



AUSTRALIAN INDUSTRIAL REGISTRY

APPLICATION FOR WAIVER OF UNFAIR/ UNLAWFUL TERMINATION LODGEMENT FEE.

FINANCIAL INFORMATION

- The purpose of this form is to obtain information to help us make an informed decision about granting your application for waiver of the filing fee.
- Under the Workplace Relations Regulations, a Registrar may waive payment of the unfair/unlawful termination lodgment fee where he/she is satisfied that the applicant **will suffer serious hardship** in paying the fee.
- Failure to provide all relevant information may result in your application being refused.
- A Registrar undertakes to consider completed applications for waiver of the unfair/unlawful termination lodgment fee as a matter of priority. Where possible, you will be advised verbally of a Registrar's decision that may be confirmed in writing.
- Where the application for waiver is unsuccessful, you will be required to pay the lodgment fee immediately.
- Please note that your application for unfair/unlawful termination can only be accepted where the lodgment fee is paid or waived.
- Personal information is protected by law and can only be given to someone else where Commonwealth Legislation requires or you give your permission.

Part A**Personal details**

1 About you	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
	Surname	_____
	Given Name	_____
	Home Address	_____ _____
		_____ Postcode _____
	Postal Address (if different)	_____ _____
		_____ Postcode _____
	Phone Number	(business hours) _____ (mobile) _____
2 Do you have a partner?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	Partner's Occupation _____ _____
3 Give details of any dependant children	Number _____	Ages _____
4 About you Please tick <input checked="" type="checkbox"/> the box or boxes which describe your situation and provide the relevant details.	<input type="checkbox"/> No paid work	
	<input type="checkbox"/> Employed	Employer's name/ business name _____ Address _____ _____ Postcode _____
	<input type="checkbox"/> Receiving superannuation	Fund name _____ Address _____ _____ Postcode _____
	<input type="checkbox"/> Receiving Worker's Compensation	Fund name _____ Address _____ _____ Postcode _____

Part B**Income**

5 Please provide details of <u>your</u> current income		Amount	How often received (weekly, fortnightly etc)
	Wage or salary	_____	_____
	Social security payments	_____	_____
	Child support (paid to you)	_____	_____
	Income from rental property	_____	_____
	Interest on shares and investments	_____	_____
	Other income	_____	_____

6 Please provide details of <u>your partner's</u> income.		Amount	How often received (weekly, fortnightly etc)
	Wage or salary	_____	_____
	Social security payments	_____	_____
	Child support (paid to spouse)	_____	_____
	Income from rental property	_____	_____
	Interest on shares and investments	_____	_____
	Other income	_____	_____

7 Did you receive any lump sum payments on termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	_____
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Part C**Assets**

8 Money in financial institutions e.g. bank, credit union, building society etc. 1. 2. 3. 4.	Branch	Account Holder Details (self, joint, other)	Current Balance	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
9 Houses and other real estate 1. 2. 3. 4.	Address of property (if different from residence)	Owner details (self, joint, other)	% Owned	Current Value
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
10 Significant items of property e.g. car, boat, caravan. 1. 2. 3. 4.	Description	Owner details (self, joint, other)	% Owned	Current Value
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
11 Stocks, bonds, etc. (The Market value is the money you would get if you sold now.) 1. 2. 3. 4.	Description	Owner details (self, joint, other)	% Owned	Market Value
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Part D	Expenditure
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12 What is your household expenditure?					
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General expenses	Amount	How often paid	General expenses	Amount	How often paid
Rent or mortgage	_____	_____	Groceries/ food	_____	_____
Rates	_____	_____	Dental	_____	_____
Household Insurance	_____	_____	Chemist	_____	_____
Health Insurance	_____	_____	Medical	_____	_____
Electricity	_____	_____	School fees	_____	_____
Telephone	_____	_____	Childcare	_____	_____
Mobile Phone	_____	_____	Clothing/ shoes	_____	_____
Gas or heating	_____	_____	Spouse/ child support	_____	_____
Superannuation	_____	_____	Car expenses (petrol, maintenance)	_____	_____
Travel costs (fares)	_____	_____	Other	_____	_____

13 What are your regular repayments? (Money owed as loans and repayments etc.)	Available limit (Visa, Amex etc.)	Balance Owing	Frequency of payment (weekly, monthly)	Amount of regular payment
Credit Cards				
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Personal Loans	Money owed to	Reason for Loan	Frequency of payment (weekly, monthly)	Amount of regular payment
1.				
2.				
Hire purchase repayments				
1.				
2.				
3.				
Rental agreements				
1.				
2.				
3.				
Other				

14 Other Comments: (Please include any other information/ comments which you believe should be taken into account in determining your application for the waiver of the filing fee.)

Part E

Statement

I ask that

- **the application fee payable on application to the AIRC be waived. I ask because payment of the fee will cause me serious hardship.**

I declare that

- **to the best of my knowledge and belief the information I give is complete and correct.**
- **I have not deliberately omitted any relevant information.**
- **Where an estimate is given, it is given in good faith.**

Your signature

Date

_____/_____/_____

Registry Use Only

Approved

Not Approved

This application has/has not been approved pursuant to regulation 30BD(2) of the Workplace Regulations 1996.

Signature _____

Deputy Industrial Registrar ____/____/____

Applicant advised of decision verbally

Signature _____

Action Officer ____/____/____

Written advice sent to applicant

Signature _____

Action Officer ____/____/____