

## Form F2—Unfair Dismissal Application

*Fair Work Act 2009*, s.394

This is an application to the Fair Work Commission for an unfair dismissal remedy in accordance with [Part 3-2](#) of the *Fair Work Act 2009*.

### The Applicant



These are the details of the person who is making the application. Please make sure you provide a telephone number for the conciliation conference.

<b>Title</b>	<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other please specify:		
<b>First name(s)</b>	JOHN		
<b>Surname</b>	SMITH		
<b>Postal address</b>	1313 Mockingbird Lane		
<b>Suburb</b>	Smithsville		
<b>State or territory</b>	QLD	<b>Postcode</b>	4999
<b>Phone number</b>		<b>Fax number</b>	
<b>Mobile number</b>	(0455) 555 123		
<b>Email address</b>	JOHN.SMITH@SMITTYSEMAIL.COM.AU		

**Note:** If you provide a mobile number the Commission may send reminders to you via SMS.

### Does the Applicant need an interpreter?



If the Applicant requires an interpreter (other than a friend or family member) in order to participate in conciliation, a conference or hearing, the Fair Work Commission will provide an interpreter at no cost.

☐ Yes—Specify language

☒ No

### Does the Applicant require any special assistance at the hearing or conference (e.g. a hearing loop)?

☐ Yes— Please specify the assistance required

☒ No

### Does the Applicant have a representative?



A representative is a person or business who is representing the Applicant. This might be a lawyer, a union or a family member or friend who will speak on behalf of the Applicant. There is no requirement to have a representative.

☐ Yes—Provide representative's details below

☒ No

### Applicant's representative



These are the details of the person or business who is representing the Applicant.

<b>Name of person</b>			
<b>Firm, union or company</b>			
<b>Postal address</b>			
<b>Suburb</b>			
<b>State or territory</b>		<b>Postcode</b>	
<b>Phone number</b>		<b>Fax number</b>	
<b>Email address</b>			

### The Respondent



These are the details of the person or business that the Applicant is making the application about. Note that the Commission will send a copy of your application to the contact person you name below.

<b>Legal name of business</b>	ACME WIDGETS		
<b>Trading name of business</b>	ACME WIDGETS PTY LTD		
<b>ABN/ACN</b>	123 123 1234		
<b>Contact person</b>	PETER CITIZEN		
<b>Postal address</b>	112 DOVERTOWN ROAD		
<b>Suburb</b>	DOVER HEIGHTS		
<b>State or territory</b>	QLD	<b>Postcode</b>	4899
<b>Phone number</b>	(07) 3555 1234	<b>Fax number</b>	
<b>Email address</b>	<a href="mailto:PETER.CITIZEN@ACMEWIDGETS.COM.AU">PETER.CITIZEN@ACMEWIDGETS.COM.AU</a>		

## 1. Your employment

### 1.1 What date did you begin working for your employer?

14 May 2010

### 1.2 What date were you notified of your dismissal?

29 June 2015

### 1.3 What date did your dismissal take effect?

29 June 2015

**1.4 Are you making this application within 21 calendar days of your dismissal taking effect?**

☒ Yes

☐ No

If you answered no to question 1.4—Explain the reason for the delay, including any steps you have taken to dispute the dismissal or any other reason you think the Commission should take into account in considering whether to accept your application out of time.

**1.5 Have you made another claim to the Commission or to any other organisation regarding your dismissal (e.g. a general protections application)?**



The Commission cannot consider an application for an unfair dismissal remedy if you have made another claim in relation to the dismissal, for example a general protections dispute in relation to the dismissal or a complaint to the Human Rights Commission in relation to the dismissal. If you answered yes to question 1.5, you will need to decide which claim is the most appropriate one. If you're unsure which is the best option for you, read the **where to get help** section in the cover sheet of this form.

☐ Yes

☐ No

**2. Remedy**

**2.1 What outcome are you seeking by lodging this application?**

Reinstatement

### 3. Dismissal

#### 3.1 What were the reasons for the dismissal, if any, given by your employer?



Using numbered paragraphs, specify the reason(s), if any, given by the employer for your dismissal. Attach any letter of dismissal and/or separation certificate given to you by your employer. Note that the Commission will send copies of any documents you provide to the Respondent. Attach extra pages if necessary.

1: Dismissed for turning up late to work

2: Had previously been under a performance improvement plan.

#### 3.2 Why was the dismissal unfair?



Using numbered paragraphs, describe the relevant facts and circumstances and specify why you say the dismissal was unfair. This should include:

- your response to any reasons for dismissal given by the employer
- whether you were counselled or warned by the employer of any deficiencies in your performance or conduct and the circumstances of each counselling session or warning
- why you believe the dismissal was unfair.

1: I have been turning up "late" since I started work with Acme Widgets, and it was accepted by previous manager Tony Barber

2: There is another employee in the same area as me, Mary Jones, who turns up later than I do, and nothing is being said about here.

3: The reason for my most recent period of lateness was due to sleeping in and missing the train. I have a young child who is going through a phase of "night terrors" which wakes both myself and my partner up at night.

Attach additional pages if necessary.

## Disclosure of information

The Fair Work Commission will provide a copy of this application and any attachments to the other parties in this matter. This includes:

- The Respondent
- Any legal representatives.

☐ **I consent** to my contact details being provided to an external provider for the purposes of participating in research. The Fair Work Commission undertakes research with participants in unfair dismissal matters to ensure a high quality process. Some research may be undertaken by external providers on behalf of the Fair Work Commission.

## Signature



If you are completing this form electronically and you do not have an electronic signature you can attach, it is sufficient to type your name in the signature field. You must still complete all the fields below.

<b>Signature</b>	
<b>Name</b>	
<b>Capacity/Position</b>	
<b>Date</b>	



Where this form is not being completed and signed by the Applicant, include the name of the person who is completing the form on their behalf in the **Capacity/Position** section.