



Form 8 – Application for stay

Industrial Relations Act 2016, section 566
Industrial Relations (Tribunals) Rules 2011
Coal Mining Safety and Health Act 1999, sections 239 and 245
Electricity Regulation 2006, section 217
Further Education and Training Act 2014, section 169
Mining and Quarrying Safety and Health Act 1999, sections 175, 219 and 225
Petroleum and Gas (Production and Safety) Act 2004, section 826
Work Health and Safety Act 2011, section 229C



Information

- Use this form to make an application to stay a decision.
- Please read this form carefully. Please 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 rejection of your form.
- Once your form has been processed the Industrial Registry will contact you and provide you with a sealed copy of your application.

PLEASE NOTE: Practice Direction 3 of 2021 - ELECTRONIC FILING AND HARD COPIES OF DOCUMENTS. Documents which are longer than 30 pages in length must be supplied to the Industrial Registry in hard copy before it will be accepted for filing.

For further information please contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au

Applicant:	

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Respondent:	

PLEASE NOTE: If there are more than two parties to this application, please complete a **Form 1 – Parties list** and file it with this form.

Application

This is an application for an order to stay a decision to stay operation of a directive to stay a review decision.

The decision was made given by on / /

1. Applicant

Name of applicant:			
Name of contact person:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Fax number:	
Mobile number:			
Email address:			

Does the applicant have a representative?

Yes - provide representative's details below and file a Form 33 or 34

No

2. Applicant's representative

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

3. Respondent

The applicant must serve a copy of this application on all parties to the appeal.

Name of respondent:			
Name of contact person:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Fax number:	
Mobile number:			
Email address:			

4. Details of decision appealed against

The application to appeal notice to appeal was filed on:	/	/
Date of decision:	/	/
Decision given by:		
Parties involved:		

5. Grounds on which this application is made are

1000 character limit. (Note: If more than 1000 characters are required please attach a schedule)

6. Facts relied on

3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)

7. Decision sought

1000 character limit. (Note: If more than 1000 characters are required please attach a schedule)

8. Signature of applicant or representative

Signature:	
Name in full (please print):	
Date:	/ /