

Form 5 Version 1	<p style="text-align: center;"><b>Application to appeal</b>  <i>Industrial Relations Act 2016, Chapter 11, Part 6 Building and Construction Industry (Portable Long Service Leave) Act, section 89</i>  <i>Child Employment Act 2006, sections 27 and 30</i>  <i>Coal Mining Safety and Health Act 1999, sections 255(3), 258(3).</i>  <i>Contract Cleaning Industry (Portable Long Service Leave) Act 2005, sections 97, 100 (a),(b) and 137(3)</i>  <i>Electricity Regulation 2006, section 221</i>  <i>Mining and Quarrying Safety and Health Act 1999, sections 234(3) and 237(3)</i>  <i>Pastoral Workers' Accommodation Act 1980, section 30(2)</i>  <i>Petroleum and Gas (Production and Safety) Act 2004, section 837(3)</i>  <i>Private Employment Agents Act 2005, section 47</i>  <i>Trading (Allowable Hours) Act 1990, section 43(4)(d)</i>  <i>Vocational Education, Training and Employment Act 2000, sections 230 and 244</i>  <i>Workers' Accommodation Act 1952, section 19 (3A)</i>  <i>Workers' Compensation and Rehabilitation Act 2003, section 561</i>  <i>Work Health and Safety Act 2011, sections 65(4), 134(2), 142(6) and 229F</i>  <i>(This form is to be used for appeals to the court, full bench of the commission and commission for which there is no other approved form for an appeal)</i></p>	R.8(3), & Part 5
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[INDUSTRIAL COURT OF QUEENSLAND]  
[QUEENSLAND INDUSTRIAL RELATIONS  
COMMISSION] [*Industrial Relations Act 2016, section ..*]  
[(*or other appropriate Act*)]

(*name of appellant*)

AND

(*name of respondent*)

(Matter No. /20 / )

**APPLICATION TO APPEAL**

[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]

[TO: The Registrar of the Registry for the Industrial Magistrates Court at (place) ]

**TAKE NOTICE** that I, (full name of appellant) of (address),  
[being authorised to represent]

(position or title) (name of organisation, corporation, association department etc)

APPEAL to the [Court], [full bench] [commission], from [the whole] [part –  
(If a part - which part)]

of the decision of [full bench][commission][registrar][industrial magistrate at (place) ]  
[council] given on (date of decision) [in (Matter No. /20 / )]  
(if applicable no of application appealed from)

1. The grounds of the appeal are:

- (a)
- (b)

2. The decision sought is:

- (a)
- (b)

(If the appeal is to the court from a decision of the full bench you must answer the following question)

3. [Was the President a member of the full bench? Yes/No]

Signed:

Description:

Dated:

**TO RESPONDENT(S):**

**TAKE NOTICE** that if you wish to oppose this application or to argue that any different decision should be made, you must attend before the [court], [full bench] or [commission] in person or, if appropriate, by your lawyer or agent at the time on the date and at the place fixed by the registrar and you will be heard. If you do not attend as required a decision may be given against you in terms of the decision sought and costs, where appropriate, without further reference to you.

(Last page)

PARTICULARS OF THE APPELLANT

Name:

Position or title: *(if applicable)*

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

Residential or business address:

**Appellant's address for service:**

Appellant's phone number or contact phone number:

Appellant's fax number: *(if any)*

Appellant's e-mail address: *(if any)*

[IF APPELLANT HAS A LAWYER

Appellant's lawyer's name:

and firm name:

Lawyer's business address:

**Address for service:**

Phone:

Fax:

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

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

Appellant'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 THE RESPONDENT(S) *(if there is more than 1 respondent this information must be given for all respondents)*

Name:

Position or title: *(if applicable)*

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

Residential or business address:

**Respondent's address for service:**

Respondent's phone or contact phone number:

Respondent's fax number: *(if any)*

Respondent's e-mail address: *(if any)*

[IF RESPONDENT HAS A LAWYER

Respondent's lawyer's name:

and firm name:

Lawyer's business address:

**Address for service:**

Phone:

Fax:

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

[IF RESPONDENT HAS AN AGENT

Respondent's agent's name:

and corporation or business name:

Agent's business address:

**Address for service:**

Phone:

Fax:

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