

Matter Number: / /

Form 57 – Application to Queensland Industrial Relations Commission – other than chapter 12 approved form



*Industrial Relations Act 2016, sections 527 and 989
Industrial Relations (Tribunals) Rules 2011, Part 14*

Information	
<ul style="list-style-type: none"> 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. <p>For further information please contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au</p>	

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	

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

2. Applicant's representative

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

3. Object of application:

(State object of application and which sections of the Act apply – examples: registration of organisation, amendment of rules, change of name of organisation) under (section[s] of the Act) 3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)

4. Decision sought:

(Set out the decision sought in consecutively numbered paragraphs. Where the decision is under a rule or a particular section of the Act, state the rule number or the Act and section relied on). 3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)

TAKE NOTICE: Please ensure that this application is accompanied by and filed with a properly completed **Form 20 – Affidavit**

5. Signature of applicant or representative

Signature:	
Name:	
Position:	
Date:	/ /