tandora and Yancowinna, Map Sheet (7132, 7133, 7232, 7233), area of 299 units, for a further term until 28 August 2013. Renewal effective on and from 26 March 2012.

(T09-0098)

Exploration Licence No. 7396, ILUKA RESOURCES LIMITED (ACN 008 675 018), Counties of Menindee and Windeyer, Map Sheet (7132, 7133), area of 311 units, for a further term until 16 September 2013. Renewal effective on and from 26 March 2012.

CHRIS HARTCHER, M.P.,
Minister for Resources and Energy

CANCELLATION OF AUTHORITIES AT REQUEST OF HOLDERS

NOTICE is given that the following authorities have been cancelled:

(06-4213)

Exploration Licence No. 6723, THOMSON RESOURCES LTD (ACN 138 358 728), County of Yantara, Map Sheet (7337, 7437), area of 25 units. Cancellation took effect on 26 March 2012.

(T08-0219)

Exploration Licence No. 7258, THOMSON RESOURCES LTD (ACN 138 358 728), County of Fitzgerald, Map Sheet (7537, 7637), area of 100 units. Cancellation took effect on 26 March 2012.

CHRIS HARTCHER, M.P.,
Minister for Resources and Energy

TRANSFER

(11-5580)

Exploration Licence No. 6622, formerly held by HERITAGE GOLD NZ LTD (ACN 009 474 702) has been transferred to BROKEN HILL PROSPECTING LIMITED (ACN 003 453 503). The transfer was registered on 27 March 2012.

CHRIS HARTCHER, M.P.,
Minister for Resources and Energy

PRIMARY INDUSTRIES

FISHERIES MANAGEMENT ACT 1994

Appointment of Members to the Total Allowable Catch Setting and Review Committee

I, KATRINA ANN HODGKINSON, M.P., Minister for Primary Industries, pursuant to section 27 of the Fisheries Management Act 1994 (“the Act”), appoint the following persons to the Total Allowable Catch Setting and Review Committee (“TAC Committee”) for a term commencing on the date of appointment and expiring on 31 December 2014:

- (a) pursuant to section 27 (1) (a) of the Act I appoint Mr Ian CARTWRIGHT as the Chairperson of the TAC Committee; and
- (b) pursuant to section 27 (1) (b) of the Act I appoint Dr Jessica HARTMANN as a member of the TAC Committee.

Dated this 13th day of March 2012.

KATRINA ANN HODGKINSON, M.P.,
Minister for Primary Industries

FISHERIES MANAGEMENT ACT 1994

FISHERIES MANAGEMENT (AQUACULTURE) REGULATION 2007

Clause 37 (3) – Notice of Granting of Class 1 Aquaculture Lease

THE Minister has granted the following Class 1 Aquaculture Leases:

OL65/006 within the estuary of Tuross Lake, having an area of 1.5159 hectares to Trevor KENNEDY and Christina KENNEDY of Kirribilli NSW, for a term of 15 years expiring on 11 November 2026.

OL74/164 within the estuary of Tuross Lake, having an area of 0.7244 hectares to Trevor KENNEDY and Christina KENNEDY of Kirribilli NSW, for a term of 15 years expiring on 11 November 2026.

Clause 39 (4) – Notice of Aquaculture Lease Renewal

THE Minister has renewed the following Class 1 Aquaculture Leases:

OL94/017 within the estuary of Wallis Lake, having an area of 0.2822 hectares to Giuseppe DE GIOIA of Tuncurry, for a term of 15 years expiring on 14 October 2026.

OL84/084 within the estuary of Wallis Lake, having an area of 1.0131 hectares to Michael DE GIOIA of Tuncurry, for a term of 15 years expiring on 13 October 2026.

OL91/016 within the estuary of the Hawkesbury River, having an area of 0.4425 hectares to S & K MOXHAM OYSTERS PTY LTD of Ettalong Beach, for a term of 15 years expiring on 10 September 2026.

OL93/019 within the estuary of Wallis Lake, having an area of 0.6315 hectares to Ben MALONEY and Simone MALONEY of Tuncurry, for a term of 15 years expiring on 20 October 2026.

OL82/062 within the estuary of the Hastings River, having an area of 0.9225 hectares to Peter TUNSTEAD of Port Macquarie, for a term of 15 years expiring on 31 January 2027.

OL91/032 within the estuary of Port Stephens, having an area of 0.7135 hectares to Colin William LILLEY and Kristine Lea LILLEY of Swan Bay NSW, for a term of 15 years expiring on 31 July 2026.

OL66/313 within the estuary of Wallis Lake, having an area of 0.2458 hectares to Gregory BOWLAND, Vicki BOWLAND, David TROTTER and Jenny TROTTER of Rainbow Flat, for a term of 15 years expiring on 29 November 2026.

OL67/327 within the estuary of the Hastings River, having an area of 0.5433 hectares to Mark SHEAVES of Port Macquarie, for a term of 15 years expiring on 2 March 2027.

OL79/179 within the estuary of the Manning River, having an area of 1.2662 hectares to Gary RUPRECHT and Errol RUPRECHT of Mitchells Island, for a term of 15 years expiring on 17 December 2026.

Clause 49 (8) – Notice of Aquaculture Lease Subdivision

THE Minister has subdivided the following Aquaculture Leases:

OL84/185 within the estuary of the Clyde River is to be subdivided into three leases referred to as AL11/007 having an area of 1.1560 hectares, AL11/008 having an area of 1.7540 hectares and AL11/009 having an area of 0.1737 to Martin John JACKSON of Bulli NSW, expiring on 3 July 2014.

BILL TALBOT,
Director,
Aquaculture, Conservation and Marine Parks,
Fisheries Division,
NSW Department of Primary Industries

LANDS

GRAFTON OFFICE
76 Victoria Street (PO Box 272), Grafton NSW 2460
Phone: (02) 6640 3400 Fax: (02) 6642 5375

ERRATUM

IN the notice appearing in the New South Wales Government Gazette No. 24, Folios 590 and 591, dated 2 March 2012, under the heading “Appointment of Administrator to Manage a Reserve Trust”, in Schedule 2 Column 3, insert:

- Reserve No. 76856. Public Purpose: Public recreation and camping. Notified: 25 June 1954.
- Reserve No. 83995. Public Purpose: Camping and public recreation. Notified: 21 September 1962.
- Part Reserve No. 81643. Public Purpose: Public recreation. Notified: 5 June 1959.

File No.: 09/07091.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

NEWCASTLE OFFICE

437 Hunter Street, Newcastle NSW 2300 (PO Box 2185, Dangar NSW 2309)

Phone: (02) 4925 4104 Fax: (02) 4925 3517

NOTIFICATION OF CLOSING OF PUBLIC ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the land comprised therein ceases to be a public road and the rights of passage and access that previously existed in relation to the road are extinguished. On road closing, title to the land comprising the former public road vests in the body specified in the Schedule hereunder.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

Description

*Parish – Maitland; County – Northumberland;
Land District – Maitland; L.G.A. – Maitland*

Road Closed: Lot 1, DP 1172773 (not being land under the Real Property Act).

File No.: 09/10646.

Schedule

On closing, the land within Lot 1, DP 1172773 remains vested in the State of New South Wales as Crown Land.

Description

*Parish – Brundah; County – Monteagle;
Land District – Grenfell; L.G.A. – Weddin*

Road Closed: Lots 1 and 2, DP 1172427 (not being land under the Real Property Act).

File No.: CL/00856.

Schedule

On closing, the land within Lots 1 and 2, DP 1172427 remains vested in the State of New South Wales as Crown Land.

Description

*Parish – Kangaroooby; County – Forbes;
Land District – Cowra; L.G.A. – Cowra*

Road Closed: Lot 1, DP 1173108.

File No.: CL/00695.

Schedule

On closing, the land within Lot 1, DP 1173108 remains vested in the State of New South Wales as Crown Land.

Description

*Parish – Kikiamah; County – Monteagle;
Land District – Young; L.G.A. – Young*

Road Closed: Lot 1, DP 1172425 (not being land under the Real Property Act).

File No.: GB06 H 430.

Schedule

On closing, the land within Lot 1, DP 1172425 remains vested in the State of New South Wales as Crown Land.

NOWRA OFFICE**5 O'Keefe Avenue (PO Box 309), Nowra NSW 2541****Phone: (02) 4428 9100 Fax: (02) 4421 2172****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.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

Description

*Parish – Murroo; County – Wallace;
Land District – Cooma; L.G.A. – Snowy River*

Road Closed: Lot 1, DP 1172364.

File No.: GB05 H 480.

Schedule

On closing, the land within Lot 1, DP 1172364 remains vested in the State of New South Wales as Crown Land.

Description

*Parish – Narooma; County – Dampier;
Land District – Moruya; L.G.A. – Eurobodalla*

Road Closed: Lot 1, DP 1173150.

File No.: 11/10920.

Schedule

On closing, the land within Lot 1, DP 1173150 remains vested in the State of New South Wales as Crown Land.

Description

*Parish – Wambrook; County – Wallace;
Land District – Cooma; L.G.A. – Snowy River*

Road Closed: Lot 1, DP 1172827.

File No.: 11/11741.

Schedule

On closing, the land within Lot 1, DP 1172827 remains vested in the State of New South Wales as Crown Land.

Description

*Parish – Mullengullenga; County – Argyle;
Land District – Goulburn; L.G.A. – Goulburn Mulwaree*

Road Closed: Lot 1, DP 1173437 subject to an easement for Right of Carriageway created by DP 1173437.

File No.: GB07 H 112.

Schedule

On closing, the land within Lot 1, DP 1173437 remains vested in the State of New South Wales as Crown Land.

Description

*Parish – Krawarree; County – Murray;
Land District – Braidwood; L.G.A. – Palerang*

Road Closed: Lot 2, DP 1171877.

File No.: GB05 H 643.

Schedule

On closing, the land within Lot 2, DP 1171877 remains vested in the State of New South Wales as Crown Land.

Description

*Parish – Cochran; County – Cowley;
Land District – Cooma; L.G.A. – Cooma-Monaro*

Road Closed: Lots 1-2, DP 1170457 subject to easement for right of carriageway created by Deposited Plan 1170457.

File No.: GB05 H 410.

Schedule

On closing, the land within Lots 1-2, DP 1170457 remains vested in the State of New South Wales as Crown Land.

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.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

SCHEDULE**Column 1**

Land District: Nowra.
Local Government Area:
Shoalhaven City Council.
Locality: Yatte Yattah.
Reserve No.: 755923.
Public Purpose: Future
public requirements.
Notified: 29 June 2007.
File No.: Not known.

Column 2

That part being Lots 3, 4
and 5, DP 1163462 (closed
road vide *New South Wales
Government Gazette*, dated
11th April 1924, Folio 1954),
Parish Conjola, County
St Vincent.
Area of 3.8585 hectares.

Note: It is intended to sell the revoked part being closed road by way of Private Treaty Sale to the adjoining landowner.

ORANGE OFFICE
92 Kite Street (PO Box 2146), Orange NSW 2800
Phone: (02) 6391 4300 Fax: (02) 6362 3896

ROADS ACT 1993**ORDER**

Transfer of Crown Road to Council

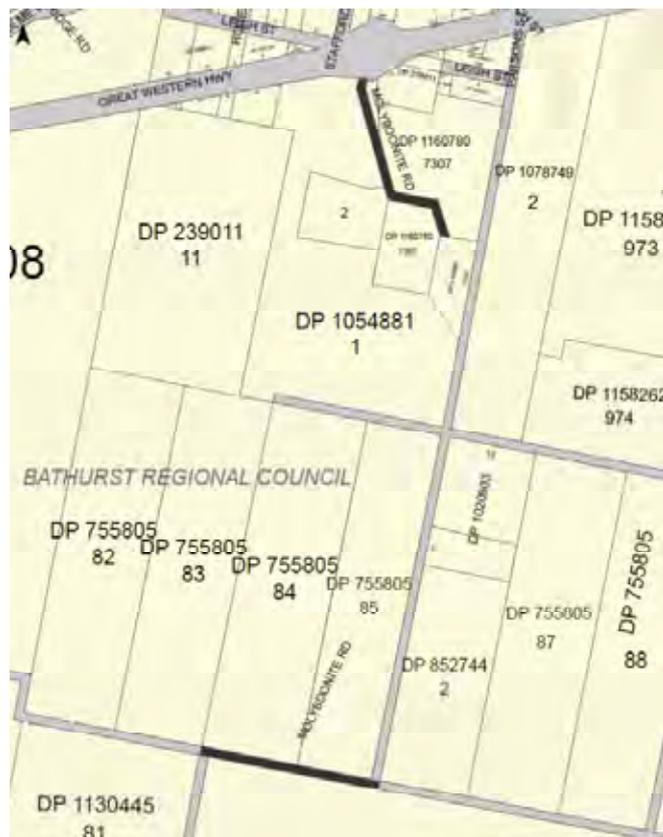
IN pursuance of the provisions of section 151, Roads Act 1993, the Crown public roads specified in Schedule 1 are transferred to the Roads Authority specified in Schedule 2 hereunder, as from the date of publication of this notice and as from that date, the roads specified in Schedule 1 cease to be Crown public roads.

KATRINA HODGKINSON, M.P.,
 Minister for Primary Industries
 and Minister for Small Business

SCHEDULE 1

*Parish – Yetholme; County – Roxburgh;
 Land District – Bathurst*

Road known as Molybdonite Road (shown in black as per diagram below).

**SCHEDULE 2**

Roads Authority: Bathurst Regional Council.

Crown Lands Reference: 11/05391.

Council Reference: JW:DR 25.00293.

SYDNEY METROPOLITAN OFFICE
Level 12, Macquarie Tower, 10 Valentine Avenue, Parramatta 2150
(PO Box 3935, Parramatta NSW 2124)
Phone: (02) 8836 5300 Fax: (02) 8836 5365

**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 reserve specified opposite thereto in Column 2 of the Schedule.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

SCHEDULE

| <i>Column 1</i> | <i>Column 2</i> |
|---------------------|--|
| Community purposes. | Dedication No.: 500246. Public Purpose: Public recreation. Notified: 4 February 1876. File No.: 12/02180. |

**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.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

SCHEDULE

| <i>Column 1</i> | <i>Column 2</i> | <i>Column 3</i> |
|------------------------|---|--|
| Randwick City Council. | Alby Smith Memorial Playground Reserve Trust. | Reserve No.: 70020. Public Purpose: Public recreation. Notified: 24 April 1941. File No.: 12/02322. |

For a term commencing from the date of this notice.

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.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

SCHEDULE

| <i>Column 1</i> | <i>Column 2</i> |
|---|--|
| Alby Smith Memorial Playground Reserve Trust. | Reserve No.: 70020. Public Purpose: Public recreation. Notified: 24 April 1941. File No.: 12/02322. |

TAMWORTH OFFICE
25-27 Fitzroy Street (PO Box 535), Tamworth NSW 2340
Phone: (02) 6764 5100 Fax: (02) 6766 3805

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.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

Description

*Parishes – Coomoo Coomoo and Rodd;
County – Pottinger; Land District – Quirindi;
L.G.A. – Liverpool Plains*

Road Closed: Lots 1-2, DP 1153333.

File No.: 07/5596.

Schedule

On closing, the land within Lots 1-2, DP 1153333 remains vested in the State of New South Wales as Crown Land.

Description

*Parish – Hall; County – Darling;
Land District – Tamworth; L.G.A. – Tamworth Regional*

Road Closed: Lot 1, DP 1172357.

File No.: 08/1799.

Schedule

On closing, the land within Lot 1, DP 1172357 remains vested in the State of New South Wales as Crown Land.

WAGGA WAGGA OFFICE**Corner Johnston and Tarcutta Streets (PO Box 60), Wagga Wagga NSW 2650****Phone: (02) 6937 2700 Fax: (02) 6921 1851****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.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

—
Description

*Parish – Houlaghan; County – Clarendon;
Land District – Cootamundra;
L.G.A. – Junee Shire Council*

Road Closed: Lot 1, DP 1172851.

File No.: 11/02940.

Schedule

On closing, the land within Lot 1, DP 1172851 remains vested in the State of New South Wales as Crown Land.

—

WESTERN REGION OFFICE
45 Wingewarra Street (PO Box 1840), Dubbo NSW 2830
Phone: (02) 6883 5400 Fax: (02) 6884 2067

GRANTING OF A WESTERN LANDS LEASE

IT is hereby notified that under the provisions of section 28A of the Western Lands Act 1901, the Western Lands Leases of the lands specified in the following Schedule have been granted to the undermentioned persons.

The leases are subject to the provisions of the Western Lands Act 1901 and the Regulations thereunder.

The land is to be used only for the purpose of Residence.

Initial rent will be \$100.00 per annum and re-assessed thereafter annually on 1st April of each year.

The Conditions and Reservations annexed to such leases are those Conditions published in the *New South Wales Government Gazette* of 20 March 2009, Folios 1416-1418.

All amounts due and payable to the Crown *must* be paid to the Department of Primary Industries, Crown Lands by the due date.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

SCHEDULE

Administrative District – Walgett North; Shire – Walgett; Parish – Wallangulla/Mebea; County – Finch

| WLL No. | Name of Lessee | File No. | Folio Identifier | Area (m2) | Term of Lease | |
|-----------|----------------|----------|------------------|-----------|---------------|---------------|
| | | | | | From | To |
| WLL 16158 | Rom CEICYS. | 08/6354 | 98/1120765 | 2756 | 21 March 2012 | 20 March 2032 |

**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.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

SCHEDULE

| <i>Column 1</i> | <i>Column 2</i> |
|---------------------|--|
| Community purposes. | Reserve No.: 31858. Public Purpose: Public recreation. Notified: 8 December 1900. File No.: WL88 R 144. |

WATER**WATER ACT 1912**

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

ROFARM PTY LIMITED for a pump on Acacia Creek on Lot 5, DP 222481, Parish Cullendore, County Buller, for irrigation of 2 hectares (mixed crops) (new licence). (Reference: 30SL066051). (GA1826467).

Any enquiries should be directed to (02) 6676 7381.

Written objections, from any local occupier or statutory authority, specifying grounds and how their interests are affected, must be lodged with the NSW Office of Water, PO Box 796, Murwillumbah NSW 2484, within 28 days of this publication.

MELISSA HUNDY,
Licensing Officer

WATER ACT 1912

AN application for a licence under section 10 of Part 2 of the Water Act 1912, being within a proclaimed (declared) local area under section 5 (4) of the said Act, has been received as follows:

Charles John SVENSON and Loretta Judith SVENSON for 1 x 80mm centrifugal pump and 1 x bywash dam on unnamed watercourse on Lot 40, DP 1125075, Parish of Towac, County of Wellington, for conservation of water and water supply for stock and domestic purposes and irrigation of 8.5 ha (grapes) (permanent transfer) (Reference: 80SL96364). (GA1826468).

Any inquiries should be directed to (02) 6841 7418.

Written objections, from any local occupier or statutory authority, specifying grounds and how their interests are affected, must be lodged with the NSW Office of Water, PO Box 717, Dubbo NSW 2830, within 28 days of this publication.

VICKIE CHATFIELD,
Licensing Manager,
North

Other Notices

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of Registration Pursuant to Section 80

TAKE notice that LIBERTY BAPTIST CHURCH INCORPORATED INC9887231 became registered under the Corporations Act 2001 as Liberty Baptist Church – ACN 155 902 113, a public company limited by guarantee on 24 February 2012 and accordingly its registration under the Associations Incorporation Act 2009 is cancelled as of that date.

Dated: 26 March 2012.

SUSAN McLOUGHLIN,
NSW Fair Trading

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of Registration Pursuant to Section 80

TAKE notice that HUMPTY DUMPTY FOUNDATION INCORPORATED (Y2051747) became registered under the Corporations Act 2001 as Humpty Dumpty Foundation Limited – ACN 137 784 724, a public company limited by guarantee on 19 June 2009 and accordingly its registration under the Associations Incorporation Act 2009 is cancelled as of that date.

Dated: 26 March 2012.

SUSAN McLOUGHLIN,
NSW Fair Trading

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of Incorporation Pursuant to Section 76

TAKE notice that the incorporation of the following associations are cancelled by this notice pursuant to section 76 of the Associations Incorporation Act 2009.

Cancellation is effective as at the date of gazettal.

Upper Hunter Vocational Education & Industry
Network Incorporated – Inc9877809

Korean Australian Family Day Care Incorporated –
Inc9895723

Newcastle Obstetric & Gynaecological Society
Incorporated – Y2767445

Association of Civilian Widows of Australia
Incorporated – Y2484706

Darfur Australia Network Incorporated – Inc9888654

Osborne Summer Sports Association Incorporated –
Y1292724

Deaf Community Centre of Illawarra Inc – Y1300516

Apex Club of Wollongong Inc – Y0557912

Club VW Illawarra Incorporated – Inc9875853

Illawarra Junior Hockey Association Incorporated –
Inc9878302

Lighthouse Health Association Incorporated –
Inc9888508

St. George Kayak Club Incorporated – Inc9874691

Thirroul Touch Association Incorporated –
Inc9876673

Covenant Ministries Australia Incorporated –
Inc9888359

Bollywood Dhamaka Incorporated – Inc9890971

Parents of Deaf Children Incorporated – Inc9896695

Mungindi Bush Potters Inc – Y0260307

Rainmakers Ozeania Incorporated – Inc9888578

Green Grove Action Group Incorporated –
Inc9889287

Braidwood District Cricket Club Incorporated –
Inc9882569

Regional Community Watch Association Northern
Rivers Branch Incorporated – Inc9884464

Bathurst Hut Incorporated – Inc9893636

Woodstock Speedway Incorporated – Inc9891712

Dated this 26th day of March 2012.

ROBYNE LUNNEY,
Delegate of the Commissioner,
NSW Fair Trading,
Department of Finance & Services

ASSOCIATIONS INCORPORATION ACT 2009

Reinstatement of Cancelled Association Pursuant to
Section 84

TAKE notice that the incorporation of and DARUKA No. 2 WATER USERS ASSOCIATION INCORPORATED (Y1811925) cancelled on 23 March 2009 is reinstated pursuant to section 84 of the Associations Incorporation Act 2009.

Dated this 27th day of March 2012.

ROBYNE LUNNEY,
Manager, Case Management,
Registry of Co-operatives & Associations,
NSW Fair Trading,
Department of Finance & Services

ASSOCIATIONS INCORPORATION ACT 2009

Reinstatement of Cancelled Association Pursuant to
Section 84

TAKE notice that the incorporation of NORTHERN SUBURBS NETBALL CLUB (ILLAWARRA) INCORPORATED (Y1952901) on 17 February 2012 is reinstated pursuant to section 84 of the Associations Incorporation Act 2009.

Dated this 27th day of March 2012.

ROBYNE LUNNEY,
Manager, Case Management,
Registry of Co-operatives & Associations,
NSW Fair Trading,
Department of Finance & Services

ASSOCIATIONS INCORPORATION ACT 2009

Reinstatement of Cancelled Association Pursuant to
Section 84

TAKE notice that the incorporation of **OUTDOOR RECREATION INDUSTRY COUNCIL OF NSW INCORPORATED (Y1249233)** cancelled on 1 August 2008 is reinstated pursuant to section 84 of the Associations Incorporation Act 2009.

Dated this 27th day of March 2012.

ROBYNE LUNNEY,
Manager, Case Management,
Registry of Co-operatives & Associations,
NSW Fair Trading,
Department of Finance & Services

can be viewed on the Geographical Names Board internet site at www.gnb@nsw.gov.au

KEVIN RICHARDS,
Acting Secretary

Geographical Names Board
PO Box 143
Bathurst NSW 2795

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of Registration Pursuant to Section 80

TAKE notice that **SKILLS TRAINING EMPLOYMENT PROGRAM INCORPORATED (INC9874480)** became registered under the Corporations Act 2001 as Auswide Projects Ltd – ACN 153 924 031, a public company limited by guarantee on 26 October 2011 and accordingly its registration under the Associations Incorporation Act 2009 is cancelled as of that date.

Dated this 14th day of July 2011.

SUSAN McLOUGHLIN,
NSW Fair Trading

IN the notice referring to the amendment of address locality Boundaries within the Liverpool Local Government Area, Folio 654, 9 March 2012, the notice incorrectly stated that the amended boundaries are as shown on map GNB 3573-4. The correct map is GNB3573-5. This notice corrects that error.

The position and extent of this feature is shown in the Geographical Names Register of New South Wales which can be viewed on the Geographical Names Board's internet site at www.gnb@nsw.gov.au

KEVIN RICHARDS,
Acting Secretary

Geographical Names Board
PO Box 143
BATHURST NSW 2795

EDUCATION ACT 1990

LAND ACQUISITION (JUST TERMS
COMPENSATION) ACT 1991

Notice of Compulsory Acquisition of Land
for Public School

ERRATUM

THE Notification of Compulsory Acquisition appearing in the *NSW Government Gazette* of 16 December 2011, Folio 7186 is amended by the deletion of "part of Lot 1 in Deposit Plan 1169232" and the insertion of "whole of Lot 1 in Deposited Plan 1169232" in lieu thereof.

Dated at Sydney, this 21st day of March 2012.

DIANNE MURRAY,
Delegate of Minister for Education

NOTICE is hereby given that Joanna Walker Childrens Hospital (SHR No. 0825) listed on the State Heritage Register on 2 April 1999 is removed from the State Heritage Register as it has been found to be included within an existing listing for Thomas Walker Convalescent Hospital (SHR 0115) listed on the State Heritage Register on 9 January 1981.

HERITAGE ACT 1977**ERRATUM**

Muswellbrook District Hospital – Brentwood
SHR No. 00816

NOTICE is hereby given that Muswellbrook District Hospital – Brentwood (SHR No. 0816) listed on the State Heritage Register on 2 April 1999 is removed from the State Heritage Register as the listing has been found to be void as the item did not satisfy the transfer provisions of the Heritage Act 1977 – the item was not of State heritage significance at the time of the listing.

GEOGRAPHICAL NAMES ACT 1966

Notice to Create a New Address Locality
within the Penrith Local Government Area

PURSUANT to the provisions of section 10 of the Geographical Names Act 1966, the Geographical Names Board hereby notifies that it has this day amended address locality boundaries to enable the creation of a new address locality named **CADDENS** in the Penrith Local Government Area as shown on map GNB3890-4.

The position and extent of these features are shown in the Geographical Names Register of New South Wales which

HERITAGE ACT 1977**ERRATUM**

Underbridges: Sydney Terminal and
Central Railway Stations
SHR No. 01057

NOTICE is hereby given that Underbridges: Sydney Terminal and Central Railway Stations (SHR No. 01057) listed on the State Heritage Register on 2 April 1999 is removed from the State Heritage Register as it has been found to be included within an existing listing for Sydney Terminal and Central Railway Stations Group (SHR 01255) listed on the State Heritage Register on 2 April 1999.

HOME BUILDING REGULATION 2004

Clause 28 (1)

INSTRUMENT

Qualification Requirements for an Endorsed Contractor
Licence or Supervisor Certificate for
General Building Work

I, Rod Stowe, Commissioner for Fair Trading, Department of Finance and Services, as the “Director-General” under the Home Building Regulation 2004 (“the Regulation”):

1. revoke all previous instruments in so far as they deal with the same matters as this Instrument; and
2. (a) determine the possession of qualifications, units of competency or the passing of examinations specified in Column 1 of the Tables to Schedule 1; and
(b) consider the possession of experience specified in Column 2 of those Tables opposite the relevant matter in Column 1,

to be necessary for an applicant for the issue of a Licence or Certificate.

This Instrument commences on the date on which it is signed (“the Commencement Date”).

Dated this 26th day of March 2012.

ROD STOWE,
Commissioner for Fair Trading,
Department of Finance and Services

Interpretation

In this Instrument:

The Commissioner for Fair Trading, Department of Finance and Services is the “Director-General” under the Home Building Act 1989 and the Regulation. See:

- paragraph (a) of the definition of “Director-General” in section 3 (1) of the *Home Building Act 1989*;
- clauses 28 (1) (a) and (3) of the *Public Sector Employment and Management (Departmental Amalgamations) Order 2009*; and
- clause 29 (1) of the *Public Sector Employment and Management (Departments) Order 2011*.

“**Australian University**” has the same meaning as in the *Higher Education Act 2001* or successor legislation in force for the time being providing for the recognition of Australian universities;

“**the Act**” means the *Home Building Act 1989*;

References to “**Certificate**” and “**Licence**” are respectively to a supervisor certificate, or endorsed contractor licence, to do or supervise general building work;

The reference to “**Diploma**”, in relation to superseded qualification no. 8 set out in Schedule 4, does not include a Diploma in respect of a Building, Construction, Construction Management, Construction Economics, Applied Science (Building), Structural Engineering or Quantity Surveying National Training Package.

“**Experience**” means experience gained by the applicant as a *bona fide* employee who has been paid during the relevant period of employment in accordance

with an award or enterprise agreement but excludes experience gained as an employee of:

- (a) the holder of an Owner-Builder Permit; or
- (b) a company wholly owned by an individual or individuals being or including the applicant and which owned land on which the applicant did owner-builder work as, or for, the holder of an Owner-Builder Permit;

“**registered training organisation**” has the same meaning as in the *National Vocational Education and Training Regulator Act 2011* (Cth);

“**National Training Package**” means a training package endorsed in accordance with the *Policy for the Training Package Development and Endorsement Process*, or such other similar policy replacing it, which is in force for the time being;

“**Owner-Builder Permit**” means an owner-builder permit issued under the Act or a similar authority issued under an Act of another State or Territory which authorises activities to be carried out which are substantially the same as those authorised by such an owner-builder permit;

“**TAFE**” means the New South Wales Technical and Further Education Commission.

SCHEDULE 1

Table 1

| Qualifications | |
|---|--|
| Column 1 Qualifications or Examinations | Column 2 Experience |
| 1. Completion of Certificate IV in Building and Construction, being: (a) (BCG40106 / CPC40108 / CPC40110 Building); or (b) (BCG40206 / CPC40208 Contract Administration) or (c) (BCG40306 / CPC40308 Estimating); or (d) (BCG40506 / CPC40508 Site Management), including the units of competency listed in Schedule 2. AND 2. an endorsed contractor licence or supervisor certificate held under the Act for Carpentry or Bricklaying which is current at the date of the application or a qualification approved for the time being under clause 28(1) of the Regulation for such a licence or certificate; or 3. a Diploma of Building and Construction (Building) (BCG50206 / CPC50208 / CPC50210) including, in respect of CPC50210 only, the units of competency listed in Schedule 3. | At least two years' relevant industry experience in a wide range of building construction work |

| <i>Qualifications</i> | |
|--|--|
| <i>Column 1 Qualifications or Examinations</i> | <i>Column 2 Experience</i> |
| Completion of a Degree in Building, Construction, Construction Management, Construction Economics, Applied Science (Building) or Quantity Surveying from an Australian University. | At least two years' relevant industry experience in a wide range of building construction work |
| Completion of a degree in Civil Engineering, Structural Engineering, Architecture or Bachelor of Housing from an Australian University AND Completion of Certificate IV in Building and Construction (BCG40106 / CPC40108 / CPC40110 Building) or (BCG40206 / CPC40208 Contract Administration) or (BCG40306 / CPC40308 Estimating) or (BCG40506 / CPC40508 Site Management) including the units of competency listed in Schedule 2. | At least two years' relevant industry experience in a wide range of building construction work |

Table 2

| <i>Transitional arrangements</i> | |
|---|---|
| <i>Column 1 Qualifications or Examinations</i> | <i>Column 2 Experience</i> |
| 1 Existing Licence or Certificate A Licence or Certificate without any restrictions or conditions held immediately before the Commencement Date. | N/A |
| 2 Licence or Certificate held before the date of application A Licence or Certificate without any restrictions or conditions held within two years of the date of application for a new Licence or Certificate. | N/A |
| 3 Superseded Qualifications Any superseded qualification set out in Schedule 4: (a) which the applicant attained before 18 August 2008; or (b) the course for which the applicant commenced before, but did not complete until after, 18 August 2008, unless the context indicates that the applicant need not have attained, or commenced the course for, the qualification, or an element of the qualification, before 18 August 2008. | At least 2 years' relevant industry experience in a wide range of building construction work. |

SCHEDULE 2

Units of competency required for Certificate IV in Building and Construction

The following units must be achieved and indicated in the applicant's transcript of the qualification:

- BCGBC4001A / CPCCBC4001A Apply building codes and standards to the construction process for low-rise building projects
- BCGBC4002A / CPCCBC4002A Manage occupational health and safety in the building and construction workplace
- BCGBC4003A / CPCCBC4003A Select and prepare a construction contract
- BCGBC4004A / CPCCBC4004A Identify and produce estimated costs for building and construction projects
- BCGBC4005A / CPCCBC4005A Produce labour and material schedules for ordering
- BCGBC4006A / CPCCBC4006A / CPCCBC4006B Select, procure and store construction materials for low-rise projects
- BCGBC4007A / CPCCBC4007A Plan building or construction work
- BCGBC4008A / CPCCBC4008A / CPCCBC4008B Conduct on-site supervision of the building and construction project
- BCGBC4009A / CPCCBC4009A / CPCCBC4009B Apply legal requirements to building and construction projects
- BCGBC4010A / CPCCBC4010A / CPCCBC4010B Apply structural principles to residential low rise constructions
- BCGBC4011A / CPCCBC4011A / CPCCBC4011B Apply structural principles to commercial low rise constructions
- BSBSBM406A Manage small business finances
- BCGBC4012A / CPCCBC4012A Read and interpret plans and specifications
- BCGBC4018A / CPCCBC4018A Apply site surveys and set out procedures to building and construction projects
- BCGBC4024A / CPCCBC4024A Resolve business disputes

SCHEDULE 3

Units of competency required for Diploma of Building and Construction (Building) (CPC50210)

The following units must be achieved and indicated in the applicant's transcript of the qualification:

- CPCCBC5004A Supervise and apply quality standards to the selection of building and construction materials
- CPCCBC5005A Select and manage building and construction contractors
- CPCCBC5007A Administer the legal obligations of a building and construction contract
- CPCCBC5009A Identify services layout and connection methods in medium rise construction projects

SCHEDULE 4

Superseded Qualifications

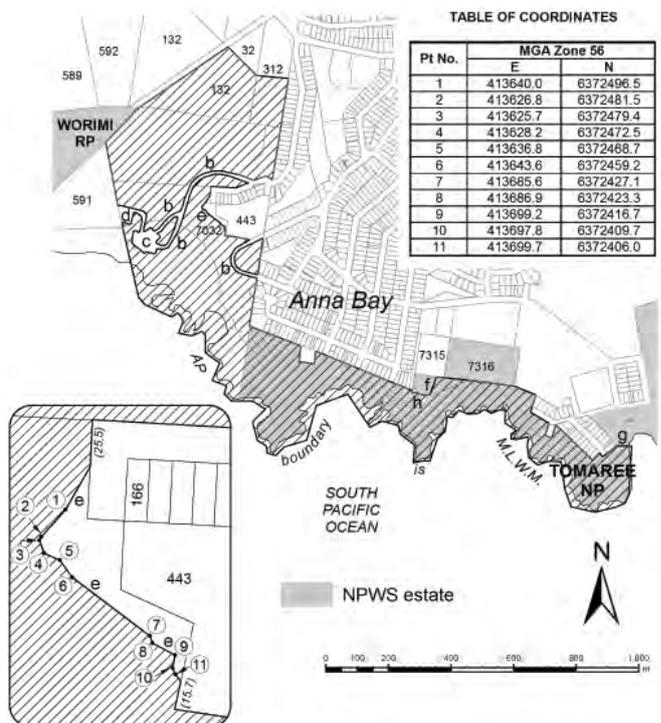
1. Certificate IV in Building (3477) conducted by a Registered Training Organisation or TAFE AND:
 - (a) a Carpentry, Carpentry & Joinery, or Bricklaying Trade Course from TAFE or a Registered Training Organisation; or
 - (b) an endorsed contractor licence or supervisor certificate held under the Act for Carpentry or Bricklaying which is current at the date of the application or a qualification approved for the time being under clause 28(1) of the Regulation for such a licence or certificate.
2. Diploma in Building (3475) conducted by a Registered Training Organisation or TAFE.
3. Advanced Diploma in Building (3471) conducted by a Registered Training Organisation or TAFE.
4. Certificate IV in Building Studies (1261) from TAFE AND –
 - (a) a Carpentry, Carpentry & Joinery, or Bricklaying Trade Course from TAFE or a Registered Training Organisation; or
 - (b) an endorsed contractor licence or supervisor certificate held under the Act for Carpentry or Bricklaying which is current at the date of the application or a qualification approved for the time being under clause 28(1) of the Regulation for such a licence or certificate.
5. Diploma in Building Studies (1262) from TAFE.
6. Advanced Diploma in Building Studies (1263) from TAFE.
7. Advanced Diploma in Structural Engineering (6443) from TAFE.
8. Diploma from an Australian University or a body controlled by it which is a bridging or pathway course entitling the holder to enrol in a Degree in Building, Construction, Construction Management, Construction Economics, Applied Science (Building), Structural Engineering or Quantity Surveying from an Australian University but only if the applicant attained the Diploma before the Commencement Date or commenced the Diploma course before, but did not complete it until after, the Commencement Date.
9. Certificate of Registration as an Architect under the Architects Act 2003 which is current at the date of the application.
10. A degree in Civil Engineering or Architecture from an Australian University regardless of when it was attained AND Certificate IV in Building (3477 or TAFE Course 1261)
11. Diploma of Structural Engineering (2992) from TAFE.
12. Associate Diploma in Applied Science (Building) (5185) TAFE.
13. Certificate in Building (5102) TAFE.
14. Certificate in Building Foreman & Clerk of Works (135) from TAFE.
15. Advanced Certificate in Building Supervision (5189) from TAFE.
16. Advanced Building Studies Course – Diploma in Building Studies Level V (2183) from TAFE.
17. Advanced Building Studies Course – Certificate IV in Building Studies – Residential Level IV (2182) from TAFE AND a Carpentry, Carpentry & Joinery, or Bricklaying Trade Course from TAFE or a Registered Training Organisation.
18. Certificate IV in Contractors Management Program conducted by Back to Basics Business Training Pty Ltd ACN077 042 490 AND a Carpentry, Carpentry & Joinery, or Bricklaying Trade Course from TAFE or a Registered Training Organisation.

NATIONAL PARKS AND WILDLIFE ACT 1974

Erratum

IN the notice declaring Birubi Aboriginal Place published in the *NSW Government Gazette* No. 54, folios 2425-2426, dated 20 April 2007, the description should be amended by replacing the diagram with the diagram hereunder.

ROBYN PARKER, M.P.,
Minister for the Environment



- b Boundary offset 5m either side of road centreline
 - c Boundary offset 10m from surf club building and 2m from edge of carpark
 - d Boundary offset 2m from edge of carpark
 - e Boundary existing fence
 - f Boundary eastern side of pipeline excluded from National Park
 - g Boundary bearing 90° magnetic
 - h Boundary prolongation of National Park boundary
- Note: All unmeasured boundaries subject to survey

NATIONAL PARKS AND WILDLIFE ACT 1974

Notice of Reservation of a National Park

I, the Honourable Thomas Frederick Bathurst, Q.C., Lieutenant Governor of the State of New South Wales, with the advice of the Executive Council, reserve the lands described in the Schedule below, as part of Lane Cove National Park, under the provisions of section 30A (1) of the National Parks and Wildlife Act 1974.

Signed and sealed at Sydney this 28th day of March, 2012.

THOMAS FREDERICK BATHURST,
Lieutenant Governor

By Her Excellency's Command,

ROBYN PARKER,
Minister for the Environment.

GOD SAVE THE QUEEN!

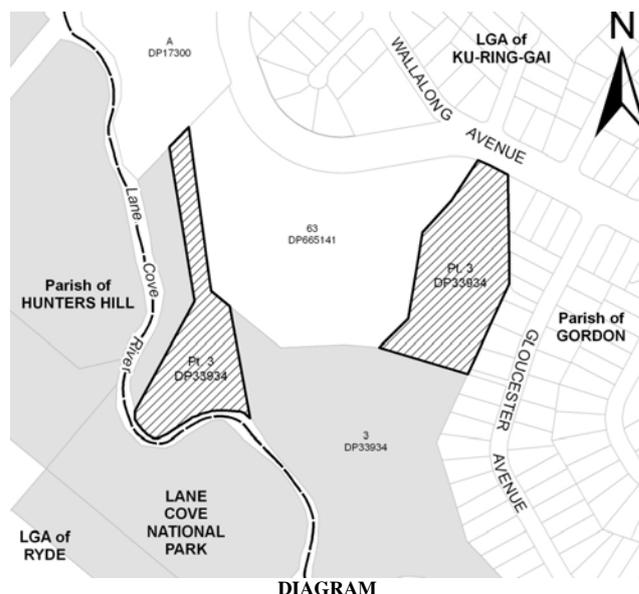
SCHEDULE

*Land District – Metropolitan;
LGA – Ku-ring-gai and Ryde*

County Cumberland, Parish various, about 50 hectares, being:

1. the lots described in the schedule hereunder,
2. those parts of Lot 3, DP 33934 not previously reserved as Lane Cove National Park, shown by hatching in diagram hereunder,
3. Crown Public Road separating Lot 7070, DP 1050798 from Lot 7046, DP 1050797, Crown Public Road separating Lot 7070, DP 1050798 from Lot 7071, DP 1050798, Crown Public Road separating Lot 11, DP 841496 from Lot 26, DP 28412, Crown Public Road separating Lot 12, DP 841496 and Lot 2, DP 868255 from Lot F, DP 107718 and Lot 3, DP 868255, Crown Public Road separating Lots 2 and 3, DP 201041 from Lot 713, DP 752035, Crown Public Road separating Lot 700, DP 752035 from Lot 11, DP 561248, Crown Public Road separating Lot 11, DP 561248 and Lot 2, DP 1098517 from Lot 512, DP 752035 and Crown Public Road separating Lot 321, DP 752035 from Lot 240, DP 752035 and Lot 1, DP 1142425:

Papers OEH/07/8189



DIAGRAM

SCHEDULE OF LOTS

| Parish | Lot | DP | Parish | Lot | DP |
|---------------|--------|---------|--------------|--------|--------------|
| Field of Mars | F | 107718 | Hunters Hill | 20 | 245692 |
| | A | 393761 | | 90 | 258917 |
| | A | 410520 | | 2 | 409673 |
| | 10 | 841496 | | 2 | 513516 |
| | 12 | 841496 | | 441 | 711873 |
| | 1 | 868255 | | 442 | 711873 |
| | 2 | 868255 | | 443 | 711873 |
| | 3 | 868255 | | 444 | 711873 |
| | Gordon | 20 | | 822305 | Hunters Hill |
| 7 | | 1041540 | 12 | 712860 | |
| 8 | | 1041540 | 5 | 752035 | |
| 11 | | 1041540 | 6 | 752035 | |
| 7046 | | 1050797 | 7 | 752035 | |
| 7070 | | 1050798 | 240 | 752035 | |
| 7071 | | 1050798 | 321 | 752035 | |
| 3 | | 1151638 | 541 | 752035 | |
| Hunters Hill | 196 | 16042 | Hunters Hill | 15 | 842855 |
| | 197 | 16042 | | 10 | 843121 |
| | 198 | 16042 | | 10 | 868513 |
| | 205 | 16042 | | 102 | 879421 |
| | 206 | 16042 | | 103 | 879421 |
| | 282 | 16042 | | 2 | 1059302 |
| | 2 | 201041 | | 2 | 1098517 |
| | 1 | 214741 | | 1 | 1142425 |
| | 8 | 245619 | | | |

NATIONAL PARKS AND WILDLIFE ACT 1974

Notice of Reservation of a Nature Reserve

I, the Honourable Thomas Frederick Bathurst, Q.C., Lieutenant Governor of the State of New South Wales, with the advice of the Executive Council, reserve the lands described in the Schedule below, as part of Dananbilla Nature Reserve, under the provisions of section 30A (1) of the National Parks and Wildlife Act 1974.

Signed and sealed at Sydney this 28th day of March 2012.

THOMAS FREDERICK BATHURST,
Lieutenant Governor,

By Her Excellency's Command,

ROBYN PARKER,
Minister for the Environment

GOD SAVE THE QUEEN!

SCHEDULE

Land District and LGA – Young

County Monteagle, Parish Wambanumba, 8.6 hectares, being lot 346 DP754605 (portion 346).

Papers OEH/FIL08/8278.

NATIONAL PARKS AND WILDLIFE ACT 1974

Notice of Reservation of a Regional Park

I, the Honourable Thomas Frederick Bathurst, Q.C., Lieutenant Governor of the State of New South Wales, with the advice of the Executive Council, reserve the lands described in the Schedule below under the provisions of section 30A (1) and (2) of the National Parks and Wildlife Act 1974 and assign the name Yerranderie Regional Park.

Signed and sealed at Sydney this 28th day of March, 2012.

THOMAS FREDERICK BATHURST,
Lieutenant Governor,

By Her Excellency's Command,

ROBYN PARKER,
Minister for the Environment

GOD SAVE THE QUEEN

SCHEDULE

*Land District – Picton;
LGA – Wollondilly*

County Westmoreland, Parish The Peaks, Village of Yerranderie, about 470 hectares, being lots 1 & 2 DP798572 and lots C & D DP397015; inclusive of Crown Public Road within lot 2 DP798572 and exclusive of Council Public Road within lots 1 & 2 DP798572.

PESTICIDES ACT 1999

Environment Protection Authority NSW
Notice under Section 48 (4)

NOTICE is hereby given, pursuant to section 48 (4) of the Pesticides Act 1999, that I have granted a Pilot (Pesticide Rating) Licence, particulars of which are stated in the Schedule.

SEAN NUNAN,
Team Leader,
Licensing and Registration
by delegation

SCHEDULE

Pilot (Pesticide Rating) Licence

| <i>Name and address of Licensee</i> | <i>Date of Granting of Licence</i> |
|---|--|
| Felix CRESPO MARTIN, 1314 Telleraga Road Moree NSW 2400 | 26 March 2012 |

PESTICIDES ACT 1999

Environment Protection Authority NSW
Notice under Section 48 (4)

NOTICE is hereby given, pursuant to section 48 (4) of the Pesticides Act 1999, that I have granted a Pilot (Pesticide Rating) Licence, particulars of which are stated in the Schedule.

SEAN NUNAN,
Team Leader,
Licensing and Registration
by delegation

SCHEDULE

Pilot (Pesticide Rating) Licence

| <i>Name and address of Licensee</i> | <i>Date of Granting of Licence</i> |
|--|--|
| James GOERTZEN PO Box 773 Moree NSW 2400 | 23 March 2012 |

POISONS AND THERAPEUTIC GOODS ACT 1966

Order Under Clause 175 (1),
Poisons and Therapeutic Goods Regulation 2008
Withdrawal of Drug Authority

IN accordance with the provisions of clause 175 (1) of the Poisons and Therapeutic Goods Regulation 2008 an Order has been made on Dr Kon Hwa Peter LOW, MED0001143208, of 40 Third Avenue, Blacktown NSW 2148, prohibiting him until further notice, as a medical practitioner from supplying or having possession of drugs of addiction as authorised by clause 101 of the Regulation and issuing a prescription for a drug of addiction as authorised by clause 77 of the Regulation.

This Order is to take effect on and from 28 March 2012.

Dated: 23 March 2012.

Dr MARY FOLEY,
Director-General,
Ministry of Health, New South Wales

RURAL FIRES ACT 1997

PURSUANT to section 82 of the Rural Fires Act 1997 as amended, the Commissioner of the NSW Rural Fire Service, following consultation with the local stakeholders, declares the following Local Bush Fire Danger Period Variation:

Area of Variation:
Monaro Team Incorporating:
Bombala Council

The Local Bush Fire Danger period has been revoked for the period 19 March until 31 March 2012.

During this period permits pursuant to section 87 of the Rural Fires Act 1997 as amended will not be required for the lighting of fire for the purposes of land clearance or fire breaks.

SHANE FITZSIMMONS, A.F.S.M.,
Commissioner

RURAL FIRES ACT 1997

PURSUANT to section 82 of the Rural Fires Act 1997 as amended, the Commissioner of the NSW Rural Fire Service, following consultation with the local stakeholders, declares the following Local Bush Fire Danger Period Variation:

Area of Variation:
Monaro Team Incorporating:
Cooma-Monaro Shire Council
Snowy River Shire Council

The Local Bush Fire Danger period has been revoked for the period 19 March until 31 March 2012.

During this period permits pursuant to section 87 of the Rural Fires Act 1997 as amended will not be required for the lighting of fire for the purposes of land clearance or fire breaks.

SHANE FITZSIMMONS, A.F.S.M.,
Commissioner

PRIVATE ADVERTISEMENTS

COUNCIL NOTICES

BATHURST REGIONAL COUNCIL

Roads Act 1993, Section 10

Dedication of Land as Public Road

THE Bathurst Regional Council hereby gives notice that pursuant to section 10 of the Roads Act 1993, the land described in the Schedule below is dedicated to the public as road. D SHERLEY, General Manager, Bathurst Regional Council, PMB 17, Bathurst NSW 2795.

SCHEDULE

Lot 2, DP 1118263 to be known as Chifley Dam Road.

Lot 3, DP 1118263 to be known as Lagoon Road. [6393]

GREAT LAKES COUNCIL

Roads Act 1993, Section 10

Dedication of Land as Public Road

PURSUANT to section 10 of the Roads Act 1993, Great Lakes Council hereby dedicates the land as detailed in the Schedule below as public road. GLENN HANDFORD, General Manager, Great Lakes Council, Breese Parade, Forster NSW 2428.

SCHEDULE

Lot 1, DP 868398 at Failford, Parish of Tuncurry, County of Gloucester.

Lot 3, DP 872141 at Failford, Parish of Tuncurry, County of Gloucester.

Lot 5, DP 868767 at Failford, Parish of Tuncurry, County of Gloucester.

Lot 7, DP 867182 at Failford, Parish of Tuncurry, County of Gloucester. [6394]

GUNNEDAH SHIRE COUNCIL

Roads Regulation 2008, Part 2, Division 2

New Road Name

NOTICE is hereby given that Gunnedah Shire Council, in accordance with the Roads Regulation 2008, Part 2, Division 2, has named the road located between the Kamilaroi Highway and Ross Road and passes under the railway line as 'Riley Road'. No objections to the proposed name were received during the required 28 day exhibition period. R. CAMPBELL, General Manager, Gunnedah Shire Council, PO Box 63, Gunnedah NSW 2340. [6395]

MID-WESTERN REGIONAL COUNCIL

Roads Act 1993, Section 162

Naming of Public Road

New Road Names

NOTICE is hereby given that in accordance with section 162 of the Roads Act 1993, as amended, Council has named the road shown hereunder:

| <i>Location</i> | <i>Name</i> |
|---|-----------------|
| Lane running north to Phillip Street between Debenham Street and Fitzgerald Street, Wollar. | Bedes Lane. |
| Lane running north from Price Street to Armstrong Street west of Barigan Street, Wollar. | Parish Lane. |
| Cul-de-sac running east off Melton Road, Mudgee. | Chappell Close. |

WARWICK BENNETT, General Manager, PO Box 156, 86 Market Street, Mudgee NSW 2850. [6396]

WINGECARRIBEE SHIRE COUNCIL

Local Government Act 1993, Section 553

Extension of Sewer Mains

NOTICE is hereby given, *vide* section 553 of the Local Government Act 1993, that certain sewer mains have been extended to serve properties within the Wingecarribee Shire as described in the accompanying plan schedule. Land which is not connected thereto shall become rateable to the sewer charge after sixty (60) days from the date of this notice. Land connected before expiration of the sixty (60) days shall be rated to that charge from the date of connection. JASON R. GORDON, General Manager, PO Box 141, Moss Vale NSW 2577.

PLAN SCHEDULE

Sewer Benefit Area

Locality – Robertson

Plans of affected area may be inspected at Civic Centre, Moss Vale and via Councils website www.wsc.nsw.gov.au. [6397]

ESTATE NOTICES

NOTICE of intended distribution of estate. – Any person having any claim upon the estate of RICHARD ERNEST HOLCOMBE, late of Hallidays Point, in the State of New South Wales, who died on 15 September 2011, must send particulars of his claim to the executrix, c.o. Cara Marasco & Company, Suite 3, 515 Pittwater Road, Brookvale NSW 2100, within one (1) calendar month from publication of this notice. After that time the executrix may distribute the assets of the estate having regard only to the claims of which at the time of distribution they have notice. Probate was granted in New South Wales on 8 February 2012. CARA MARASCO & COMPANY, Suite 3, 515 Pittwater Road, Brookvale NSW 2100, tel.: (02) 9939 6900. [6398]

NOTICE of intended distribution of estate. – Any person having any claim upon the estate of GWEN JAMES, late of Narrabeen, in the State of New South Wales, who died on 10 November 2011, must send particulars of his claim to the executrix, c.o. Cara Marasco & Company, Suite 3, 515 Pittwater Road, Brookvale NSW 2100, within one (1) calendar month from publication of this notice. After that time the executrix may distribute the assets of the estate having regard only to the claims of which at the time of distribution they have notice. Probate was granted in New South Wales on 19 March 2012. CARA MARASCO & COMPANY, Suite 3, 515 Pittwater Road, Brookvale NSW 2100, tel.: (02) 9939 6900. [6399]

NOTICE of application. – In the Supreme Court of New South Wales, Equity Division Probate. – After 14 days from publication of this notice an application for probate of the will dated 6 July 2011 of LUDMILA MARIE MARIK (commonly known as Lydia Marie Marik), late of Mona Vale, in the State of New South Wales, widow deceased, will be made by Anna Oldriska Kilian. Creditors are required to send particulars of their claims upon her estate to John de Mestre & Co, Solicitors, Level 5, 50 Park Street, Sydney NSW 2000, tel.: (02) 9284 5800. Reference: ADH:6263. [6400]

NOTICE of intended distribution of estate. – Any person having any claim upon the estate of GRAHAM FREDERICK MURRAY, late of Bowral, in the State of New South Wales, retired, who died on 6 May 2011, must send particulars of his claim to Stuart David Murray, one of the executors named in the will, c.o. Newnhams, Solicitors, 233 Castlereagh Street, Sydney NSW 2000, within one (1) calendar month from publication of this notice. After that time the executor may distribute the assets of the estate having regard only to the claims of which at the time of distribution he has notice. Probate with leave reserved to ANZ Executors & Trustee Company Limited was granted in New South Wales on 13 February 2012. NEWNHAMS, Solicitors, Level 7, 233 Castlereagh Street, Sydney NSW 2000 (PO Box 21087, World Square NSW 2002), (DX 11495, Downtown NSW), tel.: (02) 9264 7788. Reference: BLM:JH:6905. [6401]

COMPANY NOTICES

NOTICE of voluntary liquidation. – The Corporations Law and in the matter of MATLY PTY LIMITED, ACN 002 966 707. – Notice is hereby given that at an extraordinary general meeting of the members of the company duly convened and held on 21 March 2012, the following resolutions were passed: “That the company be wound up voluntarily and that Mr David Matthews and Ms Mae Matthews be appointed liquidators for the purpose of such winding up”. Creditors of the company are required to prove their debts or claims within one month from the date of publication of this notice. Failing which they will be excluded from any distribution made and from objecting to any such distribution. Formal Proof of Debt forms are available on application to the liquidators. Dated 21 March 2012. D. MATTHEWS and M. MATTHEWS, Liquidators, c.o. K. B. Raymond & Co., 2/131 Clarence Street, Sydney NSW 2000 (GPO Box 4684, Sydney NSW 2001), tel.: (02) 9299 6521. [6402]

OTHER NOTICES

ESSENTIAL ENERGY

Electricity Supply Act 1995

Land Acquisition (Just Terms Compensation) Act 1991

Notice of Compulsory Acquisition of Easement for Electricity Purposes at Tweed Heads

ESSENTIAL ENERGY declares, with the approval of Her Excellency the Governor, with the advice of the Executive Council, that the Interests in Land described in Schedule 1 to this notice the terms of which are described in Schedule 2 to this notice is acquired by compulsory process in accordance with the provisions of the Land Acquisition (Just Terms Compensation) Act 1991, for the purposes of the Electricity Supply Act 1995.

Dated at Port Macquarie, this 30th day of March 2012.

TERRI BENSON,
Managing Director

Essential Energy,
PO Box 718,
Queanbeyan NSW 2620.

SCHEDULE 1

| <i>No.</i> | <i>Interests in Land</i> | <i>Locality</i> | <i>L.G.A.</i> | <i>Parish</i> | <i>County</i> |
|------------|--|--------------------|---------------|---------------|---------------|
| 1. | Easement for underground powerlines 10 wide affecting Terranora Creek shown as "Proposed Easement for electricity purposes 3 wide, 10 wide and variable" on DP 1160045. | Tweed Heads South. | Tweed. | Terranora. | Rous. |
| 2. | Easement for underground powerlines 3 wide and variable affecting Crown land between Terranora Creek and Dry Dock Road shown as "Proposed Easement for electricity purposes 3 wide, 10 wide and variable" on DP 1160045. | Tweed Heads South. | Tweed. | Terranora. | Rous. |

SCHEDULE 2

The easements for underground powerlines 10 wide and 3 wide and variable described in schedule 1 are on the terms set out in Part B of Memorandum No. AG189384 registered on the Register held under the Real Property Act 1900.

In so far as any Native Title rights and interests may exist over the Crown land affected by the easements, the "non-extinguishment principle" as defined in section 238 of the Native Title Act 1993 (Cth) applies to the acquisition of the Interests in Land. [6403]

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