

FORM 2

Industrial Relations Act 1984

**APPLICATION FOR HEARING IN RESPECT OF AN INDUSTRIAL DISPUTE
SECTION 29(1)**

The President,
Tasmanian Industrial Commission.

This application is made by:

* an employee:

* an employer: (*trading or company name etc.*)

* an organization: (*name of organization*)

The circumstances of the *dispute /*likely dispute are as follows:-

SEE OVER LEAF

Name:

Address:

* Office or position:

Signature:

Date:

* *Strike out if inapplicable*

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Applicant Details

Name: Mr/Mrs/Miss/Ms

(Surname)

(Given Names)

Address:

Telephone: (Work) (Private)

Employer Details

Employer:

Trading name (if applicable):

Manager: Telephone:

Fax:

Address:

Business address:

Nature of business:

Employment Details

Contract of employment: Full-time Part-time Casual Other

Award/ Agreement title:

Classification:

Duties performed:

Employment commenced:

Effective date of termination:

Gross wage: (per week/hour)

Statement in Support of Application

The circumstances in respect of the dispute relating to the likely termination of employment are as follows:

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