

Form F2 – Unfair dismissal application

Fair Work Act 2009, s.394

This is an application to the Fair Work Commission (the Commission) for an unfair dismissal remedy under Part 3-2 of the Fair Work Act 2009.

The Applicant (you)



These are your details. Please make sure you provide a telephone number for the conciliation conference.

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Other please specify:		
First name(s)	Jane		
Surname	Smith		
Postal address	1 Lane Street		
Suburb	Melbourne		
State or territory	Vic	Postcode	3000
Phone number		Fax number	
Mobile number	0123 456 789		
Email address	j.smith@email.com		

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

Do you need an interpreter?



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

Yes – Specify language

No

Do you need any special assistance at the hearing or conference (eg a hearing loop)?

Yes – Please specify the assistance required

No

Do you have a representative?



A representative is a person or organisation who is representing you. This might be a lawyer or paid agent, a union or a family member or representative.

Yes – Provide representative's details below

No

You don't have to have a representative. About half of people who come to the Commission don't have one. We have information and resources to help you run your own case.

Your representative



These are the details of the person or organisation who is representing you (if any).

Name of person	n/a		
Firm, union or company			
Postal address			
Suburb			
State or territory		Postcode	
Phone number		Fax number	
Email address			
Is your representative a lawyer or paid agent?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			

You can add this information later if you don't know it yet or if you decide later you want to be represented.

The Respondent (the employer)



These are the details of the employer that dismissed you.

You should provide the legal name of the employer. The legal name is **not** the trading name or business name of the employer. The employer will usually be a person or a company (with a name ending in Pty Ltd or Ltd), or in some instances a partnership, an incorporated association, or a public sector employer. Your pay slips, PAYG payment summary, appointment letter or employment contract should give the legal name of the employer.

Note that the Commission will send a copy of your application to the contact person you name below.

Legal name of employer	Working Company Pty Ltd
Employer's ACN (if a company)	123 456 789
ABN	
Contact person	Paula Jones
Postal address	100 The Avenue
Suburb	Melbourne
State or territory	Vic
Phone number	(03) 9876 5432
Email address	pjones@theworki

You can look for your employer's **ABN** or **ACN** on your pay slips or PAYG summary. You can also try searching the company name on [ABN Look up](#).

Every business should have an ABN. Companies should also have an ACN.

The **contact person** is the person at the business we should speak to about your case. It could be the owner of the business, a manager or someone in HR.

Providing a contact name and direct contact details will help us move your case forward to the next stage. If you're not sure who the best person is, make your best suggestion. It can always be changed later.

1. Your employment

1.1 What date did you begin working for the employer?

12 May 2017

If you worked at more than one location, choose the one you worked at most often. If your work involved mostly travel, put the address of the head office.

1.2 Where did you work for the employer?

Primary workplace/worksites street address		100 The Avenue	
Suburb		Melbourne	
State or Territory	Vic	Postcode	3000

1.3 What date were you notified of your dismissal?

16 September 2019

This is the date you were first told by your employer that you were being dismissed. This could have been by email, over the phone or in person.

1.4 What date did your dismissal take effect?

16 September 2019

This is usually the last day you worked. It might be later if you were still getting paid after you stopped going to work, for example, if you were on paid leave when you were dismissed.

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

Yes

No

If you answered **No** – 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.

1.6 Have you made another claim to the Commission or to any other organisation regarding your dismissal (eg a general protections application)?



The Commission cannot consider your unfair dismissal application if you have made another claim in relation to the dismissal, for example if you have made a general protections application in relation to the dismissal or a complaint to the Human Rights Commission in relation to the dismissal. If you answer yes to this question, you will need to decide which claim is the most appropriate one. If you are 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?

I want my job back.

If I can't get my job back, I want to keep getting paid until I find a new job.

3. Dismissal

3.1 What were the reasons for the dismissal, if any, given by the 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 the employer. Note that the Commission will send copies of any documents you provide to the employer. Attach extra pages if necessary.

1. Paula told me that I had been late to work too many times.
2. She said it showed that I didn't care about the job.
3. She said it would be easier for everyone if I just quit.
4. She said if I quit then and there she would still give me a reference.
5. I said I couldn't quit because I had bills to pay, but she fired me anyway and told me to go home.

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 was only late a handful of times and other people are late all the time.
2. They never warned me that it was a serious problem that they would fire me for.
3. If I had have known they would fire me, I would have done something to change it.
4. It was unfair because they didn't give me a warning or a chance to improve. I have bills to pay and was not expecting to lose my job.
5. It's also unfair that I was fired for being late but other people weren't.

Attach additional pages if necessary.

Disclosure of information

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

- the employer
- any legal representatives.

Consent to contact by researchers

The Commission undertakes research with participants in unfair dismissal matters to ensure a high quality process. Some research may be undertaken by external providers.

Do you consent to the contact details provided on page 1 of this form being provided to an external provider of research services for the sole purpose of inviting you to participate in this research?

Yes

No

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.

Signature	Jane Smith
Name	Jane Smith
Capacity/Position	
Date	10 November 2019

If you have completed and signed the form yourself, leave the Capacity/Position field blank.

If someone else has filled in the form for you, their signature and name goes in this section. Their **capacity** or **position** is the relationship they have to you. For example, your lawyer, union representative, parent or guardian.



If you are not the Applicant and are completing this form on their behalf, include an explanation of your authority to do so in the Capacity/Position section above.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS