

Application for internal review of decision

Complete this form to apply for an internal review of decision under the *Work Health and Safety Act 2011* or *Safety in Recreational Water Activities Act 2011*.

Please read the Internal review of decisions: Guidance for applicants information sheet prior to completing this form.

It is your responsibility to ensure you have completed the required fields and supplied all required documents. Incomplete applications will be returned to you and will result in delays in the review process. The review timeframes only apply from the date when all required information is received.

SECTION A: APPLICATION DETAILS

1. Applicant details

Are you making this application as: <input type="checkbox"/> an individual applicant? <input type="checkbox"/> on behalf of a company, government department or other body corporate?		
Provide your details below. If you are the applicant's legal or union representative you will also need to provide your details.		
Name of applicant:		
Name of contact person (if not the same as applicant):		
Postal address:		
Postcode		
Phone	Fax:	Email:
Can we send the decision by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Under which legislation are you applying for review?

<input type="checkbox"/> <i>Work Health and Safety Act 2011</i> <input type="checkbox"/> <i>Safety in Recreational Water Activities Act 2011</i>
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3. Which decision would you like reviewed? Complete section a or b. If the decision is not in the list it cannot be reviewed.

a) The inspector's decision under the <i>Work Health and Safety Act 2011</i> in relation to the:	
<input type="checkbox"/> failure of negotiations – section 54 (2)	<input type="checkbox"/> extension of time for an improvement notice – section 194
<input type="checkbox"/> training of health and safety representatives – section 72 (6)	<input type="checkbox"/> issue of a prohibition notice – section 195
<input type="checkbox"/> health and safety committees – section 76 (6)	<input type="checkbox"/> issue of a non-disturbance notice – section 198
<input type="checkbox"/> review of a provisional improvement notice – section 102	<input type="checkbox"/> issue of a subsequent notice – section 201
<input type="checkbox"/> issue of an improvement notice – section 191	<input type="checkbox"/> refusal to make any of the above decisions <i>(please specify below)</i>
<small>If you require more space, attach a separate sheet outlining your response</small>	
b) The inspector's decision under the <i>Safety in Recreational Water Activities Act 2011</i> applied section of the <i>Work Health and Safety Act 2011</i> in relation to the:	
<input type="checkbox"/> issue of an improvement notice – section 191	<input type="checkbox"/> issue of a non-disturbance notice – section 198
<input type="checkbox"/> extension of time for an improvement notice – section 194	<input type="checkbox"/> issue of a subsequent notice – section 201
<input type="checkbox"/> issue of a prohibition notice – section 195	<input type="checkbox"/> refusal to make any of the above decisions <i>(please specify below)</i>
<small>If you require more space, attach a separate sheet outlining your response</small>	

4. Date the decision was made or notice issued

_____ / _____ / _____

5. Which of the following applies to you as being eligible to seek a review?

- | | |
|--|---|
| <input type="checkbox"/> a worker or his/her representative who is affected by the decision | <input type="checkbox"/> a person who received a notice |
| <input type="checkbox"/> a person conducting a business or undertaking who is affected by the decision | <input type="checkbox"/> a health and safety representative who represents a worker who is affected by the decision |
| <input type="checkbox"/> the person with management or control of the workplace, plant or substance | <input type="checkbox"/> a health and safety representative who issued a provisional improvement notice |

6. If this application is lodged outside the prescribed time, provide a reasonable explanation for the delay

Note: the prescribed time is 14 days unless the matter is in relation to an improvement notice. The prescribed time for matters relating to an improvement notice is whichever is lesser – 14 days or the period stated for compliance in the notice.

If you require more space, attach a separate sheet outlining your response

7. Decision for review

Select one option

- attached is a copy of the decision to be reviewed a description of the decision for review is provided below

Include the number of the notice, date the decision was made, name of the inspector or officer who made the decision, date you received notice of the decision and any other relevant details.

If you require more space, attach a separate sheet outlining your response

8. Why do you think the decision should be reviewed?

Select one option

You may attach additional information to support your request.

If you require more space, attach a separate sheet outlining your response

9. Are you seeking a stay (i.e. suspension) of the decision?

You must apply for a stay if the matter relates to a **non-disturbance or prohibition notice**. Stays are automatically granted for all other reviews of decisions under the *Work Health and Safety Act 2011* and *Safety in Recreational Water Activities Act 2011*.

No Yes If yes, why should the operation of the decision be stayed during the determination of the review?

If you require more space, attach a separate sheet outlining your response

SECTION B: SIGNATURE

10. Signature of applicant or applicant's legal representative *(not required where lodged via email)*

Name:

Signature:

Date: _____ / _____ / _____

SECTION C: LODGING YOUR APPLICATION

Submit your completed application to the **Internal Review Officer** by email, fax or post.

Email: whsrod@justice.qld.gov.au

Facsimile: (07) 3247 0297

Post: Workplace Health and Safety Queensland
PO Box 820
LUTWYCHE QLD 4030.

Applications will only be accepted and processed when all required fields on the form have been completed and the relevant supporting information (if required) has been supplied. Incomplete applications will be returned to the applicant.

Lodgement timeframes

If your application relates to an improvement notice, lodge your application before the compliance date on the notice or within 14 days of the date the notice was issued (whichever is earlier).

Applications for all other reviewable decisions under the *Work Health and Safety Act 2011* and *Safety in Recreational Water Activities Act 2011* should be lodged within 14 days of the date on which the decision was advised.

Lodgement outside these timeframes may be permitted in some circumstances. The reviewer will consider a number of factors including your explanation for the late lodgement, whether it would adversely affect anyone else if the application were to be accepted and the views of the original decision maker.

What happens next?

You will be provided with written confirmation that your application has been received. A decision on the review will be made within 14 days of receipt of the application. The decision may confirm or vary the original decision or substitute the original decision for another decision. Once a decision has been made, you will be provided with written confirmation of the decision and the reasons for it.

Further information

For further information about internal reviews of decisions visit www.worksafe.qld.gov.au or phone 1300 369 915.

NOTE: Notification to Workplace Health and Safety Queensland is not a notification to Work Cover. If you have any questions about filling out the form, please call 1300 369 915. Please keep a copy of this form for your own records before submission.