



Form 74 – Application for WHS review

Work Health and Safety Act 2011, sections 54(2), 72(6) and 229
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.

For further information please contact the Industrial Registry on 1300 592 987 or via email at 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.

Applicant

Name:	

I am making this application for review by the commission of the decision made under:

Section 54(2) of the *Work Health and Safety Act 2011*

Section 72(6) of the *Work Health and Safety Act 2011*

Section 76(6) of the *Work Health and Safety Act 2011*

The decision was given on:	/	/
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And came to my notice on:	/	/
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I am:

A worker whose interests are affected by the decision

A representative of a worker whose interests are affected by the decision, appointed for the purpose of section 52(1)

A person conducting a business or undertaking whose interests are affected by the decision

A health and safety representative who represents a worker whose interests are affected by the decision

A health and safety representative whose interests are affected by the decision

Phone number:		Fax number:	
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Mobile number:	
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Email address:	
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Name of contact person:			
Direct phone number of contact person:		Mobile number:	
Email address of contact person:			

The grounds for the review are

3000 character limit.

The facts relied on are

3000 character limit.

The decision sought is

1000 character limit.

Signature of applicant

Signature:

Name in full (please print):

Date:

/ /