



# Form 83 – Application for exemption or renewal of exemption

*Anti-Discrimination Act 1991*, section 113

*Industrial Relations (Tribunals) Rules 2011*, rule 80A

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## Information

- Use this form to apply or renew an exemption from provisions of the *Anti-Discrimination Act 1991*.
- 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:


## Application

This is an Application to the Queensland Industrial Relations Commission, pursuant to section 113 of the *Anti-Discrimination Act 1991*.

## 1. Applicant

### Name of applicant:


### Organisation:

	<b>ABN:</b>

### Postal address:

Suburb/Town	Postcode

### Phone number:

	<b>Fax number:</b>
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### Mobile number:

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### Email address:

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### 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

<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. Details of exemption sought

(a) Provision of Act from which exemption is sought:

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(b) Period or further period for which the exemption is sought:

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(c) Person, people or class of people for whom the exemption is sought:

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

## 4. Signature of applicant or representative

<b>Signature:</b>	
<b>Name in full:</b> (please print)	
<b>Date:</b>	/ /

**Statement made on behalf of the applicant**

*(Using numbered paragraphs, please set out detailed information in support of the application) 3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)*