

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	[] Mr [] Mrs [] Ms [] Other please specify: Tick a box or write in any other title you use.		
First name(s)	Write your first name or names here.		
Surname	Write your surname here.		
Postal address	Write your postal address here.		
Suburb	Write the suburb here.		
State or territory	Write NSW	Postcode	
Phone number	Write your landline number (if you have one).	Fax number	Write your fax number here. If you include a fax number, the Commission may send you documents by fax.
Mobile number	Write your mobile number (if you have one). See note below on SMS contact.		
Email address	Write your email address here. If you include an email address, the Commission may send you documents by email.		

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

Do you need an interpreter?



If you have trouble accessing this information, please contact us. We can arrange to provide it in another format. You can find information about [help for non-English speakers](#) on our website.

[] Yes – Specify language

[] No

[If English is not your first language and you need an interpreter, tick 'Yes.' Then write your first language. This is free.](#)

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

- Yes – Please specify the assistance required
 No

If you have any special needs (for example, you have a disability) tick 'Yes'. Then write the type of special assistance that you need.

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 friend. There is no requirement to have a representative.

Only tick 'Yes' if you have someone representing you (for example, a lawyer or a union official).

- Yes – Provide representative's details below
 No

Your representative



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

This section will be filled in if you have someone representing you. The person representing you will fill this in.

Name of person			
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?

Yes

No

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	Write the legal name of your employer. If your company is a Pty Ltd this is usually the legal name. If your employer is a sole trader then this will be his or her name. You should find this name on your payslips, letter of offer or contract of employment. If you are unsure, get legal advice.		
Employer's ACN (if a company)	If your employer is a company, write the Australian Company Number. This number should be on your payslips, your tax records or your letter of offer or on company letterhead or cards. If you are unsure, get legal advice.		
ABN	Write the Australian Business Number. This number should be on your payslips, your tax records or your letter of offer or on company letterhead or cards. If you are unsure, get legal advice.		
Contact person	Write the person who you think the Fair Work Commission should contact. This could be the owner of the company, the manager or your supervisor.		
Postal address	Write the employer's postal address here.		
Suburb	Write the name of the suburb here.		
State or territory	Write the state, for example NSW.	Postcode	Write the postcode here.
Phone number	Write the telephone number of the contact person here.	Fax number	Write the fax number of the contact person here.
Email address	Write the email address of the contact person here.		

1. Your employment

1.1 What date did you begin working for the employer?

Write the date you started work.

1.2 Where did you work for the employer?

Primary workplace/worksite street address			
Suburb			
State or Territory		Postcode	

1.3 To the best of your knowledge, how many employees were employed in your workplace when you were dismissed?

- 1-14
 15-49
 50-99
 100 or more
 I don't know

1.4 What date were you notified of your dismissal?

Write the date you found out you were dismissed.
This might be the date of a meeting, the date you received a letter or email or some other date, for example the date rosters were distributed.

1.5 What date did your dismissal take effect?

Write the date your job ended or the date you were told it ended. If you are not sure about this date, get legal advice quickly.

1.6 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.

If it is more than 21 days after the date you gave in question 1.3, you should complete this section.

Explain why there was a delay and attach any evidence that supports your delay. For example, if your delay was due to illness, attach records such as hospital records, or medical certificate.

1.7 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 [If you have already made an application somewhere else, get legal advice.](#)

No

2. Remedy

2.1 What outcome are you seeking by lodging this application?

Explain what you want. For example, do you want:

- to get your job back (This is called 'reinstatement')
- compensation, for example, lost wages
- a reference or statement of service.

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.

Using numbered paragraphs briefly explain what you were told about why you were being dismissed. Don't guess or write what you think are the reasons, just write down what you were told by your employer.

Remember to attach copies or print outs of any letters, notes, emails, text messages or messages online, for example on Facebook, from your employer to you telling you why you were dismissed. If you were not given a reason, you can write "no reason given".

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.

Using numbered paragraphs briefly explain why you think the dismissal was unfair.

Include your response to the reasons given by your employer that you wrote in question 2.

You should explain here if:

- you were not given a reason for the dismissal
- you weren't given the chance to respond to any allegations, claims of unsatisfactory performance or other issues raised by your employer
- your employer refused to let you have a support person to help you during any discussions about the dismissal
- you weren't given any warnings
- your employer did not comply with the Small Business Fair Dismissal Code (if they are a small business).

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 [Tick this box if you do not object to your contact details being provided to an external provider.](#)

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	Sign the form here.
Name	Write your name here.
Capacity/Position	If you are representing yourself, write 'Applicant'. If you have a representative, they will write their title here, for example 'lawyer' or 'union representative.'
Date	Write the date you complete and sign the form.



If you are not the Applicant and are completing and signing this form on the Applicant's 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

Application fee

Your name:

The current application fee is available on the [Lodge an application](#) page on the Commission's website www.fwc.gov.au.

The *Fair Work Act 2009* requires a fee to be paid on lodgment of this application with the Commission. Where applicable, any refund of the application fee will be forwarded by cheque to you at the address provided on this application form.

Financial hardship

If paying the fee will cause you financial hardship, you can apply to have the fee waived. If you are applying to have the fee waived you must complete and lodge the Fee Waiver form at the same time as you lodge your application. Note that the Commission will not forward a copy of the Fee Waiver form to the employer. The [Fee waiver form](#) can be downloaded from the Commission website www.fwc.gov.au.

Payment options Tick the method you are using to pay the application fee. If you cannot pay the application fee, it is possible to apply for the Fair Work Commission to waive (cancel) the fee. See the note above under the heading Financial hardship.

I have completed the Fee Waiver form and have attached it to my application.

I am paying by cash – Cash payments can only be made in person at one of the Commission offices. Payment should be made at the same time as the application is lodged.

I have attached a cheque or money order to this application – Cheques and money orders should be made payable to the Collector of Public Monies, FWC. Please note that the cheque or money order must be for the exact amount of the application fee, if it is not it may cause the processing of your application to be delayed.

I am paying by credit card – Please see below:

If paying by credit card, please provide the payer details below and a Commission officer will contact the payer within 3 business days from the date of lodgment.

Payer details

Who is making the payment? If you are paying the fee, tick 'You'.

If your representative, for example lawyer or union representative is paying the fee, tick 'Your representative'. If someone else is paying the fee, complete the section below.

You

Your representative

Other—Please complete the details below

Full name of payer			
Postal address			
Phone number		Email address	

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS

