



Matter No: / /

# Form 49 – Application to amend a bargaining instrument or negotiated agreement



Industrial Relations Act 2016, s 225, s 406ZR  
Industrial Relations (Tribunals) Rules 2011, r 176

**Information**

- Use this form to apply for an amendment to an existing bargaining instrument or negotiated agreement.
- This application must be accompanied by a **Form 20 – Affidavit** addressing the requirements under the *Industrial Relations Act 2016* and the *Industrial Relations (Tribunals) Rules 2011*.
- The Applicant must file the original application, amendment, and affidavit.
- If the Applicant wants a copy of the filed application and amendment returned, the Applicant must provide an extra copy at the time of filing.
- Please read this form carefully and complete all relevant sections.
- For further information please refer to the website [www.qirc.qld.gov.au](http://www.qirc.qld.gov.au) or contact the Industrial Registry on 1300 592 987 or via email at [qirc.registry@qirc.qld.gov.au](mailto:qirc.registry@qirc.qld.gov.au).

**Application**

This application is made to the Queensland Industrial Relations Commission, in accordance with the *Industrial Relations Act 2016*, for an amendment to an agreement, pursuant to [select one]:

s 225 (bargaining instrument)       s 406ZR (independent couriers – negotiated agreement)

This application is made by:

Employer/Principal Contractor

Employer/Principal Contractor AND Employee organisation/s

A person who wants to become a party to the agreement

1. The bargaining instrument/negotiated agreement	
1.1 Name of bargaining instrument/negotiated agreement:	
1.2 Matter/Agreement number:	
1.3 Date of making:	
1.4 Nominal expiry date:	

## 2. Particulars of the party/parties making the application

Applicant			
Name:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			
Name of contact person:			
Direct phone number:		Mobile number:	
Direct email address:			

Employer/Principal Contractor representative [if different from above]:			
Name:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			
Name of contact person:			

Employee Organisation			
Name:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			
Name of contact person:			

If there are more parties to this matter, please complete a **Form 1 – Parties list** and file it together with this form.

### 3. Details of amendment sought

Please provide sufficient details of the amendment sought.

*Please attach a schedule if more room required*

#### 4. Signature/s of Applicant/s

##### Employer representative

Signature:

Name:

Position/Capacity:

Date:

##### Employee organisation

Signature:

Name:

Position/Capacity:

Date:

##### New party [if applicable]

Signature:

Name:

Position/Capacity:

Date:

#### 5. Checklist

5.1. A copy of the amendment is attached to this application and marked **Attachment A**

5.2 A **Form 20 - Affidavit** of \_\_\_\_\_, addressing the requirements under s 225 or s 406ZR of the *Industrial Relations Act 2016* and rule 176 of the *Industrial Relations (Tribunals) Rules 2011* is attached to this application and marked **Attachment B**