



**NUMBER: WHS/**

**Form 73B - Application for review**

Work Health and Safety Act 2011, section 229B  
Version 2

Applicant: **(NAME OF APPLICANT IN MATTER)**

AND

Respondent: **(NAME OF RESPONDENT IN MATTER)**

This is an Application to the Queensland Industrial Relations Commission for a review, pursuant to s229B of the *Work Health and Safety Act 2011*. The application is for the review of [a reviewable decision made by the regulator] [a decision made, or taken to have been made, on an internal review]

**1. The Applicant:**

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

**(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**

<b>Organisation</b>			
<b>Name of contact person</b>			
<b>Postal address</b>			
<b>Suburb/Town</b>		<b>Postcode</b>	
<b>Phone number</b>		<b>Fax number</b>	
<b>Mobile number</b>			
<b>Email address</b>			

**2. The Respondent**

The Applicant must serve a copy of this Application on the Respondent

<b>Name of Respondent</b>			
<b>Contact person</b>			
<b>Postal address</b>			
<b>Suburb/Town</b>		<b>Postcode</b>	
<b>Phone number</b>		<b>Fax number</b>	
<b>Mobile number</b>			
<b>Email address</b>			

**3. GROUNDS OF THE APPLICATION:**

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**4. MATERIAL FACTS RELIED ON TO SUPPORT THE APPLICATION**

*(State concisely and in consecutively numbered paragraphs the material facts relied on to support the application and any other matters required under R.11.)*

5. Further, I [make oath and say] [solemnly and sincerely affirm and declare]

All the facts and circumstances deposed to in this my affidavit are within my own knowledge and belief, except for the facts and circumstances deposed to from information only, and my means of knowledge and sources of information appear on the face of this my affidavit.

6. **Signature**

<b>Signature</b>	
<b>Name</b>	
<b>Date</b>	

**Taken by:**

<b>Sworn/Affirmed by the deponent at:</b>		
<b>on:</b>		
<b>Signature</b>		
<b>Print Name</b>		
<b>Date</b>		
Justice of the peace/commissioner for declarations/lawyer/other qualified person		