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## Form 73 – Application to deal with a dispute about right of entry

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Work Health and Safety Act 2011, s 142 Industrial Relations (Tribunals) Rules 2011, r 87

## Information

- A person may use this form to apply to the Queensland Industrial Relations Commission to deal with a dispute about a right of entry.
- Please read this form carefully and complete all relevant sections.
- For further information please refer to the website <a href="www.qirc.qld.gov.au">www.qirc.qld.gov.au</a> or contact the Industrial Registry on 1300 592 987 or via email at <a href="mailto:qirc.registry@qirc.qld.gov.au">qirc.registry@qirc.qld.gov.au</a>.

## **Application**

This is an application to the Queensland Industrial Relations Commission, pursuant to s 142(b) of the *Work Health* and Safety Act 2011, to deal with a dispute about a right of entry under the Act.

1. Dispute between	
	AND

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

2. Particulars of the party	making application to deal with the dispute (Applicant)			
Name:				
Basis on which application is made [choose one of the following]:	<ul> <li>□ WHS permit holder</li> <li>□ Relevant union</li> <li>□ Relevant person conducting a business or undertaking</li> <li>□ Other person in relation to whom the WHS entry permit holder has exercised or purported to exercise the right of entry</li> <li>□ Other person affected by the exercise or purported exercise of the right of entry by a WHS entry permit holder</li> <li>□ The Regulator</li> </ul>			
Name of contact person:				
Postal/Service address:	Suburb/Town Postcode			
Direct phone number:	Mobile number:			
Direct email address:				

3. Particulars of the other	party to the dispute (Responden	it)		
Name:				
Name of contact person:				
Postal/Service address:				
Postar/Service address:	Suburb/Town			Postcode
Phone number:		Mobile number:		
Email address:				
4. Location of the dispute				
5. Subject matter of the d Please outline the issues in d				
Please attach a schedule if mo				
Trease attach a schedule ij me	ore room required			
6. Briefly state the releva	nt industrial instrument/s affecte	d (e.g. award, ag	reement, determinat	ion) OR the
	ispute arose and/or type of work			
7. Signature of Applicant of	or representative			
Signature:				
Name:				
Date:				