

**BEFORE THE INDUSTRIAL RELATIONS COMMISSION
OF NEW SOUTH WALES**

No. IRC of 1996

*(Add Title as required by
Schedule 1)*

**APPLICATION
For
REINSTATEMENT OF
INJURED WORKER**

Filed by *(Name of person,
corporation, organisation or
other body filing the document)*

Contact name *(Name of
person conducting the matter)*

Address
Telephone
Facsimile
DX

*(and if solicitors or agents are
acting, add)
by their agents*

Name
Address
Telephone
Facsimile
DX

- A.** The applicant
 - 1. Name *(name of person on whose behalf the order is sought)*
 - 2. Address
 - 3. Solicitor or agent *(include details of any solicitor or agent acting, including where an industrial organisation is acting, the name of the secretary or other authorised officer taking action)*
 - 4. Address for service
- B.** Being an injured worker, applies for a reinstatement order under section 242 of the *Workers Compensation Act 1987*.
- C.** The employer was
 - 1. Name *(name of former employer)*
 - 2. Address
(here called "the Respondent")
- D.** The date of the injury was *(date)*.
- E.** A medical certificate from *(name of Doctor)* dated *(date of certificate)*, stating that I / the applicant was fit for employment, was given to the employer on *(date certificate was produced to the employer)*. A copy of that certificate is attached *(or, state why a copy cannot be attached)*.
- F.** I / the applicant asked the employer to reinstate me / the applicant as a *(state type of employment you asked your employer for)* on *(date)* but the employer did not do so.
- G.** *(Where relevant)* This application is brought on behalf of the injured worker by *(Name of Registered Organisation)*.
- H.** Other particulars in support of my / the applicant's claim are:
 - 1. {
 - 2. { *(State briefly but specifically any additional particulars*
 - etc. }

(signature)
(Capacity in which signed, eg. applicant, applicant's solicitor).

Filed (dated, if not filed): *(date)* 19__

TO THE RESPONDENT:

(name the former employer).

IMPORTANT NOTICE:

(1) You are required, under the Rules of the Industrial Relations Commission, to file a notice of appearance at the Industrial Registry *(address and telephone number)* within 7 days of service of this notice *(or as the case may be)* on you.

(2) If you do not enter an appearance, or if there is no attendance by you or your counsel, solicitor or agent at the time and place specified in this notice or as notified to you subsequently, the proceedings may be heard in your absence and an order may be made against you.

(3) Unless the time, place and date of hearing are endorsed on this application, the parties will be subsequently advised of the date time and place when the Commission will hear this application. Any enquiries should be made to the Industrial Relations Commission List Clerk, telephone *(number)*.

(where the time for service has been abridged, add

The time before which this notice *(or as the case may be)* is to be served has been abridged by the Commission to 5.00 pm on (date) 19).

(Add, where necessary, form of Appointment for Hearing)