

REQUEST FOR REVIEW APPLICATION

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|--------------------------------------|----------|-----------|
| APEALED BY (Please check one) | | |
| Worker | Employer | Dependent |

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|-----------------|
| Office use only |
| WHSCRD Case No. |

1. WorkplaceNL DECISION INFORMATION (Please attach copy)

| | |
|----------------------|---|
| Decision(s) Made By: | Date of WorkplaceNL Internal Review Decision(s) to be reviewed: |
|----------------------|---|

2. WORKER INFORMATION

| | | | | | |
|-----------|-------|--|------|------|--|
| Name | | Claim Number(s) - (This Section Must Be Completed) | | | |
| Address | | | | | |
| City/Town | Prov. | Postal Code | Tel. | Fax. | |

3. ACCIDENT EMPLOYER INFORMATION

| | | | | | |
|--------------|-------|--------------|------|----------|--|
| Contact Name | | Company Name | | Firm No. | |
| Address | | | | | |
| City/Town | Prov. | Postal Code | Tel. | Fax. | |

4. REPRESENTATIVE INFORMATION (If applicable – Please note an **Authorized Representative Consent form must be completed)**

| | | | | | |
|-----------|-------|-------------|------|------|--|
| Name | | Agency | | | |
| Address | | | | | |
| City/Town | Prov. | Postal Code | Tel. | Fax. | |

5. WHY DO YOU DISAGREE WITH THIS DECISION? (Provide details in full – you may attach additional explanations to this form)

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6. WHAT TYPE OF BENEFIT ARE YOU REQUESTING? (Please be specific)

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Note: Under the Workplace Health, Safety and Compensation Act, the employer has a right to participate in a worker's Request for Review. Should the employer choose to participate in the review, documents pertaining to a worker's claim relevant to the Request for Review may be disclosed to the employer.

7. I CONFIRM THE INFORMATION ON THIS FORM IS CORRECT AND COMPLETE:

Signature _____ Date _____

Personal information on this form is collected for the processing of a WHSCRD Request for Review application and subsequent hearing under the *Workplace Health, Safety and Compensation Act* and the *Access to Information and the Protection of Privacy Act*. For further information, please contact WHSCRD at the address or telephone number listed above.