



# Form 71 – Application to revoke WHS entry permit

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Work Health and Safety Act 2011, s 138  
Industrial Relations (Tribunals) Rules 2011, r 85

## Information

- A person may use this form to apply for a Work Health and Safety (WHS) Entry Permit held by a person to be revoked.
- This application must be served on the person holding the WHS Entry Permit and the union (Registered Organisation) concerned.
- Please read this form carefully and complete all relevant sections.
- 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

This is an application to the Queensland Industrial Relations Commission, pursuant to s 138 of the *Work Health and Safety Act 2011*, for a Work Health and Safety (WHS) Entry Permit held by the respondent to be revoked.

## 1. Matter details

**Applicant:**

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**Respondent**

[name of permit holder]:

**Second Respondent -  
Registered Organisation**[the union that the Respondent  
represents]:

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

## 2. Applicant

**Title [please select]:**☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mx ☐ Other: \_\_\_\_\_**Name of Applicant:****Organisation [if applicable]:****Postal/Service address:**

Suburb/Town

Postcode

**Phone number:****Mobile number:****Email address:**

**3. Applicant's representative [if applicable]**

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

**4. Respondent [permit holder]**

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

**5. Second Respondent - Registered Organisation**

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

**6. Details of decision sought:**

Please outline, in consecutively numbered paragraphs, the details of the decision you are seeking.

*Please attach a schedule if more room required*

## 7. Grounds of the application for revocation

Please outline the grounds of the application below, pursuant to s 138(2) of the *Work Health and Safety Act 2011*

(a)	That the permit holder no longer satisfies the eligibility criteria for a WHS entry permit or an entry permit under a corresponding WHS law, or the Fair Work Act or the <i>Workplace Relations Act 1996</i> of the Commonwealth or for an industrial officer authority.	<input type="checkbox"/>
(b)	That the permit holder has contravened any condition of the WHS entry permit.	<input type="checkbox"/>
(c)	That the permit holder has acted or purported to act in an improper way in the exercise of any right under the <i>Work Health and Safety Act 2011</i> .	<input type="checkbox"/>
(d)	In exercising or purporting to exercise a right under Part 7 of the <i>Work Health and Safety Act 2011</i> , that the permit holder has intentionally hindered or obstructed a person conducting the business or undertaking or workers at a workplace.	<input type="checkbox"/>

Please outline any further details below

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## 8. Signature of Applicant or representative

<b>Signature:</b>	
<b>Name:</b>	
<b>Date:</b>	