



Form 73A – Notice of WHS dispute


INDUSTRIAL REGISTRAR

25 SEP 2024


QUEENSLAND


Work Health and Safety Act 2011, s 102B

Information
<ul style="list-style-type: none"> • Use this form to notify of a WHS dispute. • Once filed, this notice must be immediately served on all other parties to the dispute. • This Notice will be published on the QIRC website pursuant to s 102B(3) of the <i>Work Health and Safety Act 2011</i>. • If a relevant union for a worker affected by the WHS matter not already named as a party wish to participate in the resolution of the dispute, they may notify the Industrial Registrar in writing. • 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 on 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.

Notification
Notice is hereby given of a dispute in accordance with s 102B of the <i>Work Health and Safety Act 2011</i> .
Has a <i>Form 74 – Application for WHS review</i> been filed in relation to the matter/s in dispute? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes [Matter No. WHS/____/____]

Notifier	Queensland Teachers' Union of Employees
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AND

Respondent	State of Queensland (Department of Education)
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If there are more parties to the WHS dispute, please complete a **Form 1 – Parties List** and file it together with this form.

1. Particulars of the party notifying of the dispute			
Name:	Queensland Teachers' Union of Employees		
Postal/Service address:	PO Box 1750		
	<small>Suburb/Town</small> Milton LPO	<small>Postcode</small> 4064	
Phone number:	07 3512 9000	Mobile number:	
Email address:	qtu@qtu.asn.au		
Name of contact person:	Paige Bousen		
Direct phone number:	07 35129088	Mobile number:	0407571322
Direct email address:	pbousen@qtu.asn.au		

2. Particulars of the other party to the dispute			
Name:	State of Queensland (Department of Education)		
Postal/Service address:	PO Box 15033		
	<small>Suburb/Town</small> City East QLD	<small>Postcode</small> 4002	
Phone number:	13 74 68	Mobile number:	
Email address:	correspondence@qed.qld.gov.au		
Name of contact person:	Kym Shreeve		
Direct phone number:	07 3513 6542	Mobile number:	0461346660
Direct email address:	Kym.SHREEVE@qed.qld.gov.au		

3. Workplace where dispute exists
See Schedule A (omitted for confidentiality reasons)

4. WHS matter subject of the dispute	
This dispute (as defined in s 102A of the <i>Work Health and Safety Act 2011</i>) is in relation to: [Please pick one or more of the options below]	
<input type="checkbox"/>	A work group determination matter.
<input type="checkbox"/>	A work group variation matter.
<input type="checkbox"/>	Access to information by a health and safety representative under s 70(1)(c) of the Act.
<input type="checkbox"/>	The giving of a notice or information to a health and safety representative under s 70(1)(cb) or (cc) of the Act.
<input type="checkbox"/>	A request by a health and safety representative for a person assisting the representative to have access to the workplace under s 70(1)(g) of the Act.
<input type="checkbox"/>	A matter mentioned in s 72(2)(aa), (a) or (b), or s 72(4)(a), (b) or (c) of the Act relating to training for a health and safety representative.
<input type="checkbox"/>	A health and safety committee matter.
<input checked="" type="checkbox"/>	A matter about work health and safety that is an issue to which Part 5, Division 5 (Issue Resolution) of the Act applies.
<input type="checkbox"/>	An issue about cessation of work under Part 5, Division 6 (Right to cease or direct cessation of unsafe work) of the Act.
Does this dispute relate to any of the following decisions made by an Inspector?	
<input type="checkbox"/>	s 54(5) – Negotiations regarding an agreement
<input type="checkbox"/>	s 76(6B) – Regarding a health and safety committee

5. Compliance powers		
Has an inspector been appointed to assist the parties reach an agreement or resolve the dispute?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, was a decision made by an inspector to exercise, or not to exercise, compliance powers under Part 10 of the Act subject to review under Part 12 of the Act?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

6. Issues in dispute

Please outline the issues in dispute between the parties:

[Please note that any details you provide will be published as part of this Notice]

Please attach a schedule if more room required

See Schedule A.

7. Briefly state the relevant industrial instrument/s affected (e.g. award, agreement, determination) OR the industry in which the dispute arose and/or type of work being undertaken by those in dispute

Department of Education State School Teachers' Certified Agreement 2022
Teaching in State Education Award - State 2016

8. Signature of the party notifying of the WHS dispute

Signature:	
Name:	Paige Bousen
Position/Capacity:	Workplace Health and Safety Organiser
Date:	25/09/2024