



Form 4 – Application in existing proceedings

Industrial Relations Act 2016, sections 527 and 989
Industrial Relations (Tribunals) Rules 2011, rule 8

seal

Information

- Use this form for making interlocutory applications in the Industrial Court of Queensland or Queensland Industrial Relations Commission.
- Please read this form carefully. Please complete all relevant sections. Information that is missing or non-compliant with the relevant section of an Act or the Rules may result in the rejection of your form.
- Once your form has been processed the Industrial Registry will contact you and provide you with a sealed copy of your application.

Practice Direction 3 of 2021 - ELECTRONIC FILING AND HARD COPIES OF DOCUMENTS. Documents which are longer than 30 pages in length must be supplied to the Industrial Registry in hard copy before it will be accepted for filing.

Note: The applicant may file a **Form 20 - Affidavit** in support of the application

For further information please contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au

Applicant:

v

Respondent:

PLEASE NOTE: If there are more than two parties to this application, please complete a **Form 1 – Parties list** and file it with this form.

Application

This is an application to the Industrial Court of Queensland Queensland Industrial Relations Commission, pursuant to

1. Applicant

Name of applicant:

Name of contact person:

Postal address:

Suburb/Town

Postcode

Phone number:

Fax number:

Mobile number:

Email address:

Does the applicant have a representative?

A representative might be a lawyer, a union, an agent or a family member or friend who will speak on behalf of the applicant. There is no requirement to have a representative.

Yes - provide representative's details below and file a Form 33 or 34

No

2. Applicant's representative

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

3. Respondent

The applicant must serve a copy of this application on the respondent

| | | | |
|--------------------------------|-------------|--------------------|----------|
| Name of respondent: | | | |
| Name of contact person: | | | |
| Postal address: | | | |
| | Suburb/Town | | Postcode |
| Phone number: | | Fax number: | |
| Mobile number: | | | |
| Email address: | | | |

4 . Details of decision sought

3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)

5. Signature of applicant or representative

| | |
|-------------------------------------|-----|
| Signature: | |
| Name in full (please print): | |
| | |
| Date: | / / |