**Workers’ Compensation Regulatory Services**

**Applying for review of a compliance notice**

Complete this form to apply for review of a compliance notice given under the *Workers’ Compensation and Rehabilitation Act 2003*.

**The review – in brief**

* Only a person who is given a compliance notice may apply to the Workers’ Compensation Regulator for a review.
* The review is conducted independently of the authorised person who gave the notice.
* The review service is free.
* An application for review must be made within **10 business days** after the compliance notice has been given.
* A request for an extension of time to lodge the application for review can be made at any time.
* A review decision will be made within 10 business days, unless this time is extended for further information. Written notice of the review decision, including the reasons for decision, will be given as soon as practicable.
* The timeframe for making a decision may be extended if it is reasonably necessary to enable you to provide further information or for the reviewing officer to consider the further information provided by you.
* You do not need a legal representative in the review process. Any legal advice or representation you may obtain is at your expense.
* You must complete the required fields. Incomplete applications will be returned and may result in delays in the review process. The review timeframes only apply from the date when all required information is received.
* Employers can obtain advice from the [Workers’ Compensation Information and Advisory Service for Employers](https://www.wcias.com.au/), who can be contacted on 1300 365 855, or a specific association of which an employer is a member.

**To lodge an application for review**

 Complete the Application for review of compliance notice Form 537D

 State the grounds for review—why you believe the authorised person’s decision is wrong in your own words

 Attach all of your supporting documents to your application

 Sign the form

Submit your review application to the Regulator within 10 business days of receiving the compliance notice



You can submit your review application by any of the below methods:

Email: [compliancereviews@oir.qld.gov.au](mailto:compliancereviews@oir.qld.gov.au)

Post: Workers’ Compensation Regulatory Services

Review Unit

PO BOX 10119

Brisbane Adelaide Street, QLD, 4000

For further information visit [WorkSafe.qld.gov.au](http://worksafe.qld.gov.au/) and search for ‘Independent review of compliance notice decisions’

## **Frequently asked questions**

**What does ‘grounds for review’ mean?**

Grounds for review are the reasons why you believe the decision to give the compliance notice is wrong. Your grounds for review must be relevant to the compliance notice.

Providing detailed grounds for review will help the Review Officer better understand the issue.

If there are not sufficient grounds for review or the grounds are not adequately described, your application may be deemed as non-compliant and will require more information in order to proceed.

**What supporting information do I need?**

We conduct what is called an ‘administrative review’.

The Review Officer will make the review decision based on the information had at the time the notice was given, and any additional information provided with the application for review.

This means there will be no further investigations. The Review Officer will not contact witnesses.

Any evidence or information that supports your grounds for review should be provided with your application for review.

**What if I require more time to lodge my review, or the 10 business days have passed and I haven’t lodged my review?**

The *Workers’ Compensation and Rehabilitation Act 2003* (the Act) allows us to extend the time for making the application at any time. We will ask you to provide reasons for why the application was not lodged within time.

In determining your request for additional time, the following factors will be taken into consideration but are not limited to:

* the extent of any delay in the lodgement of the application for review and the reasons for the late lodgement
* the steps taken by you to progress the application for review
* the reasons for obtaining and submitting additional information
* the merits of the application
* any other relevant circumstance.

We will then consider the submissions and evidence supplied and reach a decision about the request for an extension, either to grant or deny the extension, and notify you whether the review will proceed.

**How long does a review take?**

The decision is made within 10 business days after the application is made.

The timeframe for making a decision may also be extended if it is reasonably necessary to enable you to provide further information or for the Review Officer to consider any further information that has been provided by you during the review process.

**What are the possible outcomes of a review?**

The review decision will either:

* confirm the compliance notice
* withdraw the compliance notice
* withdraw the compliance notice and issue a new compliance notice in a form the Regulator considers appropriate.

We will give you written notice of the review decision, including the reasons for decision, as soon as practicable.

**What do I do if I am unhappy with the review decision?**

If you want to dispute the review decision, the next step is for you to consider lodging an appeal of the review decision with the Queensland Industrial Relations Commission.

If you decide to appeal, you must file an appeal in the industrial registry within 20 business days of receiving the review decision.

## **Want more help?**

Call the Workers’ Compensation Regulatory Services Review Unit on 1300 739 021.

Form 537D

**Application for review of compliance notice**

Version 1

*Workers’ Compensation and Rehabilitation Act 2003* (the Act).

This is an approved form under section 537D of the Act.

**Instructions:** Please read the information attached to this form before completing the application.

**Privacy statement:** Refer to the information provided with this form.

Section 1 - Application details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you making this application as: |  | an individual applicant? |  | on behalf of a company, government department or other? |
| Provide your details below. If you are the applicant’s legal or other representative, you will also need to provide your details. | | | | |
| Legal name of applicant/company/government department/body corporate: | | | | |
| Name of contact person (if not the same as applicant): | | | | |
| Postal address: | | | | |
| Postcode: Phone: Fax: | | | | |
| Email: | | | | |
| Is English your first language: Yes No | | | | |
| If No – Do you require an interpreter? Yes No | | | | |
| If yes – In what language? | | | | |
| Do you have any other special requirements? (please specify) | | | | |
| How would you like to receive written correspondence? Post Email | | | | |

Section 2 - Decision for review (this section must be completed)

|  |
| --- |
| **Date notice was issued:**  Date: / /  **Please complete both:**  attached is a copy of the compliance notice to be reviewed  a description of the compliance notice is provided below:  *Include the number of the notice, date the notice was given, name of the authorised person who gave the notice, and any other relevant details.*  *If you require more space, attach a separate sheet outlining your response* |

# If this application is lodged outside the prescribed time, provide a reasonable explanation for the delay review (this section must be completed)

**Reason:**

Section 3 - Grounds for Review (this section must be completed)

**Why do you think the compliance notice should be reviewed?**

*You need to state the grounds on which you seek review. This may include why you consider the compliance notice was incorrect, invalid or should be changed. If there are any documents relevant to your application for review, you should provide them with your application. If insufficient space, attach separate pages.*

Section 4 - Signature

# Signature of applicant or applicant’s legal representative *(not required where lodged via email)*

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s signature |  | | |
| Print name |  | Date | / / |

# Section 5: Lodging your application

Submit your completed application to the **Review Unit** by email or post.

Email: compliancereviews@oir.qld.gov.au

Post: Workers’ Compensation Regulatory Services

Review Unit

GPO Box 10119  
Brisbane Adelaide Street QLD 4000

Privacy statement:

Workers’ Compensation Regulatory Services respects your privacy and is committed to protecting personal information. The information will be managed within the requirements of the current state government privacy regime. Workers’ Compensation Regulatory Services uses your personal information for the purposes for which it was collected and will not disclose it to a third party without your consent unless required or authorised to do so by law. Further information on our privacy policy is available at WorkSafe.qld.gov.au.

This form was approved by the Workers’ Compensation Regulator on 6 December 2024, pursuant to section 586 of the *Workers’ Compensation and Rehabilitation Act 2003*.

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