



INDUSTRIAL COURT
QUEENSLAND

NUMBER:

Form 7 – Notice of appeal

Industrial Relations (Tribunals) Rules 2011, rule 4, 8(4) and 112(1)(b)

Building and Construction Industry (Portable Long Service Leave) Act 1991, section 88 and the regulation section 19

Coal Mining Safety and Health Act 1999, section 236, 237 and 243

Contract Cleaning Industry (Portable Long Service Leave) Act 2005, section 92

Electricity Regulation 2006, section 214

Mining and Quarrying Safety and Health Act 1999, sections 216, 217 and 223

Petroleum and Gas (Production and Safety) Act 2004, section 823(3)

Version 3

Appellant: **(NAME OF APPELLANT IN MATTER)**

AND

Respondent: **(NAME OF RESPONDENT IN MATTER)**

This is an appeal to the [Industrial Court Queensland] [Industrial Magistrates Court] against [the whole] [part] of the [decision] [directive] [determination] of (*insert name/title of person who made the decision appealed against*)

1. The Appellant:

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

(a) Does the Appellant have a representative?

- Yes - Provide representative's details below and file a Form 33 or 34
 No

(b) The Appellant's Representative

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

2. The Respondent

The Appellant must serve a copy of this Appeal on all parties to the Appeal.

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

3. DETAILS OF DECISION APPEALED AGAINST:

| | |
|--|--|
| Date of [decision] [directive] [determination] <i>(day, month, year)</i> | |
| Person/entity that made or gave [decision] [directive] [determination] | |
| Description of parties involved: <i>(eg: full names and titles)</i> | |
| Date decision given: <i>(day, month, year)</i> | |

NOTE: 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, determination etc. must be attached to the notice of appeal)

4. GROUNDS OF THE APPEAL (*specify briefly the grounds of the appeal*)

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

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

| |
|--|
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|--|

7. SIGNATURE

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