

**Queensland Industrial Relations Commission**

**REVIEW OF PARENTAL LEAVE PROVISIONS – EXTENSION OF  
LEAVE AND PART-TIME WORK**

**REGISTRATION OF INTEREST**

Name		
Organisation (if applicable)		
Mailing Address		
Telephone Number		
Facsimile Number		
Email address		
<b>Level of participation:</b>		
I/we would like to provide evidence to the review	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/we would like to make a submission to the review	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/we would like to receive notices of review proceedings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like the review to visit a particular town/city [This will be dependent upon the level of interest in that town/city]	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I would like the review to visit the following town/city:		

**If you would like to make further comments, please do so.**

**Comments:**

Note: If you are experiencing difficulties emailing this document, please return this form by fax to **07 3221 6074**