

# Form 2 – General Application to Queensland Industrial Relations Commission

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*Industrial Relations Act 2016*, sections 527 and 989

*Industrial Relations (Tribunals) Rules 2011*, rule 8

## Information

Use this form for making any of the following applications to the Queensland Industrial Relations Commission:

### ***Industrial Relations Act 2016 and Industrial Relations (Tribunals) Rules 2011***

- for the commission to deal with a general protections dispute (s 309)
- for a declaration (ss 463, 465, rr 72, and 73)
- to amend or declare void a contract (s 471, r 74)
- for an injunction (s 473, r 75)
- for an order about a demarcation dispute (s 479, r 77)
- to reopen proceedings (s 484, r 78)
- to refer a matter to the full bench (s 486(4), r 79)
- for the interpretation of an industrial instrument (s 467, r 80)
- for an order fixing minimum wages and employment conditions for apprentices and trainees (s 136(4)(b), r 149A)
- for an order about tools (s 137(3)(b), r 149B)
- for an order for employees in labour market program (s 140(3)(b), r 149C)
- for an order ensuring equal remuneration for work of equal or comparable value (s 253, r 151)
- for a compensation order (s 122(1)(b), r 154)
- for an order about severance allowance and other separation benefits (s 326, r 155)

- for order for contravention of the Industrial Relations Act 2016 (ss 269, 329, and 330, rr 185, 156, and 157)
- to make, vary, or revoke a modern award (ss 147(2)(b), and 150(3)(b), rr 160, 161, and 162)
- for a consent arbitration (s 178(1), r 169)
- to revoke or suspend authorised officer's authority (s 338(1), r 187)
- to cancel an aged or infirm person's permit (s 979(7), r 223)
- application for scope order (s 184)
- suspension or termination of protected industrial action (ss 240 and 241)

### ***Public Interest Disclosure Act 2010 and Industrial Relations (Tribunals) Rules 2011***

- for injunction (s 48, r 81)

### ***Work Health and Safety Act 2011 and Industrial Relations (Tribunals) Rules 2011***

- to disqualify a health and safety representative (s 65, r 84)

### ***Workers' Compensation and Rehabilitation Act 2003 and Industrial Relations (Tribunals) Rules 2011***

- for an order that an employer reinstate an injured worker (s 232E, r 83)

Once your form has been processed the Industrial Registry will contact you and provide you with a sealed copy of your application.

**Note:** The applicant may file a **Form 20 - Affidavit** in support of the application

Practice Note 1 of 2018 - 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.

For further information please contact the Industrial Registry on 1300 592 987 or via email at [girc.registry@girc.qld.gov.au](mailto:girc.registry@girc.qld.gov.au)

<b>Applicant:</b>	

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<b>Respondent:</b>	

**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.

<b>Application</b>
This is an application to the Queensland Industrial Relations Commission, pursuant to

<b>1. Applicant</b>						
<b>Title:</b> (please select)	Mr	Mrs	Ms	Miss	Mx	Other:
<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>						

<b>2. Applicant's representative</b>			
<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. Respondent

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

**Name of respondent:**

**Name of contact person:**

**Postal address:**

Suburb/Town

Postcode

**Phone number:**

**Fax number:**

**Mobile number:**

**Email address:**

### 4 . Details of decision sought

*1000 character limit. (Note: If more than 1000 characters are required please attach a schedule)*

5. 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)

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