



Matter No: / /

Form 5 – Application to appeal

Industrial Relations Act 2016, Chapter 11, Part 6
Industrial Relations (Tribunals) Rules 2011, r 8(3) and Part 5
Building and Construction Industry (Portable Long Service Leave) Act 1991, s 89
Child Employment Act 2006, s 15J, s 27, s 30
Coal Mining Safety and Health Act 1999, s 255(3), s 258(3)
Community Services Industry (Portable Long Service Leave) Act 2020, s 99, s 112(3)
Contract Cleaning Industry (Portable Long Service Leave) Act 2005, s 97, s 100(1)(a), s 100(1)(b), s 137(3)
Electricity Regulation 2006, reg 221
Further Education and Training Act 2014, s 168, s 173
Mining and Quarrying Safety and Health Act 1999, s 234(3), s 237(3)
Pastoral Workers' Accommodation Act 1980, s 30(2)
Petroleum and Gas (Production and Safety) Act 2004, s 837(3)
Private Employment Agents Act 2005, s 47
Trading (Allowable Hours) Act 1990, s 43(4)(d)
Workers' Accommodation Act 1952, s 19(3A)
Workers' Compensation and Rehabilitation Act 2003, s 561
Work Health and Safety Act 2011, s 65(4), s 102G, s 134(2), s 140(3), s 142(6), s 229F



Information

- Use this form as an application to appeal to the **Industrial Court of Queensland** or the **Queensland Industrial Relations Commission** in relation to the abovementioned legislation.
- The Appellant must serve a copy of this application to appeal on all parties to the appeal.
- 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 on please refer to the website www.qirc.qld.gov.au or contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au.

Appellant:	

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 appeal a decision made by the Queensland Industrial Relations Commission, a Full Bench of the Queensland Industrial Relations Commission, or an Industrial Magistrate.

1. Appellant'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 Appellant:										
Name of contact person:										
Postal/Service address:										
	Suburb/Town								Postcode	
Phone number:					Mobile number:					
Email address:										

2. Appellant's representative [if applicable – Please also file a Form 33 or Form 34]

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. Details of the decision which is being appealed

This is an application to appeal a decision of the:

- Queensland Industrial Relations Commission
- Full Bench (Queensland Industrial Relations Commission)
- Industrial Magistrate

Location:

Date of decision:

Matter Number:

I have attached a copy of the decision being appealed:

Yes No

6. Details of application to appeal

This application to appeal is being made pursuant to the following legislation:*

Relevant legislation:

Relevant section/s:

Relevant Appeal Body:

- Industrial Court of Queensland
- Queensland Industrial Relations Commission

***Please Note:** Please refer to the legislation listed on the front page of this form to determine appropriate legislation, section and Appeal Body.

7. Grounds of the application to appeal

Please outline, in consecutively numbered paragraphs, the reasons you are making this application to appeal.

Please attach a schedule if more room required

8. Decision/Relief sought

Please outline, in consecutively numbered paragraphs, the decision/relief sought in lieu of that appealed against including any special order as to costs.

Please attach a schedule if more room required

9. Signature of Appellant or representative

Signature:

Name:

Date: