



Matter No: / /

Form 26 – Unfair Termination Application (Independent Couriers)



Industrial Relations Act 2016, s 406ZY, s 527, s 989
Industrial Relations (Tribunals) Rules 2011

Information

- Use this form to make an unfair termination application in relation to an independent courier’s service contract.
- 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.
- The Respondent must file in the Industrial Registry, and serve on the Applicant, a **Form 26A – Principal Contractor’s Response to Unfair Termination Application** within **14 days** of receipt of this application.
- 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 is an unfair termination application (independent couriers) filed with the Queensland Industrial Relations Commission pursuant to s 406ZY(2) of the *Industrial Relations Act 2016*.

Applicant	
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v

Respondent	
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1. Applicant’s details

Title [please select]:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx <input type="checkbox"/> Other: _____		
Name of Applicant [Independent Courier or organisation]:			
Name of contact person:			
Postal/Service address:			
	<small>Suburb/Town</small>	<small>Postcode</small>	
Phone number:		Mobile number:	
Email address:			

2. Applicant's representative

[if applicable - also File a Form 33 - Notice of Appointment of Agent or Form 34 - Lawyers Notice of Address for Service]

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

3. Independent Courier's details [if different from the Applicant]

[Only complete this section if this application is being made by an organisation on behalf of the Independent Courier]

Title [please select]:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Mx	<input type="checkbox"/> Other: _____
Name of Independent Courier:						
Postal/Service address:						
	Suburb/Town					Postcode
Phone number:		Mobile number:				
Email address:						
I consent to the organisation making this application on my behalf concerning the unfair termination of my courier service contract. The organisation is entitled to represent my industrial interests.						<input type="checkbox"/>
Signature of Independent Courier:						

4. Respondent

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

5. Signature of Applicant

Signature:			
Name:			
Date:			

6. Contract details

6.1 What was the commencement date of the courier service contract?

6.2 What date was notification given of the termination of the courier service contract?

6.3 What date did the termination take effect?

6.4 Is this application being made within 21 days after the day the termination took effect?

Yes

No Please outline the reasons for the delay in filing the application below

Reasons for delay:

Please attach a schedule if more room required

7. Decision sought

The principal contractor **reinstates** the courier service contract on conditions at least as favourable as the conditions of the terminated courier service contract immediately before it was terminated.

The payment of an amount for the termination of the courier service contract and the period between the termination and reinstatement.

The period after the termination of the courier service contract to be treated as a period of engagement under relevant courier service contract.

If the Commission considers reinstatement of the courier service contract would be impracticable, the remedy sought by the Applicant would be the payment of an amount of compensation.

8. Reasons given for the termination and the grounds of the application

Please outline, in consecutively numbered paragraphs, the reasons, if any, given by the Respondent for the dismissal, as well as reasons why the dismissal was harsh, unjust or unreasonable.

Please attach a schedule if more room required