**GENERAL DIVISION – PERSONAL COMPENSATION**

**RESOLVED DURING CONCILIATION – 42G, 42M**

|  |  |
| --- | --- |
| **Referral Number** |  |
| **Employer** |  |
| **Employer’s Representative** |  |
| **Worker** |  |
| **Worker’s Representative** |  |
| **Insurer (if applicable)** |  |
| **Date of Injury** |  |

1. **This claim has been resolved. Details of the resolution are:**

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*(attach an extra page if required)*

1. **The parties seek the following orders to give effect to the resolution:-**

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**Signature:** Insurer, Employer or **Signature**:Worker or Worker’s

Employer Representative Representative

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**Signature:** Conciliator