

Form 18 Version 1	Application for order for repayment of fee received by a private employment agent Industrial Relations Act 2016, section 403 and regulation 13,14 and 15 <i>(Form to be used for applying for an order for the repayment of a fee received by a private employment agent in contravention of section 400(1) or section 400(2))</i>	R.188.
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[QUEENSLAND INDUSTRIAL RELATIONS COMMISSION]  
Industrial Relations Act 2016, section 403(1)

*(name of applicant)*  
APPLICANT

And

*(name of private employment agent)*  
RESPONDENT  
(Matter No.        /20        /        )

**APPLICATION FOR ORDER FOR REPAYMENT OF FEE RECEIVED  
BY A PRIVATE EMPLOYMENT AGENT**

TO: The Industrial Registrar, Industrial Registry, Level 21, Central Plaza 2, 66 Eagle Street, (Corner Creek and Elizabeth Streets), Brisbane 4000, GPO Box 373, Brisbane Q 4001  
Phone: (07) 3227 8060 Fax: (07) 3221 6074

AND TO:

*(respondent, private employment agent)*

**TAKE NOTICE** that I, *(full name of applicant)* of *(address)*,  
[a duly appointed inspector under the *Industrial Relations Act 1999*]  
[ *(position or title)* of *(name of organisation, corporation, business etc )* ]  
[being an organisation of which *(full name of member)* is a member and for whom  
the organisation is acting] [being authorised by *(full name of claimant, member)* to act for [him][her]:

APPLY to the commission for:

1. An order for repayment under section 408F(1) of the Act of a fee received by the respondent for [finding] [attempting to find] [me] [the claimant] [the member] work in contravention of section [400(1)] [400(2)] of the Act.
2. The following decision:
  - (a) That *(full name of respondent)*, the respondent, repay to *(full name of member, claimant)* the total sum of \$
  - (b) *(any other order sought)*  
*(Note an application can not be made to the commission if the total fee claimed is more than \$20,000 S.403(2).)*
3. Further I apply for directions as to the conduct of this application in relation to the following matters -
  - (a) nature of conference/hearing;
  - (b) place and time of hearing;
  - [(c) *(any other directions required)*]; and

4. Further, I, [make oath and say] [solemnly and sincerely affirm and declare] as follows –

(a) Neither I nor to the best of my knowledge, information and belief, has any other person eligible to make an application under section 403 of the Act in relation to [myself][the claimant] made an application under section 408G of the Act about the same matter.

(b) The material facts are:

(i) [I] [the claimant] [am] [not][is] [is not] a [model] [or] [performer]

*(set out in chronological order the events and circumstances surrounding the payment by the claimant of the fee, if possible include the dates when events occurred)*

[(c) The respondent contravened section 400(1) of the Act because:

[I] [the claimant] [am][is] not a model or a performer and the respondent [directly] [indirectly] [demanded] [ received] a fee for [finding] [attempting to find], [me] [the claimant] work.]

[(c) The respondent contravened section 400(2) of the Act because:

[(i) [I] [the claimant] [am][is] a [model] [performer] and the respondent [directly] [indirectly] [demanded] [ received] a fee for [finding] [attempting to find], [me] [the claimant] work; or ]

[(ii) The respondent did not give me a written notice stating the particulars required under regulation section, 13; or]

[(iii) The fee payable is more than the percentage prescribed under regulation section 14 of the gross amount payable, excluding any allowances and payments prescribed under regulation section 15, for the work; or ]

[(iv) The amount payable to [me] [the claimant]is at least the amount payable under the,

*(name the award or agreement that applies to the work and the rate of payment) ]*

(d) Full particulars of the amount claimed are set out in Schedule 1 attached.

All the facts and circumstances deposed to in this my affidavit are within my own knowledge and belief, except for the facts and circumstances deposed to from information only, and my means of knowledge and sources of information appear on the face of this my affidavit.

*(signature)*

Deponent

[**SWORN**] [**AFFIRMED**] by the deponent at

on

*(place)*

*(day, month and year)*

before me:

*(signature)*

*(print name)*

[Justice of the peace][commissioner for declarations][lawyer] *(other qualified person)*

#### **TO RESPONDENT:**

**TAKE NOTICE that if you wish to oppose this application or to argue that any different decision should be made, you must attend before the commission in person or, if appropriate, by your agent at the time on the date and at the place fixed by the registrar and you will be heard. If you do not attend as required a decision may be given against you in terms of the decision sought and costs, where appropriate, without further reference to you.**

## **Schedule 1 Particulars of amount payable**

*(The details of the amount payable must be sufficient to enable the respondent to know the exact nature of the claim being made and how the amount claimed was arrived at.)*

(Last page)

PARTICULARS OF THE APPLICANT

Name:

Position or title: *(if applicable)*

Organisation, corporation, association, department etc: *(if applicable)*

Residential or business address:

**Applicant's address for service:**

Applicant's phone number or contact phone number:

Applicant's fax number: *(if any)*

Applicant's e-mail address: *(if any)*

[IF APPLICANT HAS A LAWYER

Applicant's lawyer's name:

and firm name:

Lawyer's business address:

**Address for service:**

Phone:

Fax:

E-mail address: *(if any)*]

[IF APPLICANT HAS AN AGENT *(An appointment of agent form must accompany this application, R 13(1)(l)*

Applicant's agent's name:

and corporation or business name:

Agent's business address:

**Address for service:**

Phone:

Fax:

E-mail address: *(if any)*]

[PARTICULARS OF THE RESPONDENT *(If there is more than 1 respondent this information must be given for all respondents).*

Name:

Position or title: *(if applicable)*

Organisation, corporation, association, department etc: *(if applicable)*

Residential or business address:

**Respondent's address for service:**

Respondent's phone or contact phone number:

Respondent's fax number: *(if any)*

Respondent's e-mail address: *(if any)*]

[IF RESPONDENT HAS A LAWYER

Respondent's lawyer's name:

and firm name:

Lawyer's business address:

**Address for service:**

Phone:

Fax:

E-mail address: *(if any):*]

[IF RESPONDENT HAS AN AGENT

Respondent's agent's name:

and corporation or business name:

Agent's business address:

**Address for service:**

Phone:

Fax:

E-mail address: *(if any)*]