



Matter No: / /

Form 75 – Application for an order



Work Health and Safety Act 2011, s 112, s 260

Information

- A person may use this form to apply for an order in accordance with the *Work Health and Safety Act 2011*.
- An application under s 112 of the *Work Health and Safety Act 2011* must be commenced not more than one year after the date on which the Applicant know or ought to have known that the cause of action accrued.
- An application under s 260 of the *Work Health and Safety Act 2011* in relation to a contravention, or alleged contravention of a WHS civil penalty provision must be made within two years after the contravention or alleged contravention first comes to the notice of the Applicant.
- The Applicant must serve this application on the Respondent.
- Please read this form carefully and complete all relevant sections.
- Please ensure a copy of the decision to be reviewed is attached to this application.
- 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

This is an application to the Queensland Industrial Relations Commission for a review, under the *Work Health and Safety Act 2011*, pursuant to the following [pick one]:

- s 112 – Civil proceedings in relation to engaging in or inducing discriminatory or coercive conduct
- s 260 – Contravention (or alleged contravention) of a WHS civil penalty provision

Details of WHS civil penalty provision: _____

1. Matter details

Applicant:	

v

Respondent:	

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]:	<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:			
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

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

5. Details of order sought:

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

Please attach a schedule if more room required

6. Grounds of the application and facts relied upon

Please outline the grounds of the application below, including the facts relied upon

Please attach a schedule if more room required

7. Signature of Applicant or representative

Signature:

Name:

Date: