

Form 7A <i>Application for relief in relation to unfair dismissal</i>

Industrial Relations Act 1996 (NSW)

INDUSTRIAL RELATIONS COMMISSION OF NEW SOUTH WALES

APPLICATION FOR RELIEF IN RELATION TO UNFAIR DISMISSAL

File Number:	IRC	of
Date Filed:		

SPECIAL NOTE FOR APPLICANTS

- Not all employees who believe they have been unfairly dismissed can make an application under this Act. Check that you are eligible before you file this application. For example, you would not be eligible to bring a claim if:
 - you were dismissed **after 1 January 2010** and you were employed by a private sector employer
 - you were an employee engaged under a contract of employment for a specified period of time, if the specified period is less than 6 months
 - you were an employee engaged under a contract of employment for a specific task
 - you were an employee engaged on probation where the probationary period was determined in advance and was of 3 months duration or less
 - you were employed on a casual basis for a short period
 - you were an employee of the state public sector or local government sector not covered by any award earning annual remuneration not greater than \$145,400 or such greater amount as may be prescribed by the regulations.
- You must file your application **within 21 days** of the date when you believe you were dismissed. If you file the application any later than that time, the Commission will have to decide at some subsequent date whether you should have permission to continue with your claim. If the application is late, complete questions 33 and 34 in addition to questions 1–32.

- Please complete all of the details in this application form carefully. If you do not have a legal representative or union assisting you in completing this form, you are required to verify the details you include in this form by statutory declaration. Under the *Oaths Act 1900* (NSW) there are substantial penalties for knowingly making a declaration that is in any respect untrue.
- You should personally attend the conciliation conference which will be convened after you file your application. In order to make the conciliation conference effective, the person attending the conference must have authority to settle the matter.
- You are required to pay a filing fee of \$84 for lodging your application, unless the Industrial Registrar decides to waive that fee after being satisfied, upon your application, that the fee would cause you financial hardship.

Details in relation to these matters are available from the Industrial Registry.

Telephone: (02) 8688 3516

Registry Hours: 9.00am–4.00pm

PLEASE COMPLETE THE FOLLOWING, and in doing so:

- Complete the right hand column only.
- Where you are asked for grounds or reasons, please **BE BRIEF**—you can give more details, if you wish, to the Commission at the first conciliation conference.

PERSONAL DETAILS OF THE EMPLOYEE (APPLICANT)	
1. Name	Family name Given names
2. Status/Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> (specify)
3. Home address and contact details (Note: Do not use a post office box number)	Postcode: Work: () Home/after hours: () Fax: () Email:
4. Date of birth	(day) (month) (year)

5. First language	English <input type="checkbox"/> Other <input type="checkbox"/> (specify) Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you have any special requirements such as difficulties with access, hearing or impaired sight with which you require assistance at any proceedings in the Commission?	
ABOUT THE EMPLOYER (RESPONDENT) AND THE EMPLOYMENT	
7. Employer's name	
8. Employer's main office address	
9. Your place of work	
10. Contact person for employer	Name: Phone: () Fax: ()
11. Employer's business or industry	
12. Your occupation—name of job or type of work performed for the employer	
13. Type of employment	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> (hours per week) Casual <input type="checkbox"/>
14. Date of starting work with the employer	
15. Date of dismissal or threatened dismissal	
16. Last day worked (if different from answer to question 15)	
17. Did the employer provide reasons for dismissal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. If provided, what were the reasons given?	

<p>19. If provided, attach a copy of any relevant documentation such as:</p> <ul style="list-style-type: none"> • any written termination notice • employment separation certificate • any letter or other document that sets out reasons for dismissal 	
OTHER DETAILS OF EMPLOYMENT	
<p>20. Name of State award or agreement applying to your employment (if any or if known)</p>	
<p>21. Are you a State public sector employee?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>
<p>22. Are you a Local Govt sector employee?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>
<p>23. What is your normal gross (before tax) pay every week?</p>	
<p>24. If you receive any extra non-wage benefits in your employment (eg private use of a car), please detail these if known</p>	
REASONS FOR APPLICATION	
<p>25. Why do you say your dismissal (or threatened dismissal) was harsh, unreasonable or unjust? Please set out your reasons on the page attached to this form headed "Reasons for Application".</p>	
RELIEF SOUGHT	
<p>26. What are you seeking? (Tick one or more boxes)</p>	<p>Reinstatement to your former position <input type="checkbox"/> Re-employment to another position <input type="checkbox"/> Monetary compensation <input type="checkbox"/></p>
<p>27. If you seek re-employment, not reinstatement, please detail the job you wish to obtain</p>	

<p>28. If you are seeking monetary compensation, please specify how much you seek and how you calculate the amount (Note: The monetary compensation that can be awarded to you is up to 6 months of your total remuneration)</p>	
REPRESENTATION	
<p>29. Are you being represented in this application?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>30. If you are being represented, please specify type of representative</p>	<p>Lawyer <input type="checkbox"/> Union <input type="checkbox"/> Other <input type="checkbox"/></p>
<p>31. Give details of the name address and telephone and/or fax number of your representative (Note: If you have nominated a representative, notices will be sent to the representative)</p>	<p>Name: Address: Telephone number: () Fax number: () DX: Email:</p>
<p>32. If you are being represented by a union, do you wish to make a small claim?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
LATE APPLICATIONS (IF APPLICABLE)	
<p>33. Have you filed this application more than 21 days after the date that you believe you were dismissed?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>34. If the answer to Question 33 is yes, what was the reason or reasons why your application was filed late? (Note: Please give short reasons, which may be expanded if necessary at a time nominated by the Commission)</p>	

If you are unrepresented, complete the following declaration:

Statutory Declaration

I....., of
(name) (address)

.....do
(occupation)

solemnly and sincerely declare that the contents of this application form as completed by me are true and correct to the best of my knowledge, information and belief, and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900* (NSW).

Declared by the Applicant at)
On)
Before me:)
Applicant

.....
Justice of the Peace

Certificate under section 34 (1) (c) of Oaths Act 1900

* Please cross out any text that does not apply

I, , a JP of NSW..... , certify:
[insert full name of JP] [insert JP registration number]

- 1. *I saw the face of the declarant/deponent OR
*I did not see the face of the declarant/deponent because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it, and
- 2. *I have known the person for at least 12 months OR
*I confirmed the person’s identity with
[describe identification document relied on]

.....
[insert signature of JP] [date]

Only to be completed by represented applicants

.....
Applicant’s representative

FINALLY:

- Please read the **INFORMATION SHEET** provided to you before you file this application.
- The Registry will post a copy of the application on the employer at the address you have shown
- You will be advised of a conciliation conference date before a member of the Commission. Please ensure that when you attend for the conciliation conference you are prepared to discuss the matter and the question of settlement. You should bring with you all relevant documents that you have concerning your employment (and, where possible, copies of those documents), together with a copy of this application form.
- Ensure you attach a copy of any written termination notice, employment separation certificate and any letter or document setting out the reasons for dismissal.
- You should make every effort to contact your employer with a view to settling the claim.

