**Application for Representation**

**FOR WORKCOVER**

Phone : (03) 9639 1822 OR 1800 810 153 (toll free) Postal

Fax : (03) 9662 4591 4/128 Exhibition Street

Email : enquiry@cpsuvic.org Melbourne Victoria 3000

Web : www.cpsuvic.org PO Box 24233

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Details** | | | |
| Name |  | Member no |  |
| Phone |  | Email |  |
| Preferred contact method | | | |

|  |  |
| --- | --- |
| **Your Workplace** | |
| Agency name |  |
| Workplace name and address |  |

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| **Outline WorkCover Issues** |
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| **Resolution sought** |
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**Please ensure you:**

* Provide your preferred method of contact and the relevant details
* Provide the name and number of the relevant decision maker

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Office use only** | | | |
| Date recd. |  | Case no. |  |
| File no. |  | Officer |  |
| Date joined |  |  |  |
| Notes |  | | |