



Matter Number:

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Form 4 – Application in existing proceedings

Industrial Relations Act 2016, sections 527 and 989
 Industrial Relations (Tribunals) Rules 2011, rule 8



Information

- Use this form for making interlocutory applications in the Industrial Court of Queensland or Queensland Industrial Relations Commission.
- Please read this form carefully. Please complete all relevant sections. Information that is missing or non-compliant with the relevant section of an Act or the Rules may result in the rejection of your form.
- Once your form has been processed the Industrial Registry will contact you and provide you with a sealed copy of your application.

PLEASE NOTE: This form requires the completion of a supporting affidavit. Please complete and file a **Form 20 – Affidavit** alongside this form. Ensure that the affidavit complies with the rules (see: rr 11, 50, 51, 52, 53, 54, 55, 57).

Practice Note 1 of 2018 - ELECTRONIC FILING AND HARD COPIES OF DOCUMENTS. Documents which are longer than 30 pages in length must be supplied to the Industrial Registry in hard copy before it will be accepted for filing.

For further information please contact the Industrial Registry on 1300 592 987 or via email at girc.registry@girc.qld.gov.au

Applicant:	

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Respondent:	

PLEASE NOTE: If there are more than two parties to this application, please complete a **Form 1 – Parties list** and file it with this form.

Application

This is an application to the Industrial Court of Queensland Queensland Industrial Relations Commission, pursuant to

1. Applicant

Name of applicant:			
Name of contact person:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Fax number:	
Mobile number:			
Email address:			

Does the applicant have a representative?

A representative might be a lawyer, a union, an agent or a family member or friend who will speak on behalf of the applicant. There is no requirement to have a representative.

Yes - provide representative's details below and file a Form 33 or 34

No

2. Applicant's representative

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

3. Respondent

The applicant must serve a copy of this application on the respondent

Name of respondent:			
Name of contact person:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Fax number:	
Mobile number:			
Email address:			

4 . Details of decision sought

3000 character limit.

TAKE NOTICE: Please ensure that this application is accompanied by and filed with a properly completed **Form 20 – Affidavit**.

5. Signature of applicant or representative

Signature:	
Name in full (please print):	
Date:	/ /