

Form 51 Version 1	Application for approval of the termination of certified agreement under section 227(1) or section 228(1) <i>Industrial Relations Act 2016</i> , sections 227(1) & 228(1) <i>(Form of application under sections 227(1) & 228(1))</i>	R.177, R178
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QUEENSLAND INDUSTRIAL RELATIONS COMMISSION
Industrial Relations Act 2016, sections 227 & 228

(name of employer party)

[AND]

[(name[s] of employee organisation[s])]

(Matter No. /20 /)

APPLICATION FOR APPROVAL OF THE TERMINATION OF THE

(title of agreement)

- CERTIFIED AGREEMENT

TO: The Industrial Registrar, Industrial Registry, Level 21, Central Plaza 2, 66 Eagle Street, (Corner Creek and Elizabeth Streets), Brisbane 4000, GPO Box 373, Brisbane Q 4001
Phone: (07) 3227 8060 Fax: (07) 3221 6074

TAKE NOTICE that [I] [we] [the employer] [the parties] [to the agreement of] (or) [I, a representative of a valid majority of the employees bound by the agreement of]

(day, month and year)

Register No CA , [expiring on] [that expired on] ,
(agreement number and year) (day, month and year)

and having given [notice] [notice of intention] to

(name or names, or see attachment A)

on apply for approval of the termination of the agreement.

(day, month and year)

The matters required under the Act and rules are set out in the affidavit[s] which [is] [are] attachment[s] [A] [and B] (or as the case may be)

Dated:

Signatures

[

Witnesses

In the presence of:

(employer)

(witness to sign)

(print name)

(print name)]

(or)

[Signed for the employer by:

In the presence of:

(signature)

(witness to sign)

(print name)

(print name)

(position, title, office etc)]

[AND] [OR]

[Signed for the organisation by:

In the presence of:

(signature of employee)

(witness to sign)

(print name)

(print name)

(position, title, office etc)

[AND] [OR]

[Signed for the employee organisation by

(signature of employee)

(print name)

(position, title office etc)

(or)

[Signed for a valid majority of the relevant employees by

(signature of employee representative)

(print name)

(position, title etc)

In the presence of:

(witness to sign)

(print name)

In the presence of:

(witness to sign)

(print name)

(Last page)

PARTICULARS OF THE EMPLOYER

Name:

Residential or business address:

Address for service:

Phone number or contact phone number:

Fax number: *(if any)*

E-mail address: *(if any)*

[IF EMPLOYER HAS AN AGENT *(An appointment of agent form must accompany this application, R 13(1)(l)*

Employer's agent's name:

and corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]

PARTICULARS OF OTHER [PARTY] [PARTIES] *(The following information must be provided. If there is more than 1 other party this information must be given for each other party except if the agreement is between an employer and the employees then - only particulars of the employees' representative should be given).*

Name:

Position, title, office etc: *(if applicable)*

Organisation, corporation, association, department business etc: *(if applicable)*

Residential or business address:

Address for service:

Phone or contact phone number:

Fax number: *(if any)*

E-mail address: *(if any)*]