

# Application for ILARS Grant of Funding for a Work Capacity Decision

## Purpose

This application form is to be used to seek a grant of funding from the Independent Legal Assistance & Review Service (ILARS) to provide legal advice to an injured worker who is in receipt, or who has been notified, of a **Work Capacity Decision** dated on or after **1 January 2019**.

## This form should only be used if:

- The injured worker is in receipt of a **Work Capacity Decision** bearing a date on or after **1 January 2019**
- There is **no** 'liability' dispute (as notified in a section 78 notice) or other dispute about the worker's entitlement or benefits. If there is a liability issue or dispute, please use the Application for a Grant of ILARS Funding

## Details and documentation

The following details and documents are sought:

### > **For PIAWE Only issues:**

- Letter from insurer advising the amount of an injured worker's pre-injury average weekly earnings, current weekly earnings or amount of weekly payments (or Work Capacity Decision)
- Brief details as to why the PIAWE is incorrect or the amount of weekly payment is incorrect
- A brief statement from the worker setting out the disagreement
- Relevant wages/earnings information (if readily available)

### > **For all other WCD matters**

- The Work Capacity Decision and documents attached in support of the decision
- The insurer's section 78 notice (if available) and documents attached to the notice
- Any relevant material in the worker's possession
- A brief statement from the worker indicating the worker's current situation and any other detail that may assist to establish that the worker's claim has prospects of success

## How to apply

Complete and lodge this form and required documentation as **separate pdfs** by **email** to: [ilarscontact@wiro.nsw.gov.au](mailto:ilarscontact@wiro.nsw.gov.au). WIRO does not accept posted or delivered hard copy documents.

## What WIRO will do

A WIRO Principal Lawyer will consider the application for a grant of funding and respond within two (2) business days.

WIRO may seek to engage with the insurer to seek to resolve the issue. WIRO will inform the Approved Lawyer of all steps taken to resolve the issue and of the outcome.

**WORKER INFORMATION**

Worker Details				
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other			
Given Name(s)				
Surname				
Address line 1				
Address line 2				
Suburb		State		Postcode
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	
Other ILARS Grant No(s) (if known)				
Approved Lawyer (ALSP) Details				
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other			
Full Name				
Firm				
Email				
Contact Tel		ILARS No		

**EMPLOYER AND INSURER INFORMATION**

Employer Details	
Employer Name	
Place of Business	
ABN (if known)	
Insurer Details	
Insurer name	
Claim Number	

**DETAILS OF CLAIM (subject of Work Capacity Decision)**

Claim Details	
Date of Injury	
Body Location(s) of Injury	
Date of Claim Form (if lodged)	

## DETAILS OF WORK CAPACITY DECISION

Work Capacity Decision details	
Date of Work Capacity Decision	
Does this application relate to PIAWE only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have 12 weeks of continuous weekly payments been made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of section 78 Notice (if relevant)	
What should the Insurer's decision be changed to?	

### ATTACHMENTS

The following documents are attached:

- Work Capacity Decision or letter advising weekly rate and PIAWE (complete)
- Insurer's section 78 notice (complete)
- Statement from worker
- Additional documents

### CONSENT AND DECLARATION

**I certify that:**

1. I have advised the worker of the purpose of providing information to WIRO and that WIRO may use this information to attempt to resolve the issue or dispute,
2. The worker has consented to the release of this information,
3. I have read the WIRO Work Capacity Decision Funding Guide, and
4. The contents of this application are **true and correct** and I am not aware of any other relevant information in relation to this application for an ILARS Grant Of Funding.

Approved Lawyer (ALSP) Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_