

Matter Number: / /

Form 6 – Application to appeal to full bench

Industrial Relations Act 2016, section 560
Industrial Relations (Tribunals) Rules 2011, rule 143



Information

- Use this form for an application to appeal a decision of the registrar to the full bench.
- 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 to appeal.

PLEASE NOTE: If you wish to oppose this application or to argue that any different decision should be made, you must attend before the full bench in person or, if appropriate, by your lawyer or agent at the time on the date and at the place fixed by the registrar and you will be heard. If you do not attend as required a decision may be given against you in terms of the decision sought and costs, where appropriate, without further reference to you.

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.

For further information please contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au

Appellant:	

v

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 against a decision of the Industrial Registrar given
in matter number / /

1. Applicant

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

Does the applicant have a representative?

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.

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. 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 the application

(using numbered paragraphs, please specify the grounds of the application.) 3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)

Attach additional pages if required.

6. Signature of appellant or representative

Signature:	
Name in full (please print):	
Date:	/ /