



NUMBER:

Form 47 – Application for decision about designated award for a certified agreement

Version 2

In the matter of a proposed certified agreement between,

Name of employer	
AND	
Name of organisation/s	

Application is made by

<input type="checkbox"/>	the employer	<input type="checkbox"/>	the employee organisation
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under section 213(2) of the *Industrial Relations Act* 2016, to the commission for a decision about a designated award that is appropriate for the purposes of deciding if a certified agreement passes the no-disadvantage test.

The kind of work that the persons who are under the proposed agreement are engaged in is

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I nominate the

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As the award which regulates employment conditions of employees engaged in a similar kind or work as the persons under the certified agreement and is the award that is appropriate for deciding if the certified agreement passes the no-disadvantage test.

Signature	
Name	
Title of office held	
Date	

The Applicant:

Organisation	
Name of contact person	
Postal address	
Suburb/Town	
Postcode	
Phone Number	
Fax Number	
Mobile number	
Email address	

The Respondent:

Organisation	
Name of contact person	
Postal address	
Suburb/Town	
Postcode	
Phone Number	
Fax Number	
Mobile number	
Email address	