



# Form 73 – Application to deal with a dispute about right of entry

Work Health and Safety Act 2011, sections 142(4)(b)  
Industrial Relations (Tribunals) Rules 2011, rule 87

seal

## Information

- 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.

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)

This is an application under section 142(4)(b) of the *Work Health and Safety Act 2011* to deal with a dispute.

## Between


and


**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.

## Particulars of party making application to deal with the dispute

<b>Name:</b>			
<b>Title</b> ( <i>basis on which the application is made</i> ) ( <i>choose one of the following</i> )			
WHS permit holder			
Relevant union			
Relevant person conducting a business or undertaking			
Other person in relation to whom the WHS entry permit holder has exercised or purported to exercise the right of entry			
Another person affected by the exercise or purported exercise of the right of entry by a WHS entry permit holder			
The regulator			
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			
<b>Name of contact person:</b>			
<b>Direct phone number of contact person:</b>		<b>Mobile number:</b>	
<b>Email address of contact person:</b>			

**Place where dispute exists**

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**Subject matter of dispute**

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

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**The industrial instrument affected is, OR the industry in which the dispute arose and/or type of work being undertaken at the place where the dispute arose**

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

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**Preferred location for [mediation/conciliation/arbitration]**

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**Particulars of the other party to the dispute**

<b>Organisation:</b>			
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Email address:</b>			
<b>Name of contact person:</b>			
<b>Direct phone number of contact person:</b>		<b>Mobile number:</b>	
<b>Direct email address of contact person:</b>			

Signature of applicant or representative	
Signature:	
Name:	
Position/Capacity:	
Date:	/ /

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