

Form 74 Version 1	Application for WHS review Work Health and Safety Act 2011, sections 54(2), 72(6), 76(6) and 229 <i>(To be used to apply for a review of a decision under section 229 of the Act)</i>	R.138
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QUEENSLAND INDUSTRIAL RELATIONS COMMISSION
Work Health and Safety Act 2011, section 229

(name of applicant)

AND

(name of respondent)

(Matter No. / /)

APPLICATION FOR WHS REVIEW

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

TAKE NOTICE that I, *(full name of applicant)* of *(address),*

a *(if making application under s54(2) select one of the following*
[worker whose interests are affected by the decision] *or* [representative of a worker whose interests are affected by the decision, appointed for the purpose of section 52(1)] *or* [person conducting a business or undertaking whose interests are affected by the decision] *or* [health and safety representative who represents a worker whose interests are affected by the decision]

(if making application under s72(6) select one of the following)
[person conducting a business or undertaking whose interests are affected by the decision] *or* [health and safety representative whose interests are affected by the decision]

(if making application under s76(6) select one of the following) [worker whose interests are affected by the decision] *or* [person conducting a business or undertaking whose interests are affected by the decision] *or* [health and safety representative who represents a worker whose interests are affected by the decision]

APPLY for review by the commission of [the whole] [part – *(If a part - which part)*]

of the decision made under section [54(2)] [72(6)] [76(6)] of the Work Health and Safety Act 2011, given on and which came to my notice on *(date)* attached is a copy of the decision. *(date)*

1. The grounds for the review are: *(Set out fully the grounds for the review – see s229(4))*
 - (a)
 - (b)
2. The facts relied on are: *(Set out facts relied on – see s229(4))*
 - (a)
 - (b)

3. The Decision sought is:

(State the decision or amendment to the original decision, sought)

4. [Further I apply for directions as to the conduct of this application in relation to the following matters -]

[(a) parties;]

[(b) service of documents;]

[(c) nature of hearing;]

[(d) place and time of hearing;]

[(e)

(any other directions required)].

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 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.

PARTICULARS OF THE APPLICANT

Name:

Position or title: *(if applicable)*

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

Residential or business address:

Applicant's address for service:

Applicant's phone number or contact phone number:

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

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

[IF APPLICANT HAS A LAWYER

Applicant's lawyer's name:

and firm name:

Lawyer's business address:

Address for service:

Phone:

Fax:

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

[IF APPLICANT 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 *(the following information must be provided unless the applicant is seeking directions in relation to the other parties to the proceedings. 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)*]