

NORTHERN TERRITORY OF AUSTRALIA

Regulations 1996, No. 11*

Regulations under the *Work Health Act*

I, KEITH JOHN AUSTIN ASCHE, the Administrator of the Northern Territory of Australia, acting with the advice of the Executive Council, hereby make the following Regulations under the *Work Health Act*.

Dated 29 February 1996.

K.J.A. ASCHE
Administrator

AMENDMENTS OF WORK HEALTH REGULATIONS

1. STATEMENT OF RIGHT TO COMMENCE PROCEEDINGS BEFORE COURT

Regulation 13 of the Work Health Regulations is amended by adding at the end the following:

"(3) Where the employer gives to the worker a completed form in accordance with Form 5, he or she shall also provide the worker with a copy of the approved information bulletin relating to the mediation process."

2. SCHEDULE

The Schedule to the Work Health Regulations is amended by omitting Forms 4 and 5 and substituting the following:

* Notified in the *Northern Territory Government Gazette* on 13 March 1996.

Work Health Regulations

"FORM 4

Regulation 12(1)

WORK HEALTH

WORKERS COMPENSATION MEDICAL CERTIFICATE

This medical certificate is also an approved form under the Motor Accident Compensation Act (MACA)

- Initial Certificate - up to 28 days
- Continuing Certificate of Incapacity - up to 3 months

Medical Practitioner's name and address and phone number.

 Phone:

I examined: (patient name and residential address)

Who is/was suffering from: (please indicate whether provisional or precise diagnosis)

Which the worker states was caused by:

on (Date of Injury) ---/---/19--

This condition is: consistent with the stated cause
 not consistent with the stated cause - please comment

.....

Work Health Regulations

Return to Work Plan

Discussion with the Employer may assist you to determine whether suitable duties are available.

Doctor contacted employer regarding alternative duties
Yes No

In my opinion the worker is:

- fit to remain at work
- fit for normal work from/on/...../.....
- fit for modified work/alternate duties from/...../..... to/...../.....with the following instructions/limitations:

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

- unfit for work from/...../..... to/...../.....

The worker is scheduled for review on/...../.....

Management Plan

I have/have not referred the worker to:

- Chiropractor:
- Occupational Therapist:
- Physiotherapist:
- Psychologist:
- Specialist: (specify)
- Vocational Rehabilitation Provider:
- Other (please specify):

Note: Maximum referral period for rehabilitation treatment prior to review is initially 28 days and 6 weeks for subsequent referrals to the same discipline.

Signature:.....
Date:...../...../.....

Work Health Regulations

"FORM 5

Sections 69 and 85

NORTHERN TERRITORY OF AUSTRALIA
Work Health Act

Regulation 13

NOTICE OF DECISION AND RIGHTS OF APPEAL

ADVICE TO A WORKER OF REJECTION, CANCELLATION OR REDUCTION OF
WORKERS COMPENSATION AND ADVICE OF THE WORKERS RIGHT TO
COMMENCE PROCEEDINGS FOR RECOVERY

It is important that you read all of this form carefully

Dear

With regard to your claim for payment of benefits as prescribed under the Work Health Act. You are hereby advised that your employer acting on the advice of (insurer's name).hereby:-

DELETE AS NECESSARY

Disputes liability for your claim pursuant to section 85 of the Work Health Act.

Cancels payment of weekly benefits to you pursuant to section 69 of the Work Health Act.

Varies the amount of weekly benefits payable to you pursuant to section 69 of the Work Health Act to the sum ofper week.

The reasons for this decision are:-

Signed

Dated

You have the right to contest this decision by making application to the Work Health Court.

An application to the Work Health Court must be made within 28 days of your receipt of this Notice.

You also have the right to request mediation by the Work Health Authority.

Work Health Regulations

Important: Even if you do request mediation, an application to the Work Health Court must still be made within 28 days after receiving this notice.

MEDIATION

If you wish to have mediation complete the request below and send this form by post, or deliver it, to the Work Health Authority within 14 days of your receipt of this notice.

- The mediation will not be part of a court process.
- The mediation may involve you in a meeting with the Mediation Officer and Insurer.
- The mediation will be confidential.

For more information regarding the mediation process please refer to the information bulletin prepared by the Work Health Authority.

Do not detach

Request for mediation

I hereby request mediation in relation to the decision on my claim as given on this form.

Name: _____

Postal Address: _____

Phone No (home): _____ Phone No (work): _____

Signed: _____ Date: _____

- Send or deliver one complete document to the Mediation Officer, .
c/- Work Health Authority, GPO Box 2010 DARWIN NT 0801 -
Minerals House 66 The Esplanade DARWIN NT 0800
- Keep other copy of the document for your records.

Work Health Regulations

WORK HEALTH COURT

If you wish to contest the decision in the Work Health Court you must make an application to the Court within 28 days of receiving this notice. NB The Court has the power to extend this time limit but will only do so in special circumstances.

PLEASE NOTE THAT THE MEDIATION PROCESS DOES NOT EXTEND THE TIME FOR MAKING AN APPLICATION TO THE COURT.

Applications to the court disputing the rejection, cancellation or variation of your claim can be made at any Local Court in the Northern Territory.

For further information regarding making application to the Work Health Court you should contact the registrar of your local court in the Northern Territory.

If you have any further queries about your rights under the Work Health Act, or you do not understand the advice contained in this form, please contact the Work Health Authority, Minerals House, 66 the Esplanade, Darwin NT 0800 or GPO Box 2010, Darwin NT 0801. Phone (089) 99 5010. Toll free outside Darwin (008)019 115."
