

Section 39 Fast Track ILARS Grant Application Form

INSTRUCTIONS

This form is to be used for applications for grants of funding for the provision of legal assistance to injured workers in relation to section 39 of the *Workers Compensation Act 1987*.

This form should **only** be used if the insurer has notified an injured worker that weekly benefits may cease because of the operation of **section 39** of the *Workers Compensation Act 1987*.

LODGEMENT DETAILS	
PLEASE COMPLETE THIS FORM AND EMAIL TO WIRO AT	
ilarscontact@wiro.nsw.gov.au	
with accompanying and supporting documents as a pdf .	
WIRO does not accept posted or delivered hard copy applications	

APPLICANT 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		Postcode	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	
Previous ILARS Case No. (if applicable)			

Solicitor 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			
ILARS No		Contact Tel	

RESPONDENT INFORMATION

Employer Details	
Employer Name	
Employer Contact	
Industry	

Insurer Details	
Insurer name	
Claim Number	
Insurer Contact or Claims Officer	
Contact Email	
Contact Phone No.	

DETAILS OF CLAIM (subject of section 39 notice)

Claim Details	
Date of Injury	
Body Location(s) of Injury	
Existing recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is worker's condition MMI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a MAC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can a further s66 claim be made?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The following documents are attached:

- Section 39 letter from Insurer.
- Insurer IME (or medical report)
- MAC (any and all if in existence)

CONSENT AND DECLARATION

I **certify** that:

1. I have advised my client of the purpose of providing information to WIRO and that WIRO may use this information to attempt to resolve the dispute, and
2. My client has consented to the release of this information, and
3. The contents of this document are true and correct and I am not aware of any other relevant information in relation to this application for an ILARS Grant.

ALSP Signature

Name

Date