



APPLICATION FORM

ADRAS BACKGROUND

Under the *Workplace Relations Act 1996* employers and employees have a choice between referring certain disputes to a private alternative dispute resolution (ADR) provider or the Australian Industrial Relations Commission (AIRC) for assistance.

To facilitate genuine choice in dispute resolution, the Government has established the Alternative Dispute Resolution Assistance Scheme (ADRAS).

Under the Scheme, parties to eligible disputes will be able to access up to \$1,500 (inclusive of GST) of ADR services per eligible dispute. Additionally, if the parties are located in remote or regional areas, up to \$500 (inclusive of GST) will be available to the parties to cover the ADR provider's reasonable travel expenses under the Scheme.

ADRAS ELIGIBILITY REQUIREMENTS

To be assessed as eligible for assistance under the ADRAS, parties to the dispute must meet a number of eligibility requirements. Specifically, parties must:

1. Be an employer or employee covered by the *Workplace Relations Act 1996*, which includes:
 - trading, financial and foreign corporations (constitutional corporations);
 - employers and employees in the internal territories (the ACT and NT) and Christmas and Cocos Islands;
 - the Commonwealth, including its authorities;
 - waterside, maritime and flight crew employers in relation to activities taken in connection with interstate and overseas trade and commerce; and
 - most employers and employees in Victoria.
2. Have an eligible dispute, being a dispute:
 - about:
 - entitlements (excluding wages) under the Australian Fair Pay and Conditions Standard;
 - the application of an award that is binding on the parties to the dispute;
 - the terms of a workplace agreement that is binding on the parties to the dispute (provided the agreement contemplates the use of a private ADR provider);
 - the application of a workplace determination that is binding on the parties to the dispute;

- legislated minimum entitlements to parental leave, meal breaks and public holidays;
 - the terms of a preserved State agreement that is binding on the parties to the dispute; or
 - the terms of notional agreement preserving a State award that is binding on the parties to the dispute
- arising during negotiations for a collective agreement involving all parties to the dispute;
 - where the Australian Industrial Relations Commission (AIRC) has suspended a bargaining period to provide a "cooling off" period, or because industrial action is threatening to cause significant harm to a third party;
 - where the AIRC or the Minister has terminated a bargaining period because industrial action is threatening, or would threaten to:
 - endanger the life, the personal safety or health, or the welfare, of the population or of part of it, or
 - cause significant damage to the Australian economy or an important part of it.
3. Have genuinely attempted to solve the dispute at the workplace level, except where the dispute relates to the suspension or termination of a bargaining period (as described above).
 4. Have agreed to use the private ADR process.
 5. Have not received previous Government assistance under ADRAS for the same dispute.

ADRAS PARTICIPANT TERMS AND CONDITIONS

In accepting assistance, eligible employers and employees (Eligible Parties) must abide by the Participant Terms and Conditions of the Scheme, which are outlined below:

1. Approval for assistance extends only to services supplied by an ADR provider who is a current Member (which includes a member, sessional provider, sourced panel member, employee or any other ADR Provider) of one of the professional organisations whom the Commonwealth accepts as a professional organisation.
2. Approval for assistance extends only to services supplied by an ADR provider who has agreed to the ADR Provider Terms and Conditions of the

- Scheme. The Department reserves the right to reject payment of assistance where the ADR provider has not signed the undertaking to accept the ADR Provider Terms and Conditions or provided the completed undertaking to the Department.
3. As required under the *Workplace Relations Act 1996*, Eligible Parties must agree on the ADR provider they wish to use. Before commencing ADR services Eligible Parties must complete the ADR Provider Agreement form and return it to the Department.
 4. At the first appointment the Eligible Parties must present the voucher letter to the ADR provider. The letter will be retained by the ADR provider.
 5. The grant of financial assistance provided under the Scheme entitles Eligible Parties to receive assistance of up to \$1,500 (inclusive of GST) towards the cost of ADR services (the Cap) to assist them to resolve their dispute.
 6. The assistance amount up to the Cap can only be used for actual ADR services. This component cannot be used to pay for travel costs.
 7. If the Eligible Parties are located in remote or regional areas, up to an additional \$500 (inclusive of GST) will be available to them to cover the ADR provider's reasonable travel expenses under the Scheme (Travel Cap).
 8. If the ADR services provided to the Eligible Parties by the ADR provider exceed the Cap, or the travel expenses incurred by the ADR provider exceed the Travel Cap, payment for those services or expenses will be the responsibility of the Eligible Parties.
 9. Prior to commencing the ADR services, the Eligible Parties are encouraged to discuss the Cap and the Travel Cap with the ADR provider and make arrangements for payment of any costs exceeding these amounts.
 10. The Commonwealth takes no responsibility for the quality of the ADR service the Eligible Parties receive from the ADR provider. Any issues should be resolved between the ADR provider and the professional organisation of which that provider is a Member.
 11. Once the ADR services are completed, the Eligible Parties must sign the Services Rendered Declaration form, which the ADR provider will supply to you together with an invoice detailing the ADR services provided. The Services Rendered Declaration will outline the type of ADR services received, the hours of work billed by the ADR provider in relation to this matter, and any travel amounts claimed.
 12. The ADR provider will then return the signed undertaking and Services Rendered Declaration to the Department with a copy of the invoice. This will verify to the Department that the ADR services listed in that Services Rendered Declaration and invoice have been provided to the Eligible Parties.
 13. On receiving the invoice with the signed Services Rendered Declaration the Department will pay up to the Cap for ADR services, plus up to the Travel Cap to cover the ADR provider's reasonable travel expenses under the Scheme. Any expenses in excess of these amounts are the responsibility of the Eligible Parties.

HOW TO FILL OUT YOUR APPLICATION FORM

1. The form must be completed in English.
2. Please read the questions carefully and refer to any instructions beside each question.
3. Please use blue or black pen only, print clearly and use only one application form per dispute.
4. Any party, but only one party, to the dispute may apply for assistance under the Scheme. All other parties to the dispute must provide their details in the application form and declare that a dispute exists and they wish to proceed with private ADR.
5. You must complete all sections of the form to the best of your ability. The form will be returned to you if questions are not answered and delays in processing your application will occur.
6. For more information or help filling out this form please use one of the contact methods listed below.
7. For an interpreter please call the Translating and Interpreting Service on 131 450. This is a free service.
8. Send your completed form to the address provided below.

FOR MORE INFORMATION:

Phone: 1300 363 264
 Fax: (02) 6121 6478
 Email: ADRAS@dewr.gov.au
 Websites: WorkChoices website: www.workchoices.gov.au
 Australian Workplace website: www.workplace.gov.au or the
 Mail: Alternative Dispute Resolution Assistance Scheme
 Department of Employment and Workplace Relations
 GPO Box 9879
 CANBERRA ACT 2601



APPLICATION FORM

PART A – Applicant Details

Any, but only one, party to an eligible dispute may apply for assistance under ADRAS. The party applying for assistance under the Scheme should complete Part A of the application form.

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| Applicant Please tick the appropriate box. | 1 Are you making this application as: <input type="checkbox"/> An Employer (<i>ie. you are the contact person for the employer</i>) <input type="checkbox"/> An Employee |
| Your Name | 2 Title – (<i>eg. Mr, Mrs, Ms, Miss</i>) <input style="width: 100%;" type="text"/> First Name <input style="width: 100%;" type="text"/> Middle Name <input style="width: 100%;" type="text"/> Last Name <input style="width: 100%;" type="text"/> |
| Your Address Street address or PO Box. | 3 Number and Street <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Suburb/City <input style="width: 100%;" type="text"/> State/Territory <input style="width: 150px;" type="text"/> Postcode <input style="width: 100px;" type="text"/> |
| Your Contact Details Please tick and complete at least one preferred contact method during working hours should we need to contact you. | 4 Home Telephone <input style="width: 100%;" type="text"/> <input style="width: 30px;" type="checkbox"/> Business Hours Telephone <input style="width: 100%;" type="text"/> <input style="width: 30px;" type="checkbox"/> Mobile <input style="width: 100%;" type="text"/> <input style="width: 30px;" type="checkbox"/> Fax <input style="width: 100%;" type="text"/> <input style="width: 30px;" type="checkbox"/> Email <input style="width: 100%;" type="text"/> <input style="width: 30px;" type="checkbox"/> |
| Your Date of Birth | 5 DD / MM / YYYY <input style="width: 150px; text-align: center;" type="text"/> |
| Request for Consent Please tick the appropriate box. | 6 Do you consent to the other parties to the dispute (as listed in Part C) being provided with information concerning this application? This may include information regarding the status of the application assessment, the outcome of the application assessment, or the outcome of any subsequent review of the application assessment. <i>Please note if you select no to this question, the Department will direct all enquiries regarding this application to you as the applicant.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |

PART B – Business Details

Please complete the following details about the employer involved in the dispute.

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| Business Name | 7 Business Name <input type="text"/> Trading Name (if different) <input type="text"/> |
| Business Type Please tick the appropriate boxes. Please note to be eligible for ADRAS you must be an employer or employee covered by WorkChoices. For more information refer to page one of this application form. | 8 Is the business: <input type="checkbox"/> A Sole Trader <input type="checkbox"/> A Partnership <input type="checkbox"/> A Company – please provide ACN Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> The Commonwealth or a Commonwealth Authority 9 Which state / territory does the business operate in? (please select all of those which apply) <input type="checkbox"/> Australian Capital Territory <input type="checkbox"/> South Australia <input type="checkbox"/> New South Wales <input type="checkbox"/> Tasmania <input type="checkbox"/> Northern Territory <input type="checkbox"/> Victoria <input type="checkbox"/> Queensland <input type="checkbox"/> Western Australia <input type="checkbox"/> Territory of Christmas Island <input type="checkbox"/> Territory of Cocos Islands 10 Does the business in connection with constitutional trade or commerce employ or usually employ an individual as: A Flight Crew Officer <input type="checkbox"/> Yes <input type="checkbox"/> No A Maritime Employee <input type="checkbox"/> Yes <input type="checkbox"/> No A Waterside Worker <input type="checkbox"/> Yes <input type="checkbox"/> No 11 Business Industry Type: <input type="text"/> |
| Business Contact Person If you are the employer filling out this application, details as per Part A. | 12 Title – (eg. Mr, Mrs, Ms, Miss) <input type="text"/> First Name <input type="text"/> Last Name <input type="text"/> |
| Business Address Street address or PO Box. | 13 Number and Street <input type="text"/> <input type="text"/> Suburb/City <input type="text"/> State/Territory <input type="text"/> Postcode <input type="text"/> |
| Business Contact Details Please complete at least one preferred contact method during working hours should we need to make contact. | 14 Business Hours Telephone <input type="text"/> Fax <input type="text"/> Email <input type="text"/> |

PART C – Disputing Party Details (to be completed by other disputing parties)

To process your application for ADRAS, all of the other parties to the dispute must complete the details below and sign to confirm a dispute exists. The Department will not be able to process your application if this part is not completed by each of the parties to the dispute. If there is more than one other party to your dispute, please make copies of Part C.

If you are an Employee completing this application, please ensure the contact person for your employer and any other employees to the dispute each complete a separate Part C.

If you are an Employer completing this application, please ensure the employees to the dispute each complete a separate Part C.

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| Disputing Party Name | 15 Title – (eg. Mr, Mrs, Ms, Miss) <input type="text"/> First Name <input type="text"/> Last Name <input type="text"/> |
| Disputing Party Address Street address or PO Box. | 16 Number and Street <input type="text"/> <input type="text"/> Suburb/City <input type="text"/> State/Territory <input type="text"/> Postcode <input type="text"/> |
| Disputing Party Contact Details Please tick and complete at least one preferred contact method during working hours should we need to contact you. | 17 Home Telephone <input type="text"/> <input type="checkbox"/> Business Hours Telephone <input type="text"/> <input type="checkbox"/> Mobile <input type="text"/> <input type="checkbox"/> Fax <input type="text"/> <input type="checkbox"/> Email <input type="text"/> <input type="checkbox"/> |
| Disputing Party Status | 18 Are you: <input type="checkbox"/> An Employer to the Dispute (ie. you are the contact person for the employer) <input type="checkbox"/> An Employee to the Dispute |
| Confirmation of Dispute | 19 I confirm that I am currently involved in a dispute to which this application relates, that I agree to use private alternative dispute resolution services, and that I have seen and read the Privacy Notice in Part E of this form. Disputing Party Signature <input type="text"/> Disputing Party Name (block letters) <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/> |

PART D – Details of Dispute

Dispute Types

Please tick the appropriate boxes.

If you are unsure of any of the terms outlined in this section, please contact the WorkChoices Infoline for more information on 1300 363 264.

- 20** Please select which of the following categories your dispute relates to:
- An entitlement under the Australian Fair Pay and Conditions Standard
 - The application of an award
 - The terms of a workplace agreement (Collective Agreement or an Australian Workplace Agreement)
 - The application of a workplace determination
 - The application of legislated minimum entitlements to:
 - Meal breaks,
 - Parental leave, or
 - Public holidays
 - The terms of a preserved State agreement
 - The terms of notional agreement preserving a State award
 - A dispute arising during negotiations for a collective agreement
 - The Australian Industrial Relations Commission (AIRC) has suspended a bargaining period to provide a “cooling off” period – *If so, please attach a copy of the relevant order to this application.*
 - The AIRC or the Minister has terminated a bargaining period because industrial action is threatening or would threaten to endanger life, safety, health, or welfare of the population or of part of it; or cause significant damage to an important part of the Australian economy – *If so, please attach a copy of the relevant declaration to this application.*
 - Other

Nature of Dispute

If you need further space to provide a description of the dispute, please attach to the application form.

- 21** Please provide a brief description of the dispute:

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Resolution of your Dispute

Please tick the appropriate box.

- 22** Have you genuinely attempted to resolve your dispute at the workplace level
Please note to be eligible for ADRAS, you and the other party/s to the dispute must have genuinely attempted to resolve the dispute at the workplace level.:
- Yes No

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| <p>Type of Alternative Dispute Resolution</p> <p>There are many forms of alternative dispute resolution available. For more information concerning the types of alternative dispute resolution please refer to the information brochure.</p> | <p>23 If you are assessed as eligible under the Scheme, do you know which type/s of alternative dispute resolution you wish to proceed with?</p> <p><input type="checkbox"/> Yes – <i>If so, please state the type/s:</i> <input type="checkbox"/> No</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>Employment Instrument</p> <p>Examples include awards, agreements and contracts.</p> <p>If the employment instrument is an award or an agreement, please state the name.</p> | <p>24 If you are an employee making this application, what type of employment instrument are you (and the other employees to the dispute) employed under?</p> <p>If you are an employer making this application, what type of employment instrument are the disputing employees employed under?</p> <p>Type of Instrument <input style="width: 450px;" type="text"/></p> <p>Name <i>(if known)</i> <input style="width: 450px;" type="text"/></p> |
| <p>Previous Assistance</p> | <p>25 Has the dispute been heard previously by the Australian Industrial Relations Commission (AIRC)?</p> <p><input type="checkbox"/> Yes – <i>If so, please state the hearing number and / or dates of the hearing:</i> <input type="checkbox"/> No</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>26 Have you received assistance previously through this Scheme?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27 If you answered yes to question 25, was the assistance previously provided in relation to the same matter currently in dispute?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

PART E – Privacy Statement and Declaration (please read carefully before signing)

PRIVACY NOTICE

The Department of Employment and Workplace Relations (DEWR) manages information given by you in this application form in accordance with the *Privacy Act 1988*. It collects this information, and other information in relation to your application for the purposes of determining if you are eligible for assistance under the Scheme. It also collects your date of birth on the application form for the purposes of identification should you contact the Scheme to inquire about your application.

DEWR also uses the information for statistical research, monitoring and evaluation that may be carried out by it or by contracted external commercial researchers.

Information about the status of your application (including the fact that an application has been made), the outcome of that application, and the outcome of any subsequent review of the application assessment may be disclosed to the other parties to the dispute, if you have provided your consent.

DECLARATION BY APPLICANT

1. The information provided in this form is true and correct to the best of my knowledge.
2. This is the only application being lodged for ADRAS in relation to this dispute.
3. I authorise and will assist DEWR or its agents to make any enquiry of any relevant individual, organisation, business or Government department, in relation to my claim for ADRAS.
4. Where I have not provided information in relation to my claim for ADRAS, I accept and agree that DEWR will rely on the information provided by me/us as the basis for determining my claim, and if information requested is not provided it will delay my/our claim.
5. I understand that there is a limit of \$1,500 (including GST), per eligible dispute, plus \$500 (including GST), where applicable, to meet reasonable travel expenses where a private ADR provider is required to travel to assist parties located in regional or remote areas. I understand that parties to the dispute will be jointly liable for any amounts charged by the ADR provider in excess of these capped amounts.
6. I acknowledge that I will obtain services from only one ADR provider as per the terms and conditions of this scheme.
7. I acknowledge that the giving of false or misleading information is a serious offence and penalties may result.

Applicant's Signature

Applicant Name (*block letters*)

Date

Office Use Only

Registration Number:

Registration Date:

Form: 04/06