



Stage 2: Application for compensation

Under Rule 218(4) where a decision has been made by AEMO that there is a USR

How to use this form

Purpose of this form

The purpose of this notice is to apply to have a Dispute Resolution Panel (DRP) established to approve compensation from the Participant Compensation Fund for an Unexpected Scheduling Result (USR) following a Decision by AEMO confirming the USR.

Instructions

- Please ensure the USR process has been followed. Refer to Rule 217 and attach AEMO determinations.
- Email completed and signed form to wemdra@resolution.institute, including any supporting material.

Hints and tips

- Provide detail about preferred DRP member qualifications.
- Ensure your contact information is accurate – the Adviser may contact you for further clarification.

Remember

- Please note this form will be given to a DRP if one is constituted and the Notice may also be included in our summary report and on the dispute resolution portion of the AER website for precedent purposes.

For further guidance, refer to the NGR or contact Resolution Institute via wemdra@resolution.institute or phone **1800 651 650**



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This is the approved form published by the Adviser in accordance with Rule 218(4) of the NGR | Version: 071025

- Matter is referred to the Adviser by AEMO – *please provide details in Section 1A*
- Matter is referred to the Adviser by a Participant – *please provide details in Section 1B*

1A. DETAILS OF AEMO IF REFERRING PARTY

AEMO contact:	
Title:	
Phone:	
Email:	

1B. DETAILS OF PARTICIPANT IF REFERRING PARTY

REFERRING PARTY *[Please provide additional details via attachments, if necessary.]*

Organisation:	
ABN:	
Address:	
Contact:	
Title:	
Phone:	
Email:	

AEMO CONTACT DETAILS IN THIS MATTER

Contact:	
Title:	
Phone:	
Email:	

2. DETAILS OF OTHER PARTICIPANTS

Name of organisation	Have they been notified?
	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO

3. DISPUTE DETAILS

State in which the dispute is to be heard:	
Amount of compensation sought:	\$
Copy of decision attached:	<input type="checkbox"/> YES <i>If not, more information will be needed – contact the Adviser</i>
Amount in Participant Compensation Fund:	\$
Relevant version of the Rules:	

4. REQUEST TO ESTABLISH A DRP

The matters to be determined by the DRP are:

- (a) whether an Unintended Scheduling Result occurred;
- (b) whether compensation is payable to the applicant;
- (c) if so, the amount of compensation to be paid to for its loss; and
- (d) the manner and timing of payment of that compensation from the PCF.

A. Please provide your preferences in constituting any DRP from the published pool of experts:

Preferred experts <i>(if any)</i>	
Suggested number of members to be included in a DRP:	
Expertise and technical experience required:	

B. Please provide names of person(s) the Participant(s) would like the Adviser to consider in constituting any DRP if not currently in the published pool of experts:

[Please provide additional names via attachments, if necessary.]

Name:	
Technical expertise:	
Contact details:	
Details of referee (if possible):	

Details of additional persons are attached *(please tick if applicable)*

5. DECLARATION AND SIGNATURE

Name:	
Position (title):	
Date:	
Signature:	

RETURN COMPLETED AND SIGNED FORM TO:

wendra@resolution.institute