



Matter No: / /

Form 101 – Application for leave to be represented by a lawyer

Industrial Relations Act 2016, s 529, s 530, s 989
Anti-Discrimination Act 1991, s 174C
Industrial Relations (Tribunals) Rules 2011, r 124



Information

- Use this form to make an application for leave to be represented by a lawyer in certain proceedings before the Queensland Industrial Relations Commission.
- This application must be accompanied by a **Form 20 – Affidavit**.
- This form, and accompanying Affidavit, must be served on the other party, or persons ordered or permitted to appear, and filed in the Industrial Registry within seven (7) days of the start of a proceeding.
- The other party, or persons ordered or permitted to appear, may serve and file a **Form 102 - Response to application for leave to be represented by a lawyer**, and accompanying Affidavit, within seven (7) days of being served with this application.
- Please also see **Practice Direction Number 1 of 2023 - Parties or Persons Applying for Leave to be Represented by a Lawyer in Certain Proceedings before the Queensland Industrial Relations Commission**.
- Please read this form carefully and complete all relevant sections.
- 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 please refer to the website www.qirc.qld.gov.au or contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au.

Application

In accordance with s 530 of the *Industrial Relations Act 2016*, this is an application for leave to be represented by a lawyer in a certain proceeding before the Queensland Industrial Relations Commission.

This application is being made by:

- Applicant/Complainant/Appellant [in the substantive matter]
- Respondent [in the substantive matter]

Applicant/Complainant/ Appellant: <i>(in substantive matter)</i>	
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Respondent: <i>(in substantive matter)</i>	
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PLEASE NOTE: If there are more than two parties to this application, please complete a **Form 1 – Parties list** and file with this form.

1. Applicant/Complainant/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 Applicant:						
Name of contact person:						
Postal/Service address:						
	Suburb/Town					Postcode
Phone number:			Mobile number:			
Email address:						

2. Applicant/Complainant/Appellant's representative [if applicable]

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. Signature of party making application

Signature:

Name:

Date:

6. Grounds of application and details of decision sought

Please outline, in consecutively numbered paragraphs, the reasons you are making this application and the details of the decision you are seeking.

Please attach a schedule if more room required