About the F79 notification form

# Application to participate in the Collaborative Approaches Program

# This is a joint application for the Commission’s assistance with promoting cooperative and productive workplaces and preventing disputes.

## About the Collaborative Approaches Program

The Collaborative Approaches Program is a free program that helps parties to build cooperative working relationships using interest-based approaches.

An interest-based approach is a collaborative process that starts by identifying the underlying needs and concerns (interests) of the parties rather than the outcomes they say they want. Once key interests are identified parties jointly develop the outcomes that best satisfy these interests.

Under s.576(2)(aa) of the Fair Work Act, the Commission can assist employers, employees and their representatives to achieve cooperative and productive workplaces. Through the program, the Commission works with parties to reach enterprise agreements, resolve disputes and facilitate change and innovation.

The program offers:

* training in interest-based approaches
* training and facilitation of interest-based bargaining
* facilitation of joint processes to implement enterprise agreements
* training and facilitation in interest-based dispute resolution/ problem-solving
* training and facilitation of interest-based consultation
* facilitation in collaborative workplace change.

## Who can use this form

Employers, employees and their representatives can use this form to make a joint application to participate in the Collaborative Approaches Program.

This application requires **all parties** to consent to participate.

**Please note:**

* If you are seeking to notify a dispute under a dispute settlement procedure in an award or agreement under s.739 of the Fair Work Act, use Form F10.
* If you are seeking to notify a bargaining dispute under s.240 of the Fair Work Act, use Form F11.

## Application approval process

We will assess all applications in consultation with parties to determine whether they meet the program’s criteria, including whether an application is supported by all parties.

## Lodgment of your completed form

You can lodge this form by post, by fax or by email or in person at the [Commission’s office](https://www.fwc.gov.au/disputes-at-work/how-the-commission-works/commission-offices) in your State or Territory.

## Where to get help

Visit the Collaborative Approaches Program page on our website for more information about the program.

You can also access free online learning courses about interest-based bargaining on our [Online Learning Portal](https://learn.fwc.gov.au/).

If you would like to discuss the program before consenting to participate, please contact us at [CollaborativeApproaches@fwc.gov.au](mailto:CollaborativeApproaches@fwc.gov.au).

### Throughout this form

|  |  |
| --- | --- |
|  | This icon appears throughout the form. It indicates information to help you answer the question following. |

## Privacy

The Commission collects the information (including personal information) provided to it in this form for inclusion on the case file, and may disclose this information to the other parties to this matter and to other persons. For more details of the Commission’s collection, use and disclosure of this information, please see the [Privacy notice](http://www.fwc.gov.au/documents/documents/forms/form_f79-privacy.pdf) for this form, or ask for a hard copy to be provided to you.

## Disclosure of information

The Commission’s [Access to case file documents policy](https://www.fwc.gov.au/about-us/legal-and-freedom-information/privacy#access-to-case-file-documents-policy) sets out when access may be granted to documents on a Commission case file. This provides that for closed files, applications under s.576(2)(aa) of the *Fair Work Act 2009* and the accompanying case filewill not be available for inspection, other than by a party named in the application (or their nominated representative), and only with the consent of all parties named in the application.

Under s.655 of the *Fair Work Act 2009*, the President may disclose, or authorise the disclosure of, this application if he or she reasonably believes that the disclosure would be likely to assist in the administration or enforcement of a Commonwealth or State or Territory law.

|  |  |
| --- | --- |
|  | **Remove this cover sheet** and keep it for future reference – it contains useful information. |

# Form F79 – Application to the Collaborative Approaches Program

This is a notification that one or more employer and employee representative parties have agreed to the Fair Work Commission (the Commission) providing assistance to promote cooperative and productive workplace relations and prevent disputes in accordance with section 576(2)(aa) of the [Fair Work Act 2009](https://www.legislation.gov.au/Series/C2009A00028).

## Applicants

### Party 1

|  |  |
| --- | --- |
| Legal name of organisation or business |  |
| Trading name of organisation or business |  |
| ABN/ACN |  |

### Contact person

|  |  |
| --- | --- |
| Title | [ ] Mr [ ] Mrs [ ] Ms [ ] Other please specify: |
| First name(s) |  |
| Surname |  |
| Postal address |  |
| Suburb |  |
| State or territory |  |
| Postcode |  |
| Phone number |  |
| Email address |  |

### Party 2

|  |  |
| --- | --- |
| Legal name of organisation or business |  |
| Trading name of organisation or business |  |
| ABN/ACN |  |

### Contact person

|  |  |
| --- | --- |
| Title | [ ] Mr [ ] Mrs [ ] Ms [ ] Other please specify: |
| First name(s) |  |
| Surname |  |
| Postal address |  |
| Suburb |  |
| State or territory |  |
| Postcode |  |
| Phone number |  |
| Email address |  |

### Party 3

|  |  |
| --- | --- |
| Legal name of organisation or business |  |
| Trading name of organisation or business |  |
| ABN/ACN |  |

### Contact person

|  |  |
| --- | --- |
| Title | [ ] Mr [ ] Mrs [ ] Ms [ ] Other please specify: |
| First name(s) |  |
| Surname |  |
| Postal address |  |
| Suburb |  |
| State or territory |  |
| Postcode |  |
| Phone number |  |
| Email address |  |

Attach additional pages for additional parties if needed.

### Is an interpreter required by any party?

If a party has trouble accessing this information, please contact us. We can arrange to provide it in another format. You can find information about [help for non-English speakers](https://www.fwc.gov.au/about-us/contact-us/accessibility) on our website.

|  |
| --- |
|  |

[ ] Yes – Specify language

[ ] No

### Does any party require any special assistance?

|  |
| --- |
|  |

[ ] Yes – Please specify the assistance required

[ ] No

## 1. Background

### 1.1 What is the industry of the employer party or parties to this application?

|  |
| --- |
|  |

### 1.2 How many employees does the employer have?

[ ] 1–14

[ ] 15–49

[ ] 50–99

[ ] 100–199

[ ] 200–999

[ ] 1000+

### 1.3 Are any workplaces relevant to this application covered by an enterprise agreement(s)?

[ ] Yes

[ ] No

If yes, please include the name of the agreement(s) and the ID number of the agreement(s) if known.

|  |
| --- |
|  |

### 1.4 Which modern award(s) applies to the workplace or workplaces relevant to the application?

|  |
| --- |
|  |

### 1.5 Are there any current or recent applications to the Commission relevant to this application?

[ ] Yes

[ ] No

If yes, please provide details of any current or previous applications, including their case number.

|  |
| --- |
|  |

Attach additional pages if needed.

**1.6 What type of assistance are you seeking?**

Select all that apply.

Training in:

[ ] interest-based bargaining

[ ] interest-based dispute resolving/problem solving

[ ] interest-based consultation

Facilitation of:

[ ] enterprise bargaining

[ ] dispute resolution/problem solving

[ ] consultation

[ ] organisational change.

### 1.7 Please provide background to the application.

|  |
| --- |
|  |

Attach additional pages if needed.

## 2. Agreement

### 2.1 Do all parties to the application agree to the Commission providing assistance?

[ ] Yes

[ ] No

## 3. Assistance

### 3.1 Are the parties seeking to have a particular Member of the Commission assist with this application?

|  |
| --- |
|  |

[ ] Yes – Please specify Member:

[ ] No

## Signature

|  |  |
| --- | --- |
|  | This section must be completed and signed by each Party or each Party’s representative. Where this form is not being completed and signed by the Party, include the name and signature of the person who is completing the form on their behalf in the **Capacity/Position** section. |

### Party 1

By signing this form you agree to the Commission providing assistance under 576(2)(aa) of the Fair Work Act.

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Date |  |
| Capacity/ Position |  |

[ ] **I consent** to being contacted by the Fair Work Commission or an external provider to participate in research to evaluate the Cooperative Workplaces program. The Fair Work Commission undertakes research with participants in Cooperative Workplaces matters to ensure a high quality process. Some research may be undertaken by external providers on behalf of the Fair Work Commission.

### Party 2

By signing this form you agree to the Commission providing assistance under 576(2)(aa) of the Fair Work Act.

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Date |  |
| Capacity/ Position |  |

[ ] **I consent** to being contacted by the Fair Work Commission or an external provider to participate in research to evaluate the Cooperative Workplaces program. The Fair Work Commission undertakes research with participants in Cooperative Workplaces matters to ensure a high quality process. Some research may be undertaken by external providers on behalf of the Fair Work Commission.

Attach additional pages for additional parties if needed.

|  |
| --- |
| PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS |