Matter No):		
	/	/	

Form 47 – Application for decision about designated award or contract determination for an agreement

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Industrial Relations Act 2016, s 213(2), s 406ZJ Industrial Relations (Tribunals) Rules 2011, r 174

Information

- Use this form to apply for a decision about the designated award for a certified agreement or the contract determination for a negotiated agreement.
- Please read this form carefully and complete all relevant sections.
- Documents which are longer than 30 pages in length must be provided to the Industrial Registry in hard copy before it will be accepted for filing.
- For further information please refer to the website www.qirc.qld.gov.au or contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au.

Application						
This application is made by:						
☐ Employer/Principal Contractor ☐ Employee Organisation						
This application is made to the Queensland Industrial Relations Commission, in accordance with the <i>Industrial Relations Act 2016</i> , for a decision about a designated award/contract determination that is appropriate for the purposes of deciding if a certified/negotiated agreement passes the no-disadvantage test, pursuant to [select one]:						
s 213 (certified agreement) s 406ZJ (independent couriers – negotiated agreement)						
In the matter of a propose	d certified/negotiated agreement between					
Name of employer/						
principal contractor:						
AND						
Name of organisation/s:						

1. The proposed agreement					
1.1 Name of proposed agreement:					
1.2 Type of work persons under the proposed agreement are engaged in:					
in a similar kind of wo	ork as the persons covered		orking conditions of those employed nd is the appropriate award/contract		
2. Particulars of the par	ty making the application	an .			
Name:	ty making the application	יונ			
Postal/Service address:	Suburb/Town		Postcode		
Phone number:		Mobile number:			
Email address:					
Name of contact person:					
Direct phone number:		Mobile number:			
Direct email address:					
3. Particulars of the oth	er party				
Name:					
2					
Postal/Service address:	Suburb/Town		Postcode		
Phone number:		Mobile number:			
Email address:					
Name of contact person:					
If there are more parties to	the agreement, please	complete a Form 1 – Parties L	ist and file it together with this form		
4. Signature of party ma	king the application				
Signature:					
Name:					
Position/Capacity:					
Date:					