



## Form 6 – Application to appeal to Full Bench

seal

*Industrial Relations Act 2016, s 560**Industrial Relations (Tribunals) Rules 2011, r 143*

### Information

- Use this form as an application to appeal a decision of the Industrial Registrar to the **Full Bench of the Queensland Industrial Relations Commission**.
- 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](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).

**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 a Full Bench of the Queensland Industrial Relations Commission to appeal a decision of the Industrial Registrar.

**Date of decision:****Matter Number:****I have attached a copy of the decision being appealed:**☐

Yes

☐

No

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 (for an agent) or Form 101 (for legal representation)]		
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 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*

## 6. Decision sought

Please outline, in consecutively numbered paragraphs, the decision sought in lieu of that appealed against.

*Please attach a schedule if more room required*

## 7. Signature of Appellant or representative

Signature:

Name:

Date: