



NUMBER:

Form 5 - Application to Appeal

Version 2

Applicant: (NAME OF APPELLANT IN MATTER)

AND

Respondent: (NAME OF RESPONDENT IN MATTER)

This is an appeal to the Industrial Court Queensland against a decision of the [full bench] [commission] [industrial magistrate at *(place)*] given on *(date of decision)* in Matter Number

1. The Appellant:

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

(a) Does the Appellant have a representative?

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

No

The Appellant's representative

Organisation			
Contact person			
Postal address			
Suburb		Postcode	
Phone number		Fax number	
Email address			

2. The Respondent

The Appellant must serve a copy of this Appeal on the Respondent

Name of Respondent			
Name of contact person			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Email address			

3. DETAILS OF DECISION SOUGHT:

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4. GROUNDS OF THE APPEAL (Please complete **Schedule 1**).

5. SIGNATURE

Signature	
Name	
Date	

SCHEDULE 1 -

Using numbered paragraphs, please specify the grounds of the Appeal.

[Empty box for specifying grounds of appeal]

Attached additional pages if required.