

NOTIFICATION OF AN INDUSTRIAL DISPUTE

Pursuant to s 130 or s 332 of the *Industrial Relations Act 1996*

COMMISSION DETAILS

Industrial Relations Commission of New South Wales

Case number

TITLE OF PROCEEDINGS

Notifier [name]

[First] Respondent [name]

#Second respondent #Number
of respondents (if more than
two)

FILING DETAILS

Filed for **Notifier**
#Representative [Name of representative] [industrial organisation or firm]
Contact number [telephone]
Contact email [email address]

[First] Respondent contact name, telephone and email [name] [telephone] [email]

#Second respondent #Number of respondents (if more than two) contact name, telephone and email [name] [telephone] [email]

LISTING DETAILS

The parties will be advised of the date, time and place when the Commission will conduct a compulsory conference of this dispute. Any enquiries should be made to the Industrial Relations Commission Registry on 02 8688 3516.

DESCRIPTION OF DISPUTE AND RELIEF SOUGHT

Note: Set out below a summary of the dispute and the relief sought. Please **be brief** – you will have the opportunity to provide more details to the Commission at the compulsory conference and during any arbitration. If the Commission is requested to deal with the dispute on an urgent basis you should summarise the reasons for urgency.

1 []

2 []

SUPPLEMENTARY DETAIL

- #An application under s 380 for a small claim will be made at any arbitration [Yes/No]
If yes, complete Schedule 1
- #This dispute involves a dismissal and an order for reinstatement or re-employment is sought [Yes/No]
If yes, the notifier must provide particulars of that claim to the respondent(s) promptly after the notification of this dispute, unless an application has already been made under s 84 or s 98 of the *Industrial Relations Act 1996*.

SIGNATURE

- #Signature of or on behalf of Notifier
- Capacity [eg solicitor, authorised officer of industrial organisation]
- Date of signature [date]

NOTES TO PARTIES

1. The following parties may notify an industrial dispute using this form:
 - (a) an industrial organisation of employees or employers,
 - (b) an employer who is or is likely to be affected by the dispute,
 - (c) a person who is or is likely to be the subject of a secondary boycott in connection with the dispute,
 - (d) a State peak council.

If you are an individual employee you cannot notify a dispute [unless you are or are likely to be the subject of a secondary boycott].
2. The notifier must serve a copy of the notification on the other parties to the dispute.
3. Any dispute must concern an industrial matter, as defined in s 6 of the *Industrial Relations Act 1996*. Part 5 of the Industrial Commission Rules 2022 deals with dispute notifications, and the parties should refer to that Part in serving and being served with this notification.
4. If the respondent does not enter an appearance when this matter is listed before the Commission, or if there is no attendance by a party or their counsel, solicitor or agent at the time and place specified in this notice or as notified to the parties subsequently, the proceedings may be heard in their absence and an order may be made against the party who fails to appear.

COMPLIANCE WITH PRACTICE NOTES

Parties must comply with the Practice Notes of the Commission. The Practice Notes may be found at the following website: <https://www.irc.nsw.gov.au/irc/practice-and-procedures/practice-notes.html>.

REGISTRY ADDRESS

Street address	Industrial Relations Commission Level 10, 10 Smith Street Parramatta NSW 2150
Postal address	PO Box 927 Parramatta NSW 2124
Telephone	02 8688 3516

[Delete the Schedule below if not applicable]

**Schedule 1 – Application under s 380 of the *Industrial Relations Act 1996*
(NSW)**

PARTICULARS OF SMALL CLAIM

See s 379 of the *Industrial Relations Act* for the maximum amount which can be claimed under a small claims application.

Total amount claimed: \$ [insert amount]

[Please set out how the total amount claimed was calculated. Include, where relevant, the dates between which the underpayment is alleged to have occurred and any relevant award classifications for the payee(s) covered by the claim. You should also specify the payee(s) to whom any underpayment is to be paid]

CONSENT

I, [name of payee], consent to [name of representative] making this application on my behalf.

.....

[name of payee]

[date]

[Note: if there is more than one payee, please attach a schedule containing written and signed consents on behalf of each payee.]

SIGNATURE

#Signature on behalf of Notifier

Capacity [eg solicitor, authorised officer of Notifier]

Date of signature [date]