

# Form 12 – Application for reinstatement

*Industrial Relations Act 2016, sections 317*

*Industrial Relations (Tribunals) Rules 2011, rule 152*

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## Information

- Use this form to make a reinstatement application.
- 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 TO THE RESPONDENT EMPLOYER:** You must file in the Industrial Registry and serve on the applicant a completed “Form 12A – Employer’s response to application for reinstatement” within 7 days of receipt of this application.

**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](mailto:qirc.registry@qirc.qld.gov.au)

For information on completing the application see the [Unfair Dismissal and Reinstatement Guide](#) located on our website at [www.qirc.qld.gov.au](http://www.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 to the Queensland Industrial Relations Commission pursuant to section 317 of the *Industrial Relations Act 2016*.

Is this application being made by an employee organisation?

Yes – Please complete the employee’s details in 3 below and the Schedule 1 consent form

No

1. Applicant			
<b>Name of applicant:</b>			
<b>Name of contact person:</b>			
<b>Postal address:</b>			
	Suburb/Town		Postcode
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			
<p><b>Does the applicant have a representative?</b></p> <p>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.</p> <p>Yes - provide representative's details below and file a Form 33 or 34</p> <p>No</p>			

2. Applicant's representative			
<b>Organisation:</b>			
<b>Name of contact person:</b>			
<b>Postal address:</b>			
	Suburb/Town		Postcode
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			

3. Employee's details – Note: Please only complete this section if this application is being made by an employee organisation			
<b>Name:</b>			
<b>Postal address:</b>			
	Suburb/Town		Postcode
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			

#### 4. Respondent

The applicant must serve a copy of this application on the respondent

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

#### 5. The employment

<b>5.1 What was the commencement date of employment?</b>	/	/
<b>5.2 What date was notification given of the dismissal?</b>	/	/
<b>5.3 What date did the dismissal take effect?</b>	/	/
<b>5.4 What position was held at the time of dismissal?</b>		
<b>5.5 Which industrial instrument covered the employment at the time of dismissal?</b>		

#### 6. Decision sought

The Applicant seeks the following orders: *(please tick all that apply)*

Reinstatement in [his/her] former position (or as nearly as is possible) without prejudice to the employee's former conditions of employment and remuneration lost between the date the dismissal took effect / / and the date of reinstatement; OR

Re-employment in another position that the employer has available and that the Commission considers suitable.

However, if the Commission considers reinstatement or re-employment would be impracticable, the Applicant seeks that the Commission make an order that the employer pay the employee an amount of compensation the Commission considers appropriate.

*Other orders sought.*

**7. Are you making this application within 21 calendar days of your dismissal taking effect?**

- Yes
- No - Please complete reasons below

Reasons for delay in filing application

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

**8. Signature of person completing the application**

<b>Signature:</b>	
<b>Name in full (please print):</b>	
<b>Date:</b>	/ /

## 9. The Dismissal

9.1 What were the reasons for the dismissal, if any, given by the employer and why was the dismissal unfair?

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

**10. Signature of applicant or representative**

<b>Signature:</b>	
<b>Name in full (please print):</b>	
<b>Date:</b>	/ /

**Schedule 1 – Consent form for employee organisation**

This consent form must be signed by the employee pursuant to s 317(3)(b).

<b>I:</b>	
<b>of:</b>	
<b>consent to the:</b>	
<b>of:</b>	
making this application concerning my dismissal. The employee organisation's rules entitle it to represent my industrial interests.	
<b>Dated at (place):</b>	
<b>on:</b>	/ /
<b>Employee's Signature:</b>	