



Matter Number:

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# Form 73B – Application for review

Work Health and Safety Act 2011, section 229B



## 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.
- Once your form has been processed the Industrial Registry will contact you and provide you with a sealed copy of your 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 [qirc.registry@qirc.qld.gov.au](mailto:qirc.registry@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 for a review, pursuant to s229B of the *Work Health and Safety Act 2011*. The application is for the review of a reviewable decision made by the regulator a decision made, or taken to have been made, on an internal review

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### 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>			
<b>Does the applicant have a representative?</b>			
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

<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

<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>			

#### 4. Grounds of the application

1000 character limit.

#### 5. Facts relied on

(State concisely and in consecutively numbered paragraphs the material facts relied on to support the application and any other matters required under R.11.) 3000 character limit.

#### 6. Signature of applicant

Signature:

Name in full (please print):

Date:

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