



Form 83 – Application for exemption or renewal of exemption

Anti-Discrimination Act 1991, section 113

Industrial Relations (Tribunals) Rules 2011, rule 80A

seal

Information

- Use this form to apply or renew an exemption from provisions of the *Anti-Discrimination Act 1991*.
- 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.
- 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.
Note: The applicant may file a **Form 20 - affidavit** in support of the application.

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

Applicant:

Application

This is an Application to the Queensland Industrial Relations Commission, pursuant to section 113 of the *Anti-Discrimination Act 1991*.

1. Applicant

Name of applicant:			
Organisation:			
		ABN:	
Postal address:			
	Suburb/Town		Postcode
Phone number:		Fax number:	
Mobile number:			
Email address:			
Does the applicant have a representative?			
A representative might be a lawyer, a union, an agent or a family member or friend who will speak on behalf of the applicant. There is no requirement to 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. Details of exemption sought
(a) Provision of Act from which exemption is sought:
(b) Period or further period for which the exemption is sought:
(c) Person, people or class of people for whom the exemption is sought:

4. Signature of applicant or representative	
Signature:	
Name in full: (please print)	
Date:	/ /

Please Note: Schedule 1 - Grounds of Application must be completed

Statement made on behalf of the applicant

(Using numbered paragraphs, please set out detailed information in support of the application) 3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)

Schedule 1 - Grounds of Application

(set out the reasons for the application in consecutively numbered paragraphs. (Note: if more than 5000 characters are required pleas attach a schedule)

Empty box for providing grounds of application.