

Matter Num	ber:		
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Form 3 – Amended application

Industrial Relations Act 2016, sections 527 and 989
Industrial Relations (Tribunals) Rules 2011, rule 18

seal

Informatio<u>n</u>

- Use this form for amending an application made to the Industrial Court of Queensland or Queensland Industrial Relations Commission.
- 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.
- The amended application must conform to rule 19 of the *Industrial Relations (Tribunals) Rules 2011*. Please also note rules 18, 20, 21, 22, and 23
- Once your form has been processed the Industrial Registry will contact you and provide you with a sealed copy of your amended application.

Practice Direction 3 of 2021 - 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

Applicant:	
	V
Respondent:	

PLEASE NOTE: If there are more than two parties to this application, please complete a **Form 1 – Parties list** and file it with this form.

Application		
This is an application to the	Industrial Court of Queensland	Queensland Industrial Relations Commission, pursuant to

1. Applicant							
Title: (please select)	Mr	Mrs	Ms	Miss	Mx	Other:	
Name of applicant:							
Name of contact person:							
Postal address:							
	Suburb/Town						Postcode
Phone number:					Fax n	umber:	
Mobile number:					·		
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

Organisation:			
Name of contact person:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Fax number:	
Mobile number:			
Email address:			
3. Respondent			
The applicant must serve a cop	py of this application on the respondent		
Name of respondent:			
Name of contact person:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Fax number:	
Mobile number:			
Email address:			

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4 . Details of decision sought	
3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)	

5. Signature of applicant	or representative
Signature:	
Name in full (please print):	
Date:	

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