



# Form 74 – Application for WHS

## review

*Work Health and Safety Act 2011*, sections 54(2), 76(6) and 229B  
*Industrial Relations (Tribunals) Rules 2011*, rule 138

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.
- Once your form has been processed the Industrial Registry will contact you and provide you with a sealed copy of your application.
- 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](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, under the *Work Health and Safety Act 2011* pursuant to section

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

**NOTE:** Please ensure a copy of the decision to be reviewed is attached to this application

### 1. Decision sought

*1000 character limit.*

2. Applicant			
Name of applicant:			
Name of contact person:			
Postal address:			
	Suburb/Town	Postcode	
Phone number:		Fax number:	
Mobile number:			
Email address:			
<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>			

3. Applicant's representative			
Organisation:			
Name of contact person:			
Postal address:			
	Suburb/Town	Postcode	
Phone number:		Fax number:	
Mobile number:			
Email address:			

4. 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:			

## 5. Grounds of the application

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

## 6. 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. (Note: If more than 3000 characters are required please attach a schedule)

## 7. Signature of applicant

Signature:

Name in full (please print):

Date:

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