

**Form 3 — Notice of claim of entitlement to a benefit  
under a contract of employment**

[r. 61(2)]

*Industrial Relations Act 1979*

In the Western Australian Industrial Relations Commission

No. \_\_\_\_\_ of 20 \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(name, street address and telephone number of employer — attach schedule  
if more space is needed)

TAKE NOTICE THAT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(name, street address and telephone number of applicant/s — attach schedule if more space is needed)

has this day made a claim that he or she has not been allowed by you a benefit to which he or she is entitled under his or her contract of employment. The claim and the reasons why it is claimed are set out in the attached schedule.

\_\_\_\_\_  
(signature of applicant/s)

- NOTE 1: For endorsements, see the back of this form.
- NOTE 2: This form must be completed and signed by the applicant/s, and a written statement of claim or other adequate description of the subject matter of the application must be attached.
- NOTE 3: The fee payable with this application must be paid at the time it is filed, or within 7 days of filing, or the application will not proceed.
- NOTE 4: Unless the Commission otherwise directs, after the notice is filed, the applicant/s must serve (e.g. by posting or delivering it to the person personally) a stamped copy, together with its attachments, on each respondent as soon as reasonably practicable and file a Form 4 statutory declaration of service declaring that this has been done.
- NOTE 5: If the employer desires to contest the claim, the employer must file and serve on the applicant a Form 5 Notice of answer and answering statement within 21 days of being served with this notice. There is no fee payable.
- NOTE 6: Where service is to be effected outside WA, Form 4 of the *Service and Execution of Process Regulations 1993* (Commonwealth) is required to be attached to the application.

All Forms are available from the Registry or downloadable at [www.wairc.wa.gov.au](http://www.wairc.wa.gov.au).

(Stamp of Commission)

# Please Note

Claims which are referred to the Western Australian Industrial Relations Commission which allege an unfair dismissal and/or a denial of a contractual entitlement must be accompanied by the payment of a fee of \$50.00. **Where a person is alleging both unfair dismissal and a denial of a contractual entitlement, and where those applications are submitted together, only one lodgement fee of \$50.00 is applicable for both applications.**

The fee can be paid by the following means –

- Cash (must not be sent through the mail)
- Cheque or Money Order (made payable to the Western Australian Industrial Relations Commission)
- Credit Card (if you are paying by credit card, please complete the form below and return it with your application.)
- Eftpos

Completed forms and application fee must be returned to:

Western Australian Industrial Relations Commission  
Locked Bag 1  
Cloisters Square  
PERTH WA 6850

✂ .....

## Credit card

Type of card  Bankcard  Visa  Mastercard

Card Number

Expiry Date      \_\_\_/\_\_\_/\_\_\_

Cardholder's Name .....

Signature .....

**INDUSTRIAL RELATIONS COMMISSION REGULATIONS 2005**

**REGULATION 61(2) - PARTICULARS OF CLAIM**

(Approved by the Chief Commissioner under r.61(2))

The Western Australian Industrial Relations Commission has authority to hear and decide claims that a person has been denied a benefit to which they are entitled under their contract of employment, providing it is not a benefit described in an applicable award, order, enterprise agreement, registered workplace agreement or some entitlement from the Minimum Conditions of Employment Act.

Commission staff cannot advise you on these matters. They can only provide information to let you make your own decision. You may seek independent advice from a lawyer, industrial agent or union.

Please provide the following particulars. (Note: if you are also lodging a claim that you have been unfairly dismissed you do not have to fill in paragraphs 1 to 19 if you have filled in those paragraphs in that other claim.)

<b>Applicant Details</b> (Yourself)	1 Your Full name	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other .....
	2 Home address	Family name ..... Given names ..... Date of Birth .....
	3 Telephone	No. & street ..... suburb/town ..... postcode .....
	4 Facsimile or E-mail (if any)	business hours (.....)..... [other] (.....)..... facsimile (.....)..... E-mail .....
<b>Your Representative</b>	5 Name and address of your authorised representative (If known at this stage)	Name: ..... No. and street ..... suburb/town ..... postcode .....
	6 Contact numbers for your authorised representative	Is this person a registered industrial agent? Yes <input type="checkbox"/> No <input type="checkbox"/> telephone (.....)..... facsimile (.....)..... E-mail .....
<b>Service of Notices</b>	7 Where do you want your notices and / or correspondence sent? (choose one only)	to your home address <input type="checkbox"/> to the address of authorised representative <input type="checkbox"/> other <input type="checkbox"/> - give details below ..... .....
<b>Employer Details</b> (Respondent)	8 Contact Name (ie - Manager, Supervisor)	..... .....
	9 Respondent's trading address or registered office.	..... .....
	Contact numbers	suburb/town ..... postcode..... telephone/s (.....)..... facsimile (.....) ..... E-mail .....
	10 Nature of Respondent's business	..... .....



Claim that due contractual benefits have been denied

20 What employment condition are you claiming you are due under your contract of employment?

(Employment conditions are conditions that were agreed between you and your employer. They are not entitlements under an award, industrial agreement, workplace agreement or under a statute such as the Minimum Conditions of Employment Act.)

\$

FOR

If the employment condition has a value, please state the value eg commission payable of \$x.

**Note: The Commission cannot enforce award entitlements or entitlements under a statute.**

Research Information

To help us in our long term research to enable us to provide a better service, we would appreciate you answering the following questions;

Male  Female  Date of Birth; \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you become aware of your right to make this application?

Friend  Work colleague  Legal or industrial advisor  Legal Aid  Citizens Advice  Union

Media  Family member  Department of Commerce

Other .....

Approximately how many employees does your employer have? .....

Declaration

I declare that all the facts in this application are correct and complete to the best of my knowledge and belief.

signature of applicant

date

name (print)