



INDUSTRIAL COURT
QUEENSLAND

NUMBER:

Form 8 – Application for Stay

Version 2

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

AND

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

This is an application for an order [to stay a decision] [to stay operation of a directive] [to stay a review decision].
The decision was [made] [given] by *(person or entity making decision)* on *(date of decision)*.

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 Appellant have a representative?**

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

No

(b) The Appellant's Representative

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

2. The Respondent

The Appellant must serve a copy of this Appeal on all parties to the Appeal.

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

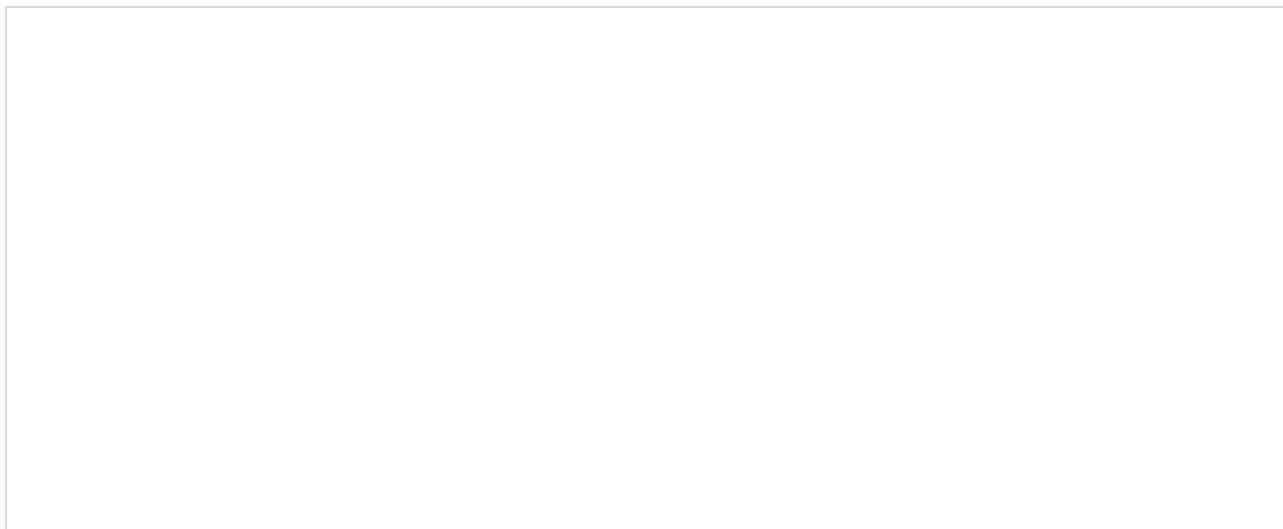
3. DETAILS OF DECISION APPEALED AGAINST:

The [application to appeal] [notice to appeal] was filed on:	
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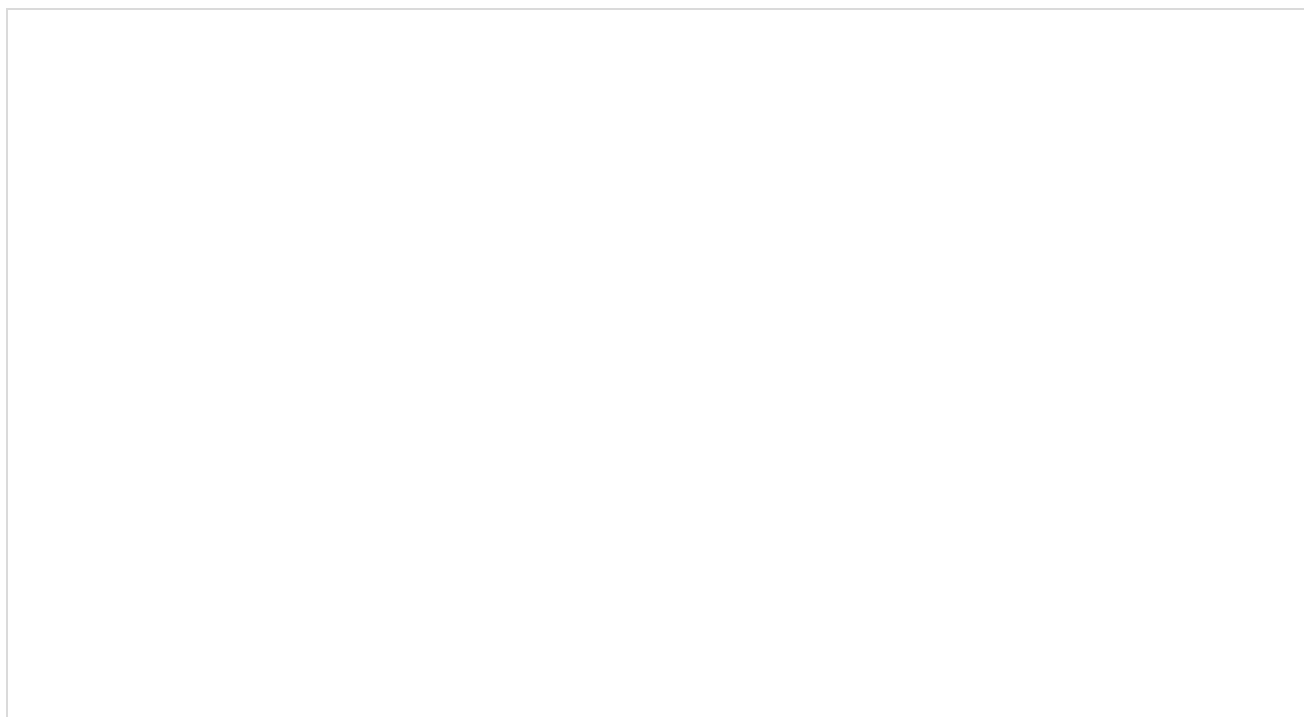
4. THE DECISION UNDER APPEAL IS:

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5. THE GROUNDS ON WHICH THIS APPLICATION IS MADE ARE:



6. THE FACTS RELIED ON ARE:



7. THE DECISION SOUGHT IS:

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8. SIGNATURE

Signature	
Name	
Date	