



NUMBER:

**Form 2A - Application to Industrial Court of Queensland – non-chapter 12
approved form**

Version 2

Applicant: (NAME OF APPLICANT IN MATTER)

AND

Respondent: (NAME OF RESPONDENT IN MATTER)

This is an Application to the Industrial Court of Queensland, pursuant to *(INSERT SECTION
AND NAME OF ACT UNDER WHICH THE APPLICATION IS BEING MADE)*

1. The Applicant:

| | | | |
|-------------------------------|--|-------------------|--|
| Name of applicant | | | |
| Name of contact person | | | |
| Postal address | | | |
| Suburb | | Postcode | |
| Phone number | | Fax number | |
| Mobile number | | | |
| Email address | | | |

(a) 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

b) The Applicant's representative

| | | | |
|-------------------------------|--|-------------------|--|
| Organisation | | | |
| Name of contact person | | | |
| Postal address | | | |
| Suburb/Town | | Postcode | |
| Phone number | | Fax number | |
| Email address | | | |

2. The 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 | |
| Email address | | | |

3. DETAILS OF DECISION SOUGHT:

| |
|--|
| |
|--|

4. MATERIAL FACTS RELIED ON TO SUPPORT THE APPLICATION

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

5. Further, I [make oath and say] [solemnly and sincerely affirm and declare]
 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.

6. **Signature**

| | |
|------------------|--|
| Signature | |
| Name | |
| Date | |

Taken by:

| | | |
|--|--|--|
| Sworn/Affirmed by the deponent at: | | |
| on: | | |
| Signature | | |
| Print Name | | |
| Date | | |
| Justice of the peace/commissioner for declarations/lawyer/other qualified person | | |