



Form 51 – Application for approval to terminate certified agreement or arbitration determination

Industrial Relations Act 2016, sections 227 and 228
Industrial Relations (Tribunals) Rules 2011, rules 177 and 178



Take notice that

I a party we the parties a valid majority of the employees bound by the agreement and having given notice of the intention to terminate to *(insert names)*

1000 character limit.

apply for approval of the termination of the agreement/arbitration determination pursuant to s 227(1) or s 228(1) of the *Industrial Relations Act 2016*.

The matters required under the Act and rules are set out in the affidavit attached to this application.

Details of certified agreement or arbitration determination

| | |
|---|-----|
| Name of certified agreement/arbitration determination: | |
| Matter number: | / / |
| Date of making: | / / |
| Expiry date: | / / |

| | |
|--|-----|
| Signature of employer representative: | |
| Name: | |
| Title of office held: | |
| Date: | / / |

| | |
|------------------------------|-----|
| Signature of witness: | |
| Name: | |
| Title of office held: | |
| Date: | / / |

| | |
|--|-----|
| Signature of employee organisation: | |
| Name: | |
| Title of office held: | |
| Date: | / / |

| | |
|------------------------------|-----|
| Signature of witness: | |
| Name: | |
| Title of office held: | |
| Date: | / / |

| | |
|---|-----|
| Signature of representative for valid majority of employees: | |
| Name: | |
| Title of office held: | |
| Date: | / / |

| | |
|------------------------------|-----|
| Signature of witness: | |
| Name: | |
| Title of office held: | |
| Date: | / / |

| Particulars of the employer | | | |
|--------------------------------|-------------|--------------------|----------|
| Name of contact person: | | | |
| Organisation: | | | |
| Postal address: | | | |
| | Suburb/Town | | Postcode |
| Phone number: | | Fax number: | |
| Mobile number: | | | |
| Email address: | | | |

| Particulars of the employer agent | | | |
|-----------------------------------|-------------|--------------------|----------|
| Name of contact person: | | | |
| Organisation: | | | |
| Postal address: | | | |
| | Suburb/Town | | Postcode |
| Phone number: | | Fax number: | |
| Mobile number: | | | |
| Email address: | | | |

| Particulars of other party/parties | | | |
|------------------------------------|-------------|--------------------|----------|
| Name of contact person: | | | |
| Organisation: | | | |
| Postal address: | | | |
| | Suburb/Town | | Postcode |
| Phone number: | | Fax number: | |
| Mobile number: | | | |
| Email address: | | | |