

Schedule 1

FORMS

Form 1

[reg. 3 (3)]

Workplace Agreements Act 1993 sections 29 and 40F

APPLICATION FOR REGISTRATION OR APPROVAL OF AGREEMENT

Please complete sections 1 - 7 inclusive

1. I/we wish to have the attached agreement registered as (where applicable):
 - An individual workplace agreement.
 - A collective workplace agreement (other than an agreement intended to prevail over a federal award).
 - An agreement under section 23 (1) of the Act (addition of party or parties to a collective workplace agreement).
 - An agreement under section 24 (1) of the Act (cancellation of a workplace agreement).
 - A collective workplace agreement or addition to a collective workplace agreement intended to prevail over a federal award. **(If this option is ticked, a Form 2 must also be complete. See Employer Guide for details).**

2. EMPLOYER (complete below or state page number in agreement where details are found).

COMPANY NAME (Pty. Ltd., Ltd., Inc. or individual's name)	
TRADING NAME	
BUSINESS ADDRESS	
MAILING ADDRESS (if different)	
	Postcode:
PHONE	
CONTACT NAME & POSITION	

3. EMPLOYEE(S)

Attach typed schedule OR state page of agreement where details are found OR enter details on reverse of this form.

4. A party requests a meeting with the Commissioner/Tribunal. Indicate name(s) if ticked. [✓] if yes
5. Have you previously lodged a workplace agreement with this office? [✓] if yes
6. Is the employer a public sector agency? [✓] if yes
7. Signature(s) of applicant (s)

.....

Date

.....

Name(s) (PLEASE PRINT)

If this form is lodged by a bargaining agent authorized to do so

Name of bargaining agent:

Address for service:

EMPLOYEE DETAILS

Attach typed schedule or copy this form if necessary or phone (08) 9482 7800 for copies

ALL APPLICANTS MUST COMPLETE THIS SECTION (Please underline surname and indicate title, i.e. Mr, Mrs, Ms, Dr, etc.)

Name	Address	Phone	Gender (M or F)	Date of Birth (if under 21)

Form 2

[reg. 3 (4)]

Workplace Agreements Act 1993 section 40F

**INFORMATION FOR TRIBUNAL'S CONSIDERATION
UNDER SECTION 40G**

Page 1

**Please complete sections 1 - 5 inclusive
See Employer Guide for more information on what the Tribunal needs**

**to be satisfied of when approving a workplace agreement under
section 40G of the Act.**

1. List in full the award or awards that cover the employees' work.

2. What is the employees' award classification? (If employees are on different classifications please list the award classification and title for each employee).

3. How was the effect of the workplace agreement explained to the employees? (e.g. by written information, informal discussions, informal meetings).

4. Has the employer offered a workplace agreement in the same terms to all employees doing the same kind of work as the employees covered by this application?

if yes

If no, what are the reasons?

COMPLETE THIS PAGE FOR EACH AWARD CLASSIFICATION GROUP WHERE TERMS AND CONDITIONS ARE THE SAME

Please make copies of this page if necessary or phone (08) 9482 7800 for copies.

<p>5. Describe how the workplace agreement differs from the award in relation to the following 4 matters:</p>		
	Award	Workplace Agreement
<p>Pay (e.g. base rates, allowances, shift/overtime/penalty rates, casual rates.)</p>		
<p>Hours (e.g. ordinary time hours of work, span of hours, rest breaks.)</p>		
<p>Leave (e.g. annual leave, personal/carer's leave, sick leave, long service leave.)</p>		
<p>Other main differences (e.g. new classifications, superannuation.)</p>		
<p>6. I declare that the information provided on this form is provided in good faith and to the best of my knowledge is true and correct.</p> <p>Name of person making declaration:</p> <p>.....</p> <p>Full name (PLEASE PRINT) (Position)</p> <p>.....</p> <p>(Signature) (Date)</p>		

If this form is lodged by a bargaining agent authorized to do so

Name of bargaining agent:

Address for service:

Form 3

[reg. 5 (1) (a)]

Workplace Agreements Act 1993 section 79 (1)

NOTICE OF INTENTION TO TAKE INDUSTRIAL ACTION

Expired workplace agreement No. _____ of 19

Date of expiry

To:

.....

.....

(Name and address of party to be served)

Take notice that

.....

.....

(Name(s) of party or parties intending to take industrial action)

intend(s) to take industrial action for the purpose of obtaining a new workplace agreement in place of the expired workplace agreement specified above.

Nature of proposed industrial action

.....

.....

.....

Place/places of proposed industrial action

.....

.....

Commencement date and time of proposed industrial action

.....

.....

Duration of proposed industrial action

.....

(Attach schedule if insufficient space for details)

.....
Signature(s) of party or parties
intending to take industrial action

.....

Date

*(Attach schedule if insufficient space
for all signatures on this form)*

If this form is lodged by a bargaining agent authorized to do so

Name of bargaining agent:

Address for service:

— See over for information as to service of notices —

A notice in this form must be served at least 7 days before the commencement of the proposed industrial action.

Service of notices

Regulation 5 (1) (b) of the *Workplace Agreements Regulations 1993* provides that a notice under section 79 (1) of the Act of intention to take industrial action is to be served on a party —

- (a) by delivering it to the party personally;
- (b) by sending it by registered post to the party's usual or last known place of abode, or if he or she is the principal of a business, at the party's usual or last known place of business;
- (c) where the party is a corporation or an association of persons (whether incorporated or not), by delivering or leaving the notice or sending the notice by registered post, addressed in each case to the corporation or association at its principal place of business or principal office in the State; or
- (d) by sending it by facsimile transmission to the party's facsimile machine number.

[Schedule 1 amended in Gazette 9 June 1998 pp.3146-50.]