About the F80 Application Form

# Waiver of application fee

The Fair Work Regulations 2009 provide that, for certain applications, no fee is payable for making an application where the Fair Work Commission (the Commission) is satisfied that paying that fee would cause a person to suffer serious hardship. This is relevant for the following applications:

* + Unfair dismissal application (F2)
  + General protections application involving dismissal (F8)
  + General protections application not involving dismissal (F8C)
  + Application for the Commission to deal with an unlawful termination dispute (F9)
  + Application for an order to stop bullying (F72)
  + Application for an order to stop sexual harassment that occurred prior to 6 March 2023 (F72A)

In completing this form, you are making a declaration that all information provided is true and correct.

You must complete all the sections of this form. If you do not complete all sections, your application for waiver may be refused.

The Commission considers completed fee waiver applications as a matter of priority. You will be advised of the Commission’s decision as soon as practicable, usually within 3 days of receipt of the application.

If your application for waiver is unsuccessful, you must pay the application fee before the matter can proceed.

## Privacy notice

The Commission collects the information in this form when it is lodged, for the purpose of dealing with your fee waiver application. The information collected will include personal information about you and any personal information you provide about other individuals.

If the Commission did not collect this personal information it would not be able to deal with your fee waiver application because it would lack necessary information.

The Commission will use and disclose the personal information about you and others contained in this form to Commission staff for the purpose of dealing with your fee waiver application. If you provide personal information about someone other than yourself, the Commission may disclose your name to that individual in order to meet its privacy notification obligations. You should also give the individual a copy of this Privacy Notice to ensure that the individual is aware of the Commission’s practices in collecting and disclosing personal information.

Subject to the following situations, the Commission will not forward a copy of this form to the Respondent or to any other persons (including overseas recipients). However, the Commission may be required to disclose personal information about you and other individuals pursuant to:

* an order that requires it to produce documents to a court or tribunal; or
* an Australian law under which it may be required to disclose documents, such as the *Freedom of Information Act 1982*.

Please refer to the Commission’s [privacy policy](https://www.fwc.gov.au/about-us/legal-and-freedom-information/privacy/privacy-policy) for information on how to access or request an amendment to your personal information held by the Commission, and how to make a complaint about a breach of the Australian Privacy Principles. The Commission’s privacy officer may be contacted by emailing [foi@fwc.gov.au](mailto:foi@fwc.gov.au) or by mail to:

The Privacy Officer

Fair Work Commission

GPO Box 1994

Melbourne VIC 3001

# Form F80—Waiver of application fee

|  |  |
| --- | --- |
| Part A | Personal details |
| Full name |  |
| Email address |  |
| Phone number |  |

|  |  |
| --- | --- |
| Part B | Personal and financial situation |

1. **Serious hardship:** I believe I will suffer serious hardship if required to pay the application fee for my application for the following reasons:

|  |
| --- |
|  |

1. **Current personal situation:** My current personal situation is (please detail your current living arrangements, caring responsibilities including number of dependants):

|  |
| --- |
|  |

1. **Income:** My current **total** weekly income is (please include any of the following income: wages, social security payments, income from rental property, interest on shares and investments and when that interest would be available to you):

|  |  |
| --- | --- |
| Weekly income received | Amount |
|  | $ |
|  | $ |
|  | $ |
| Total weekly income: | $ |

1. **Financial assets:** My current **total** financial assets are (please include any of the following: lump sum payment on termination, any other money in financial institutions such as the bank or any other sources of available funds. Do not include physical assets such as houses or cars.):

|  |  |
| --- | --- |
| Current financial assets | Amount |
|  | $ |
|  | $ |
|  | $ |
| Total value of financial assets: | $ |

1. **Spending:** My current **total** weekly spending is (please provide an approximate total weekly expenditure including: groceries, rent/mortgage, utilities, medical expenses and costs associated with any dependants):

|  |  |
| --- | --- |
| Type of weekly expenses | Amount |
|  | $ |
|  | $ |
|  | $ |
| Total weekly spending: | $ |

1. **Debt:** My current **total** debts are (please provide your total debts such as credit cards and personal loans, but don’t include your mortgage):

|  |  |
| --- | --- |
| Type of debt | Amount |
|  | $ |
|  | $ |
| Total debt: | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Part C | Declaration | | |
| I **confirm** that I have completed all questions in this application.  I **ask** that the application fee payable on application to the Fair Work Commission be waived because payment of the fee will cause me to suffer serious hardship.  I **declare** that to the best of my knowledge and belief the information I have given in this form is true and correct.  Note: Giving false or misleading information is a serious offence.  Your signature   |  | | --- | |  |   Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ | | | |
| Commission use only | | |
|  Approved | |  Not Approved |
| This application has/has not been approved  Signature | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The Commission Delegate  \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Written advice sent to applicant  Signature | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Action Officer  \_\_\_\_/\_\_\_\_/\_\_\_\_ |