

**Form 4A — Notice of referral by employee or former employee under  
Public Sector Management Act 1994**

[r. 63A(2)]

*Industrial Relations Act 1979*

In the Western Australian Industrial Relations Commission

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

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

(name of employing authority that made the decision or finding)

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

(name of applicant)

has this day referred to the Commission the decision or finding made under the *Public Sector Management Act 1994* that is set out in the attached written particulars.

\_\_\_\_\_  
(signature of applicant)

- NOTE 1: This form must be completed and signed by the applicant and written particulars of the subject matter of the application must be attached to it.
- NOTE 2: Unless the Commission otherwise directs, after the application is filed the applicant must serve (e.g. by posting or delivering it to the employing authority personally) a stamped copy, together with its attachments, on the employing authority as soon as reasonably practicable and file a Form 4 statutory declaration of service declaring that this has been done.
- NOTE 3: An employing authority that is served with an application and that wants to respond to it may file a notice of answer in Form 5 within 21 days of being served with the application. An answering statement must be attached to the notice of answer and must, in summary form, specify the facts on which the employing authority relies and admit or dispute, either with or without qualification, each part of the application made by the applicant.

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

(Stamp of Commission)

***Schedule of Particulars***  
**to be attached to Form 4A for the referral of a matter under s 78(2), s 78(3), s 95(2) or s 96A(2)**  
**of the Public Sector Management Act 1994**

This schedule is to be completed and attached to Form 4A by an employee or former employee covered by the Public Sector Management Act who is aggrieved by one of the following decisions or findings under that Act:

- a decision to reduce their classification level (s 79(3)(b)); or
- a decision to terminate their employment (s 79(3)(c) (4) and or s 88(a)); or
- a finding of a special disciplinary inquiry that the employee has committed a breach of discipline (s 87(3)(a)(ii)); or
- a decision to suspend the employee (s 82); or
- a decision to take disciplinary action (ss 82A(3)(a) or (b) or 88(b) or 92(1)); or
- a decision made or purported to be made under regulations referred to in s 94 (regulations concerning redeployment and redundancy) or s 95A(2) (the termination of employment of a registered employee).

<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 .....
		Family name ..... Given names .....
		Date of Birth ____/____/____
	2 Home address	No. & street .....
		suburb/town ..... postcode .....
	3 Telephone	business hours (.....)..... [other] (.....).....
	4 Facsimile or E-mail	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 .....
		Is this person a registered industrial agent? Yes <input type="checkbox"/> No <input type="checkbox"/>
	6 Contact numbers for your authorised representative	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>Employing Authority Details</b> (Respondent)	8 Name of your employing authority	.....
		.....
	9 Contact name of Manager or Supervisor	.....
		.....
	10 Employing authority's head office address	.....
		.....
	Contact numbers	suburb/town ..... postcode .....
		telephone/s (.....)..... facsimile (.....).....
		..... E-mail .....
<b>Employing Authority</b>	11 What is or was your classification and job title?	.....
		.....

12 Main duties

.....  
.....  
.....

13 Location of your work place  
(if different from 10)

.....

14 Length of your employment

date started work \_\_\_\_/\_\_\_\_/\_\_\_\_ date of termination \_\_\_\_/\_\_\_\_/\_\_\_\_

15 Type of employment

(i) permanent  or casual  (ii) full time  or part time  (iii) fixed term  (iv) probationary

16 Number of hours worked

..... per week other (specify) .....

17 Gross wages/salary  
(including any salary  
package benefit value)

\$ ..... per hour  week  month  year  other

18 State the decision or finding  
you are referring to the  
Commission

**DECISION / FINDING**

reduction of classification level (s 79(3)(b))  
 termination of employment (s 79(3)(c) (4) and or s 88(a))  
 committed breach of discipline (s 87(3)(a)(ii))  
 suspension of employee (s 82)  
 disciplinary action (ss 82A(3)(a) or (b) or 88(b) or 92(1))  
 a decision made or purported to be made under regulations referred to in s 94 (regulations concerning redeployment and redundancy) or s 95A(2) (the termination of employment of a registered employee).

19 State the date the decision  
or finding was made

\_\_\_\_/\_\_\_\_/\_\_\_\_

20 If this referral is regarding  
regulations concerning  
redeployment and  
redundancy or the  
termination of employment  
of a registered employee,  
are you making it within 21  
days of the date of the  
decision?

Yes  No

21 State the reasons why you  
are aggrieved by the  
decision or finding

(attach a statement if  
insufficient space)

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**Relief**

22 State what relief or order you are seeking

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**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 .....

**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)