

Form 3 — Notice of application (s. 29(1)(b)(ii))

[r. 61(2)]

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)

TAKE NOTICE THAT

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

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

has this day applied to the Commission for an order in respect of his or her claim that he or she has not been allowed by you a benefit, not being a benefit under an award or order, to which he or she is entitled under his or her contract of employment for the reasons set out in the attached statement.

.....
.....

.....
.....

(signature of applicant/s)

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 lodged with the Western Australian Industrial Relations Commission which allege that an employee has not been allowed a benefit to which they are entitled under their contract of employment must be accompanied by the payment of the application 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

✂ -----
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(2) - PARTICULARS OF CLAIM

(Approved by the Chief Commissioner under r.61(2))

The Western Australian Industrial Relations Commission has authority to hear and decide claims that a person has been denied a benefit to which they are entitled under their contract of employment, providing it is not a benefit described in an applicable award, order, enterprise agreement, registered workplace agreement or some entitlement from the Minimum Conditions of Employment Act.

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 unfairly dismissed you do not have to fill in paragraphs 1 to 19 if you have filled in those paragraphs in that other claim.)

Applicant Details (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
Your Representative	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
Service of Notices	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
Employer Details (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

Claim that due contractual benefits have been denied

20 What employment condition are you claiming you are due under your contract of employment?

(Employment conditions are conditions that were agreed between you and your employer. They are not entitlements under an award, industrial agreement, workplace agreement or under a statute such as the Minimum Conditions of Employment Act.)

If the employment condition has a value, please state the value eg commission payable of \$x.

\$

FOR

Note: The Commission cannot enforce award entitlements or entitlements under a statute.

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) _____