About the F14 application form

Application for an order to stop etc. (unprotected) industrial action

Who can use this form

Use this form if you want to make an application to the Fair Work Commission (the Commission) for an order that unprotected industrial action stop, not occur or not be organised if:

- you are affected, or likely to be affected by the industrial action, or
- you are an organisation with a member who is affected, or likely to be affected by the industrial action (s.419(2) of the Fair Work Act 2009).

About unprotected industrial action

Unprotected industrial action is industrial action that has not been authorised by a protected action ballot.

Where it appears to the Commission that unprotected industrial action is happening, threatened, impending or probable, or is being organised, the Commission must order that the industrial action stop, not occur or not be organised for a period of time (s.418(1)).

The Commission may also make orders that industrial action stop, not occur or not be organised for a period of time in relation to non-national system employees or employers (s.419).

Please see the Commission’s National System Coverage webpage for more information on non-national system employees or employers and constitutional corporations.

The Fair Work Act 2009 (the Fair Work Act) allows protected industrial action to be taken by employees or employers in certain circumstances. Before industrial action can be lawfully taken, it must be authorised by a protected action ballot (s.409(2)).

For more information about protected action ballots, please see the Commission’s protected action ballot factsheet.

Lodging your completed form

1. Lodge your application and any supporting documents with the Commission. You can lodge your application online using the Commission’s Online Lodgment Service (OLS) or by post, by fax or by email or in person at the Commission office in your state or territory.

2. Serve a copy of this application and any supporting documentation on each person against whom orders are sought as soon as practicable after the application is lodged with the Commission.

Where to get help

Commission staff & resources

Commission staff cannot provide legal advice. However, staff can give you information on:

- processes in the Commission
- how to make an application to the Commission
- how to fill out forms
• where to find useful documents such as legislation and decisions
• other organisations that may be able to assist you.

The Commission’s website www.fwc.gov.au also contains a range of information that may assist.

Throughout this form

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

Legal or other representation

Representation is where another person (such as a lawyer or union official) speaks or acts on your behalf in relation to your matter. There is no requirement for you to be represented when you appear at the Commission. You will need the permission of the Commission member dealing with your case if you wish to be represented by a lawyer or paid agent unless that person is:
• a bargaining representative, or
• employed by a union or employer organisation, a peak union or peak employer body, or
• one of your employees or officers (if you are an employer).

If you decide to represent yourself in proceedings you will need to make sure you are well prepared.

Glossary of common terms

Applicant—This is the person or organisation that is making an application.

Party—A party is a person or organisation involved in a matter or case that is brought to the Commission.

Respondent—The person or business responding to an application made by an Applicant.

Service—Serving a document means giving a copy of the document to a person or organisation, usually to the other party to the matter. You can serve a document in a number of ways, including by email, fax, express or registered post, or in person. Parts 7 and 8 of the Fair Work Commission Rules 2013 deal with service.

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 for this form, or ask for a hard copy to be provided to you.

Remove this cover sheet and keep it for future reference—it contains useful information
Form F14—Application for an order to stop etc. (unprotected) industrial action

*Fair Work Act 2009, ss.418, 419*

This is an application to the Fair Work Commission for it to deal with an application to stop etc. unprotected industrial action in accordance with Part 3-3 of the *Fair Work Act 2009*.

**The Applicant**

These are the details of the person who is making the application.

<table>
<thead>
<tr>
<th>Title</th>
<th>[ ] Mr [ ] Mrs [ ] Ms [ ] Other please specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name(s)</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
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<tr>
<td>Postal address</td>
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<td>Suburb</td>
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<td>State or territory</td>
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<td>Postcode</td>
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<td>Phone number</td>
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<tr>
<td>Fax number</td>
<td></td>
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<tr>
<td>Email address</td>
<td></td>
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</table>

If the Applicant is a company or organisation please also provide the following details

<table>
<thead>
<tr>
<th>Legal name of business</th>
<th></th>
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<tbody>
<tr>
<td>Trading name of business</td>
<td></td>
</tr>
<tr>
<td>ABN/ACN</td>
<td></td>
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<tr>
<td>Contact person</td>
<td></td>
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</tbody>
</table>

**Do you need an interpreter?**

If you require 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

**Do you require any special assistance at the hearing or conference (e.g. a hearing loop)?**

[ ] Yes—Please specify the assistance required  

[ ] No
Do you have a representative?

A representative is a person or business who is representing you. This might be a lawyer, a representative from a union or employer association. There is no requirement to have a representative.

[ ] Yes—Provide representative’s details below
[ ] No

Your representative

<table>
<thead>
<tr>
<th>Name of person</th>
<th></th>
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<tbody>
<tr>
<td>Organisation</td>
<td></td>
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<tr>
<td>Postal address</td>
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<td>Suburb</td>
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<td>State or territory</td>
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<td>Phone number</td>
<td>Fax number</td>
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<tr>
<td>Email address</td>
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1. Preliminary

1.1 Which type of application are you making:

[ ] application to stop industrial action by employees or employers - s.418(2)(b)
[ ] application to stop industrial action by non-national system employees or non-national system employers - s.419(2)(b)

1.2 What industry is the employer in?


2. Orders

2.1 Who are you seeking orders against?

List the persons, including organisations (and their contact details, if known) that the Applicant seeks to be bound by the orders sought. Attach additional pages if necessary

Employees may be listed by name or by describing a class of employees to be bound by the order.
2.2 What grounds are being relied on?

Using numbered paragraphs, provide details of the following matters:

- the industrial action which is happening, or is threatened, impending or probable or is being organised, and

- how the Applicant is a person or an organisation with a member who is affected, or likely to be affected (directly or indirectly), by the industrial action.

Attach additional pages if necessary.
2.3 What orders are you seeking?

An electronic copy of this application and any separate draft order should be sent by email to the chambers of the member who lists the matter for hearing.

<table>
<thead>
<tr>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Capacity/Position</td>
</tr>
</tbody>
</table>

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.

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.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS