



## Form 4 – Application in existing proceedings

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*Industrial Relations Act 2016, s 527, s 989*  
*Industrial Relations (Tribunals) Rules 2011, r 8*

### Information

- Use this form to make an interlocutory application in the Industrial Court of Queensland or Queensland Industrial Relations Commission.
- Please read this form carefully and complete all relevant sections.
- The Applicant must serve a copy of this Application on the Respondent.
- 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](http://www.qirc.qld.gov.au) or contact the Industrial Registry on 1300 592 987 or via email at [qirc.registry@qirc.qld.gov.au](mailto:qirc.registry@qirc.qld.gov.au).

### Note

The Applicant **must** file a **Form 20 – Affidavit** in support of the Application

**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 is an Application to the [please tick one option]:

☐

Industrial Court of Queensland

☐

Queensland Industrial Relations Commission

**Pursuant to:**

[Insert name and section  
of relevant legislation]

1. Applicant's details			
Title [please select]:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx <input type="checkbox"/> Other: _____		
Name of Applicant:			
Name of contact person:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			

2. Applicant's representative [if applicable]			
Organisation:			
Name of contact person:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			

3. Respondent			
Name of Respondent:			
Name of contact person:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			

4. Respondent's representative [if applicable]			
Organisation:			
Name of contact person:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			

## 5. Grounds of application and details of decision sought

Please outline, in consecutively numbered paragraphs, the reasons you are making this application and the details of the decision you are seeking.

*Please attach a schedule if more room required*

## 6. Signature of Applicant/Representative

Signature:

Name:

Date:

**Ensure to also file a Form 20 – Affidavit in support of the Application**