

ABN 83 687 563 395

# Application for review under Section 157

Return to Work Act 2014

- 1	
Employer name	
Employer number	
Business address	
Postcode	
Contact person	
Surname	Title
First name	
Position	
Business postal address	
Postcode	
Phone (business hours)	
Phone (mobile)	
Business email address	
Decision to be reviewed	
The decision is about:	
☐ Industry classification	
☐ Premium calculation	
☐ Fixing or assessment of a premium	
Date of decision// relating to financial	year
A copy of the decision in dispute must be enclosed.	
Why do you consider the decision to be unreasonable?	



☐ I have attached copies of evidence relied upon.		
☐ I have attached a copy of the notice I am disputing.		
$\square$ I have attached a letter of authority from my client (if app	icable)	
What outcome are you seeking?		
Applicant signature		
Print name		
Print name Position held		
Print name	Date	
Print name Position held		cation.
Print name Position held Signature	your client's authority to act on their behalf with this appli	cation.
Print name Position held Signature  If acting on behalf of an employer, you must supply a copy of	your client's authority to act on their behalf with this appli	cation.
Print name Position held Signature  If acting on behalf of an employer, you must supply a copy of the second points of the second point	your client's authority to act on their behalf with this appli	cation.
Print name Position held Signature  If acting on behalf of an employer, you must supply a copy of the second secon	your client's authority to act on their behalf with this appli	cation.

To contact ReturnToWorkSA in a language other than English, please ring the Interpreting and Translating Centre on 1800 280 203 and ask them to contact us on 13 18 55. This interpreting service is available at no cost to you.

If you need any information in braille, audio, e-text or large print, please call us on 13 18 55 and we will do our best to help you.

If you are deaf or have a hearing or speech impairment you can call ReturnToWorkSA through the National Relay Service (NRS):

- TTY users can phone 13 36 77 then ask for 13 18 55.
- Speak & Listen (speech-to-speech) users can phone 1300 555 727 then ask for 13 18 55.
- Internet relay users can connect to NRS on www.relayservice.com.au then ask for 13 18 55.

## Important information for completing an Application for Review

The information on this page has been included to help you complete this form and give you an understanding of your right to a review under section 157 of the *ReturnToWorkSA Act 2014* (SA) (the Act).

You have the right to lodge an application for review if you consider a decision by ReturnToWorkSA is unreasonable in relation to premium related matters, such as:

- the assessing (or fixing) of a premium
- the imposition of penalty interest or a fine
- the estimate of remuneration that is used to calculate your premium.

Please note that an application for review does not suspend an employer's liability to pay premium, penalty interest or a fine. ReturnToWorkSA is required to maintain the funding of the scheme on a fair basis.

#### What does a review cost?

The ReturnToWorkSA Board provides a free dispute resolution service.

However, if you choose to be represented by a solicitor, barrister or by any duly appointed and authorised agent, you will need to meet any costs involved in this yourself.

#### **Completing an Application for Review**

Complete an Application for review and send it together with your evidence and relevant notices to ReturnToWorkSA Premium Review, by email: premium.review@rtwsa.com or by mail GPO Box 2668 Adelaide South Australia 5001. You may lodge your own written submission if you wish, ensuring you include all the mandatory notices and evidence with your submission. You should also attach any other information that you want considered with your application.

An application for review must be lodged within the timeframes set out under section 157 (5) of the Act which states:

An application under this section for review of a decision of the Corporation –

(a) must, if the decision relates to a class of employers, be made within 4 months after the notice of the decision was given; or (b) must, if the decision relates to an individual employer, be made within 2 months after the employer was given notice of the decision, unless the board (or its delegate) allows an extension of time for making the application.

#### **Lodging your Application for Review**

After receiving your application, ReturnToWorkSA will review your application for confirmation that sufficient particulars have been provided. If your application is deficient, you will be notified that your application has not been accepted and you have 14 days to lodge a revised application. If sufficient particulars have been provided and the matter is within the time allowed the decision will be reconsidered and you will be notified within 28 days of the outcome. You will be invited to attend ReturnToWorkSA in person to discuss the matter.

### **Finalisation of the Matter**

If, after re-consideration of a reviewable decision, the matter is not resolved, the reviewable decision will be referred to a Reviewer who will make a formal determination based on the submissions provided by both parties. If necessary the ReturnToWorkSA Reviewer will hear and formally determine your application for review and will have discretion whether you can make a written submission, or you can come and address the Reviewer in person by way of a conciliation conference. You can, but do not have to be represented by a solicitor, barrister or any duly appointed and authorised agent. If you choose to be represented, you will have to bear the cost of any representation.

For further information about industry premium rates and our premium system, visit www.rtwsa.com, email info@rtwsa.com or call 13 18 55.