Matter No:		
	/	/

Form 18 – Application for order for repayment of fee received by a private employment agent

seal

Industrial Relations Act 2016, s 403 Industrial Relations (Tribunals) Rules 2011, r 188 Industrial Relations Regulation 2018, regs 12, 13 and 14

Information

- Use this form to apply for an order for the repayment of a fee received by a private employment agent.
- Use this form only if the total amount claimed is \$20,000 or less. For amounts over \$20,000, a claim may be filed with the Magistrates Court.
- For more information on recovering unpaid wages etc, please see the Wage Recovery section on the website www.qirc.qld.gov.au.
- Please note, legal representation is not permitted in this application.
- Please read this form carefully and complete all relevant sections. Information that is missing or non-compliant with the relevant section of an Act or the Rules may result in the non-acceptance of your form.
- Documents which are longer than 30 pages in length must be provided to the Industrial Registry in hard copy before it will be
 accepted for filing.
- For further information please refer to the website www.qirc.qld.gov.au or contact the Industrial Registry on 1300 592 987 or via email at qirc.qld.gov.au.

Applicant:	
	V
Respondent:	

If there are more than two parties to this application, please complete a Form 1 – Parties list and file with this form.

Application

This application is made to the Queensland Industrial Relations Commission pursuant to s 403 of the *Industrial Relations Act 2016* for an order for repayment of a fee received by a private employment agent.

1. Applicant/Claimant's de	etails									
Title [please select]:	_ ı	Mr	☐ Mrs		Ms	Miss		Mx		Other:
Name of Applicant/										
Claimant:										
Name of contact person: [if Applicant is an organisation]										
Postal/Service address:										
- Costally Service dual ess.	Suburb/T	Town								Postcode
Phone number:					Mobile	number:				
Email address:										
2. Claimant's details (if cla	imant i	s not t	ne applica	ant)						
Title [please select]:	ı	Mr	Mrs		Ms	Miss		Mx		Other:
Name of claimant:										
Postal/Sorvice address:										
Postal/Service address:	Suburb/T	「own								Postcode
Phone number:					Mobile	number:				
Email address:										
3. Applicant/Claimant's re [Please note legal representation					he <i>Indust</i> i	rial Relations	6 Act 201	6 regard	ding rep	oresentation]
Organisation:										
Name of contact person:										
Postal/Service address:									-	
	Suburb/T	own								Postcode
Phone number:					Mobile	number:				
Email address:										
4. Respondent										
Name of Respondent:										
Name of contact person:										
Postal/Service address:										
. Cottain oct vice audi ess.	Suburb/T	own								Postcode
Phone number:					Mobile	number:				
Email address:										

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5. C	Declara	ation.					
I declare that no other application to a Magistrate for a claim, in accordance with s 402 of the <i>Industrial Relations Act 2016</i> , has been made by or on behalf of the claimant for the same matter.							
6. 9	Signati	ure of Applicant	/Claimant or representative				
Sign	nature	:					
Nan	ne:						
Date	е:						
7.	Partic	ulars of the clair	n for repayment of a fee received by a private employ	ment age	ent		
7.1	Is the	e claimant a mode	el or performer?		Yes	(go to que	No estion 7.2)
	(a)	Did the private of a finder's fee?	employment agent directly or indirectly demand or receive		Yes		No
	(b)	Did the agent g prescribed by re		Yes		No	
	(c)	Was the fee pay of the Industrial the Claimant f prescribed by re		Yes		No	
7.2			yment agent directly or indirectly demand or receive a		Yes		No
7.3			o the claimant is at least the amount payable under an industrial to the claimant is at least the amount payable under an industrial to the claim and the claim are the claim at least the claim are t	strial inst	rument		
7.4		otal amount clain se outline the par	ned is: ticulars of the amount claimed in Part 8]	\$			
8. P	Particu	lars of the amo	unt claimed				
Plea	se outl	line, in consecutiv	rely numbered paragraphs, the details of the decision/order	you are s	eeking.		
Plea	se atta	ch a schedule if m	ore room required				

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