**Pre-conference questionnaire for Workers’ Compensation cases**

**Canberra Pilot Questionnaire**

NOTE: This questionnaire is not confidential and can be used by the Tribunal in its decision making.

It is only for use when applicants are represented.

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| SECTION 1 Application details |

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| AAT file number |  |  |
|  | | |
| Name(s) of the parties to the proceeding |  | |

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| SECTION 2 What type of compensation is the applicant seeking? |

1. **What is the issue?**

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| --- | --- | --- | --- |
| Should the applicant get compensation at all? | | Yes 🞏 | No 🞏 |
| Should the applicant get a particular form of compensation? | | Yes 🞏 | No 🞏 |
| How much compensation should the applicant be paid? | | Yes 🞏 | No 🞏 |
| Something else? | | Yes 🞏 | No 🞏 |
| Please provide particulars: |  | | |

1. **What is the term medical practitioners are currently using to describe the applicant’s condition? Is there any disagreement about this? Has the respondent ever accepted liability for a related condition using a different description? How was the condition described in the original claim form?**

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1. **Why did the respondent refuse to pay the compensation sought?**

*You may cut and paste the key section from the reviewable decision.*

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1. **If medical evidence is relied on in the reviewable decision to reject the claim, what medical evidence was relied on?**

*List the T Doc numbers, the name of the medical practitioners, their specialty and the date of the reports relied on in the reviewable decision.*

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1. **Is there medical evidence available which supports a decision favourable to the applicant? If so, please identify it. [Both parties should answer]**

*List the T Doc numbers; the name of the medical practitioners; their specialty and the date of their reports; and the supportive paragraphs.*

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1. **Is there medical evidence available which supports a decision favourable to the respondent? If so, please identify it. [Both parties should answer]**

*List the T Doc numbers; the name of the medical practitioners; their specialty and the date of their reports; and the supportive paragraphs.*

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1. **Does the applicant disagree with the medical history recorded in the medical reports relied upon in the reviewable decision? If yes, explain in detail what is wrong with what is recorded in the medical reports.**

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1. **Is there a legal principle which is relied on in the reviewable decision to deny the claim for compensation? If yes, outline the principle relied on. What is the applicant’s position concerning how the principle has been applied.**

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| SECTION 3 Cases where the reviewable decision denies liability for a condition |

1. **Does the applicant claim that compensation is payable in relation to a sudden or ascertainable injury suffered in the course of employment? If yes, explain when, where and how the injury was suffered. [respondent not required to answer]**

*Frank injuries are usually (but not always) sudden. They can include the breaking of a limb, the breaking of an artery, the detachment of a piece of the lining of an artery, the rupture of an arterial wall or a lesion to the brain and may include other internal ruptures such as a spinal disc. If there is a temporal connection between the suffering of the frank injury and employment that would usually satisfy this test.*

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1. **Does the applicant claim that compensation is payable in relation to a sudden or ascertainable injury arising out of the employment? If yes, explain when, where and how the injury was suffered. [respondent not required to answer]**

*That is, explain how the injury arose out of the employment.*

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1. **Does the applicant claim that compensation is payable in relation to an aggravation of a sudden or ascertainable injury? [respondent not required to answer]**

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| 🞏 | Yes | 🞏 | No |

1. **Does the applicant claim that compensation is payable in relation to an ailment that was contributed to, to a significant degree (or material degree for older claims) by the applicant’s employment? If yes,** 
   1. **describe the relationship between the disease and the applicant’s employment.**
   2. **List the factors in section 5B(2) of the SRC Act that are relevant to determining whether the employment contribution was ‘significant’. [respondent not required to answer]**

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1. **Is the applicant claiming compensation on the basis of an injury/disease from which they suffer or are they claiming an aggravation of an underlying condition (or arguing in the alternative)? [respondent not required to answer]**

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| --- | --- | --- | --- |
| 🞏 | Injury/disease from which they suffer | 🞏 | Aggravation of an underlying condition |

1. **Is the applicant’s claim that due to the nature and conditions of their employment:**

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| --- | --- |
| 🞏 | The applicant suffered a sudden or ascertainable injury in the course of employment |
| 🞏 | The applicant suffered a sudden or ascertainable injury arising out of employment |
| 🞏 | The applicant suffered an ailment which was contributed to to a significant degree by the employment; or |
| 🞏 | The applicant suffered an aggravation of a prior injury or ailment. Specify whether it was a sudden or ascertainable injury which was aggravated or an ailment which was aggravated. |

**[respondent not required to answer]**

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| SECTION 4 Chronic pain |

1. **Is the principal problem which the applicant now faces chronic pain?**

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| --- | --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No Uncertain | No |

1. **Does the applicant claim that the ongoing pain is the result of a specific injury?**

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| --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No Uncertain |

1. **Describe the relationship between the pain that the applicant now suffers from and the original injury – please refer to medical reports which explain the relationship**

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1. **If this case involves chronic pain arising from a physical injury, does the applicant contend that their symptoms:**

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| 🞏 | remain symptoms of the original injury |
| 🞏 | have resulted in a different physical injury/disease (where the principal symptom is pain) or a psychological condition such as Somatic Symptom Disorder? |

**[respondent not required to answer]**

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| SECTION 5 Related claims |

1. **Is it appropriate to make a fresh claim rather than to proceed in relation to the injury the subject of the reviewable decision?**

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| 🞏 | Yes | 🞏 | No |

1. **Are further claims or applications to the AAT for review of a decision anticipated? If yes, please indicate how far any further claims have progressed.**

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| SECTION 6 Exclusionary provisions |

1. **Has the respondent relied on an exclusionary provision to reject liability? If so, tick which one:**

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| 🞏 | reasonable administrative action taken in a reasonable manner |
| 🞏 | wilful and false representation (section 7(7)) |
| 🞏 | notice of injury not given as soon as practicable (section 53) |
| 🞏 | serious and wilful misconduct or self-inflicted injuries (section 14) |
| 🞏 | others |

1. **Does the respondent now wish to rely on an exclusionary provision to reject liability?**

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| --- | --- | --- |
| 🞏 Yes 🞏 No | | |
| If, so please specify: |  |  |
| SECTION 7 Reasonable Administrative Action cases | | |

1. **Does the applicant agree that the claimed injury/ailment/aggravation was suffered as a result of the conduct which respondent contends was reasonable administrative action taken in a reasonable manner in respect of the applicant’s employment?**

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| --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No |

1. **If the answer is no, describe the incidents/factors which did cause the onset of the injury/disease. [respondent not required to answer]**

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1. **Does the applicant contend that the administrative action which resulted in their injury was not reasonable administrative action taken in a reasonable manner in respect of the applicant’s employment?**

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| --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No |

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| If yes, please specify why not - |

1. **Does the respondent intend to obtain witness statements from within the workplace and if so, who are the workplace witnesses that will provide statements? Does the applicant have a view as to whose evidence would be relevant? Can be answered following production of employer file**

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| SECTION 8 Injuries suffered while on work trips |

1. **Is the applicant claiming that an out of hours injury was suffered in the course of employment?**

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| 🞏 | Yes | 🞏 | No |

1. **Does the reviewable decision rely on any specific factors which took the circumstances outside of the course of employment?**

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