



# Application for Representation FOR WORKCOVER

Phone : (03) 9639 1822 OR 1800 810 153 (toll free)  
Fax : (03) 9662 4591  
Email : enquiry@cpsuvic.org  
Web : www.cpsuvic.org

Postal  
4/128 Exhibition Street  
Melbourne Victoria 3000  
PO Box 24233

<b>Your Details</b>			
Name		Member no	
Phone		Email	
Preferred contact method			

<b>Your Workplace</b>	
Agency name	
Workplace name and address	

<b>Outline WorkCover Issues</b>

<b>Resolution sought</b>

**Please ensure you:**

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

Signed \_\_\_\_\_

<b>Office use only</b>			
Date recd.		Case no.	
File no.		Officer	
Date joined			
Notes			