



NUMBER: TD/

Form 12A - Application for Reinstatement (filed by Employee Organisation)

Version 2

This is an application to the Queensland Industrial Relations Commission for an unfair dismissal remedy in accordance with Chapter 8, Part 2 of the *Industrial Relations Act 2016*.

1. The Applicant (Employee Organisation)*

Employee Organisation Name			
Contact person			
Direct Phone number of contact person		Fax number	
Direct email address of contact person			
Postal address			
Suburb/Town		Postcode	

a) The Employee

Employee's Name			
Postal Address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

b) The Applicant's representative

Organisation			
Name of contact person			
Postal address			

* The Consent Form in **Schedule 4** must be signed by the Employee and attached to this Application

Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

2. The Respondent (Employer)

The Applicant must serve a copy of this Application on the Respondent (Employer)

Name of former employer			
Name of contact person			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

3. Your employment

3.1 What date did the Employee begin working for the employer?

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3.2 What date was the Employee notified of their dismissal?

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3.3 What date did the dismissal take effect?

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3.4 What position did the Employee hold at the time of dismissal?

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3.5 Which industrial instrument covered the employee at the time of dismissal?

4. Decision sought

The Applicant seeks the following orders:

- (A) Reinstatement of the Employee in [his/her] former position (or as nearly as is possible) without prejudice to the Employee's former conditions of employment and remuneration lost between the date the dismissal took effect / / and the date of reinstatement; OR
- (B) Re-employment in another position that the Employer has available and that the Commission considers suitable.
- (C) However, if the Commission considers reinstatement or re-employments would be impracticable, the Applicant seeks that the Commission make an order that the Employer pay the Employee an amount of compensation the Commission considers appropriate.
- (D) *Other orders sought.*

5. The Dismissal

5.1 What were the reasons for the dismissal, if any, given by the employer?

Please complete **Schedule 1** to set out clearly the causes, incidents surrounding and details of the dismissal and any other relevant circumstances which have led to the reinstatement application.

5.2 Why was the dismissal unfair?

Please complete **Schedule 2** to describe the relevant facts and circumstances and specify why you say the dismissal was unfair.

6. Conference Details

Parties will be required to attend a Conference prior to the matter being listed for formal hearing. The Applicant and their representative must indicate any unavailability to attend a conference within the next 21 business days from date of filing of the Application.

Dates that the Applicant or their representative is NOT AVAILABLE to attend a Conference. Please provide the reasons for the Applicant's or their representative's unavailability on those days and times:

Dates:	Reasons:

7. Is this application being made within 21 calendar days of the dismissal taking effect?

Yes

No - Please complete Schedule 3 to this application.

Further, I [make oath and say] [solemnly and sincerely affirm and declare]

All the facts and circumstances deposed to in this my affidavit are within my own knowledge and belief, except for the facts and circumstances deposed to from information only, and my means of knowledge and sources of information appear on the face of this my affidavit.

8. Signature

Signature	
Name	
Date	

Taken by:

Sworn/Affirmed by the deponent at:		
on:		
Signature		
Print Name		
Date		
Justice of the peace/commissioner for declarations/lawyer/other qualified person		

NOTE TO EMPLOYER: YOU MUST FILE IN THE INDUSTRIAL REGISTRY AND SERVE ON THE APPLICANT, FORM 12B - EMPLOYER'S RESPONSE TO APPLICATION FOR REINSTATEMENT WITHIN 7 DAYS OF RECEIPT OF THIS APPLICATION.

SCHEDULE 1 –

Using numbered paragraphs, please set out clearly the causes, incident surrounding and details of the dismissal and any other relevant circumstances which have led to the Application for Reinstatement. Written record of the actual words used in conversations is useful in identifying the facts surrounding the dismissal. Where appropriate please provide any show cause notice, any response to that show cause notice and the letter of termination.



Add additional pages if required.

SCHEDULE 2 –


Using numbered paragraphs, please describe the relevant facts and circumstances and specify why you say the dismissal was unfair.

[Empty box for providing details and reasons for unfair dismissal.]

Add additional pages if required.

SCHEDULE 3 –

If the Application for Reinstatement is not made within 21 days of dismissal, explain the reason for the delay, including any steps taken to dispute the dismissal or any other reason you think the Commission should take into account in considering whether to accept the application outside of the time limit.



Add additional pages if required.

SCHEDULE 4 – Form of Consent for Employee Organisation

This Consent Form must be signed by the Employee pursuant to s 317(3)(b).

I, _____ *(full name of employee)*

of _____ *(address of employee)*

Consent to the _____ *(full name of employee organisation)*

of _____ *(address of employee organisation)*

making this application concerning my dismissal. The employee organisation's rules entitle it to represent my industrial interests.

Dated at _____ *(place)* on _____ *(day, month, year)*

Employee's
Signature