



NUMBER:

Form 6 - Application to Appeal to Full Bench

Version 2

This is an application to the Queensland Industrial Relations Commission against a decision of the Industrial Registrar given in matter number

1. The Applicant:

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

(a) 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

b) The Applicant's representative

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

2. The 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	
Email address			

3. DETAILS OF DECISION SOUGHT:

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

5. Signature

Signature	
Name	
Date	

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 [full bench] 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.

Form 6, R.140.

SCHEDULE 1 -

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

Attach additional pages if required.