



# Form 51 – Application for approval to terminate an agreement or determination

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*Industrial Relations Act 2016, s 227, s 228, s 406ZS, s 406ZT*  
*Industrial Relations (Tribunals) Rules 2011, r 177 and r 178*

## Information

- Use this form to apply for approval to terminate an existing certified or negotiated agreement, or an arbitration or contract determination.
- Please read this form carefully and complete all relevant sections.
- This application must be accompanied by a **Form 20 – Affidavit** addressing the requirements under the *Industrial Relations Act 2016*, and the *Industrial Relations Regulation 2018*.
- 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).

## Application

An application is made to the Queensland Industrial Relations Commission, in accordance with the *Industrial Relations Act 2016*, for the approval of the termination of an agreement or a determination, pursuant to [select one]:

- ☐ s 228 (certified agreement/arbitration determination)
- ☐ s 406ZR (independent couriers – negotiated agreement/contract determination)

## 1. The agreement/determination

### 1.1 Name of the agreement or determination:

### 1.2 Matter/Agreement number:

### 1.3 Date of making:

### 1.4 Nominal expiry date:

## 2. Particulars of the party/parties making the application for approval to terminate

Applicant/representative:			
Name:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			
Name of contact person:			
Direct phone number:		Mobile number:	
Direct email address:			

Employer/Principal Contractor representative [if different from above]:			
Name:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			
Name of contact person:			

Employee organisation/ representative:			
Name:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			
Name of contact person:			

Other party:			
Name:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			
Name of contact person:			

If there are more parties to this matter, please complete a **Form 1 – Parties list** and file it together with this form.

### 3. Signature/s of the party/parties making the application for approval to terminate

<b>Applicant/representative:</b>	
<b>Signature:</b>	
<b>Name:</b>	
<b>Position/Capacity:</b>	
<b>Date:</b>	

<b>Employer/Principal Contractor</b> [if different from	
<b>Signature:</b>	
<b>Name:</b>	
<b>Position/Capacity:</b>	
<b>Date:</b>	

<b>Employee organisation/representative:</b>	
<b>Signature:</b>	
<b>Name:</b>	
<b>Position/Capacity:</b>	
<b>Date:</b>	

<b>Other party:</b>	
<b>Signature:</b>	
<b>Name:</b>	
<b>Position/Capacity:</b>	
<b>Date:</b>	