

**Form 2 — Notice of application (s. 29(1)(b)(i))**

[r. 61(1)]

*Industrial Relations Act 1979*

In the Western Australian Industrial Relations Commission

No. .... of 20.....

**Notice of application**

To: .....  
.....  
.....

(name, address and telephone number of employer — attach schedule if necessary)

NOTE: It is important to correctly state the full name of the employer. If the employer in this matter is a trading, financial or foreign corporation the Commission may not have jurisdiction to deal with the matter. If known, please indicate whether the employer is one of the following:

- Company       Incorporated Association       Trust
- Unincorporated (eg. sole trader, partnership or other)
- State Government Agency       Other .....

TAKE NOTICE THAT .....  
.....  
.....

(name, address and telephone number of applicant — attach schedule if necessary)

has this day applied to the Commission for an order of reinstatement or compensation in respect of a harsh, oppressive or unfair dismissal for the reasons set out in the attached statement.

.....  
.....  
.....

(signature of applicant)

This notice must be completed by the applicant, signed and, where necessary, sealed, and a written statement of claim or other adequate description of the subject matter of the application must be attached. For endorsements, see the back of this Form.

**Where a fee is payable with an application it must be paid at the time of lodgement of the application, or within 7 days of the lodgement, or the application will not be processed.**

(Stamp of Commission)

# Please Note

Claims which are referred to the Western Australian Industrial Relations Commission which allege an unfair dismissal must be accompanied by the payment of a fee of \$50.00.

The fee can be paid by the following means –

- Cash (must not be sent through the mail)
- Cheque or Money Order (made payable to the Western Australian Industrial Relations Commission)
- Credit Card (If you are paying by credit card please complete the form below and return with your application.)
- Eftpos

Completed forms and application fee must be returned to:

Western Australian Industrial Relations Commission  
Locked Bag 1  
Cloisters Square  
PERTH 6850

**The new fees are applicable to applications received from 1 August 2002**



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**Credit card**

Type of card  Bankcard  Visa  Mastercard

Card Number      \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Expiry Date      \_ \_ / \_ \_

Cardholder's Name      .....

Signature      .....

For endorsements see back hereof.

**INDUSTRIAL RELATIONS COMMISSION REGULATIONS 2005**

**REGULATION 61(1) - PARTICULARS OF CLAIM**

(Approved by the Chief Commissioner under r.61(1))

The Western Australian Industrial Relations Commission has authority to hear and decide a claim that a person has been harshly, oppressively or unfairly dismissed. The claim must be lodged within 28 days the employment terminated; if your claim is outside this time you must complete these particulars and also make a statement why your claim is outside this time. The Commission will then decide whether it would be unfair not to accept your claim before dealing with your claim.

Where the Commission is satisfied the claim is justified, it may order the former employer to reinstate or re-employ the person or order the employer to pay compensation not exceeding 6 months' remuneration. This will depend on each case as decided by the Commission.

Commission staff cannot advise you on these matters. They can only provide information to let you make your own decision. You may seek independent advice from a lawyer, industrial agent or union.

Please provide the following particulars. (Note: if you are also lodging a claim that you have been denied a benefit under your contract of service you do not have to fill in paragraphs 1 to 19 if you have filled in those paragraphs in that other claim.)

<b>Applicant Details</b> (Yourself)	1 Your Full name	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other..... Family name ..... Given names ..... Date of Birth .....
	2 Home address	No. & street ..... suburb/town ..... postcode .....
	3 Telephone	business hours ( ) ..... [other] ( ) .....
	4 Facsimile or E-mail (if any)	facsimile ( ) ..... E-mail .....
<b>Your Representative</b>	5 Name and address of your authorised representative (if known at this stage)	Name: ..... No. and street ..... suburb/town ..... postcode ..... Is this person a registered industrial agent? Yes <input type="checkbox"/> No <input type="checkbox"/>
	6 Contact numbers for your authorised representative	telephone ( ) ..... facsimile ( ) ..... E-mail .....
<b>Service of Notices</b>	7 Where do you want your notices and / or correspondence sent? (choose one only)	to your home address <input type="checkbox"/> to the address of authorised representative <input type="checkbox"/> other <input type="checkbox"/> - give details below ..... .....
<b>Employer Details</b> (Respondent)	8 Contact Name (ie - Manager, Supervisor)	..... .....
	9 Respondent's trading address or registered office.	..... ..... suburb/town ..... postcode .....
	Contact numbers	telephone/s ( ) ..... facsimile ( ) ..... ( ) ..... E-mail .....
	10 Nature of Respondent's business	..... .....





**Research Information**

To help us in our long term research to enable us to provide a better service, we would appreciate you answering the following questions;

Male  Female  Date of Birth; \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you become aware of your right to make this application?

Friend  Work colleague  Legal or industrial advisor  Legal Aid  Citizens Advice  Union   
Media  Family member  Department of Productivity and Labour Relations

Other .....

Approximately how many employees does your employer have?

**Declaration**

I declare that all the facts in this application are correct and complete to the best of my knowledge and belief.

signature of applicant	date / /
name (print)	