

<p>Form 7 Version 1</p>	<p style="text-align: center;">Notice of appeal <i>Building and Construction Industry (Portable Long Service leave) Act 1991, section 88 and the regulation section 19.</i> <i>Coal Mining Safety and Health Act 1999, sections 236, 237 and 243</i> <i>Contract Cleaning Industry (Portable Long Service Leave) Act 2005, section 92</i> <i>Electricity Regulation 2006, section 214</i> <i>Mining and Quarrying Safety and Health Act 1999, sections 216, 217, 223</i> <i>Petroleum and Gas (Production and Safety) Act 2004, section 823(3)</i> <i>(This form is to be used for appeals commenced by 'notice of appeal' to the Industrial Court of Queensland or Industrial Magistrates Court under any of the Acts above)</i></p>	<p>R.4, R.8(4) & R.112(1)(b)</p>
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[INDUSTRIAL COURT OF QUEENSLAND]

[INDUSTRIAL MAGISTRATES COURT]

(Insert name of relevant Act eg *Building and Construction Industry (Portable Long Service Leave) Act 1991, section...*)

Appellant: (insert name of appellant)

AND

Respondent: (insert name of respondent)

(Matter No. /20 /)

NOTICE OF APPEAL

[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]

[TO: The Clerk of the Magistrates Court at]

AND to the Respondent *(insert name of respondent)*

TAKE NOTICE that the appellant appeals to the [Industrial Court][Industrial Magistrates Court] against *(specify whether the whole or part, and if part, which part)* the [decision][directive][determination] of *(insert name/title of person who made decision appealed against eg Minister, chief inspector, board, authority, employer, relevant official etc)*.

1. DETAILS OF DECISION ETC APPEALED AGAINST ARE -

Date of [decision][directive][determination]: *(insert day, month, year)*

Person/entity that made or gave [decision][directive][determination]:

Description of parties involved: *(eg Full names and titles)*

Date [reasons for decision][information notice] *(or other notice etc)* given: *(insert day, month, year)*

(A copy of the decision, directive, determination etc and any notice of the decision, information notice or reasons for making or not making the decision, directive or determination etc must be attached)

2. GROUNDS - *(specify briefly the grounds of the appeal)*

3. FACTS RELIED ON - *(specify briefly the facts you rely on to support your appeal)*

4. DECISION SOUGHT – *(specify the decision sought in lieu of that appealed from including any special order as to costs)*

Signed: *(appellant or representative)*

Description: *(of signatory eg solicitor)*

Dated: *(insert date)*

This Notice of Appeal is to be served on: All parties to the appeal.

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 lawyer or 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.

(Last page)

PARTICULARS OF THE APPELLANT

Name:

Position or title: *(if applicable)*

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

Residential or business address:

Appellant's address for service:

Appellant's phone number or contact phone number:

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

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

[IF APPELLANT HAS A LAWYER

Appellant's lawyer's name:

and firm name:

Lawyer's business address:

Address for service:

Phone:

Fax:

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

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

Appellant'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(S) *(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)*]