About the F2 application form

# Unfair dismissal application

## About unfair dismissal

To make an unfair dismissal application to the Fair Work Commission (the Commission), you must be covered by the national unfair dismissal laws and [must be eligible to make an application](https://www.fwc.gov.au/termination-of-employment/unfair-dismissal/eligibility).

To be eligible to make an application, you must have worked for the minimum employment period and, in some cases, have earned less than the [high income threshold](https://www.fwc.gov.au/unfair-dismissals-benchbook/coverage-unfair-dismissal/high-income-threshold).

When you make your application, you will need to show that:

* you were an employee covered by the national unfair dismissal laws **and**
* you are eligible to make an application **and**
* you have been dismissed **and**
* the dismissal was harsh, unjust or unreasonable.

A dismissal will not be unfair if it was a case of genuine redundancy, or if the employer was a small business (employing fewer than 15 people) and the employer complied with the [Small Business Fair Dismissal Code](https://www.fwc.gov.au/about-us/legislation-regulations/small-business-fair-dismissal-code).

For more information about unfair dismissals and eligibility to make an application see the [Commission’s unfair dismissal guides](https://www.fwc.gov.au/resources/fact-sheets-guides-videos) and [Unfair Dismissal Benchbook](https://www.fwc.gov.au/resources/benchbooks/unfair-dismissals-benchbook).

## Who can use this form

Use this form if you:

* were an employee covered by the national unfair dismissal laws **and**
* are eligible to make an unfair dismissal application **and**
* believe you have been unfairly dismissed.

## Lodging your completed form

1. **Lodge your application**, along with any accompanying documents, with the Commission within **21 calendar days** after your dismissal took effect. You can lodge your application online using the Commission’s [Online Lodgement Service (OLS)](https://services.fwc.gov.au/ols-fwc/#!/ols-login) or by post, fax or email, or in person at the [Commission’s office](https://www.fwc.gov.au/disputes-at-work/how-the-commission-works/commission-offices) in your state or territory.

**Note:** The Commission will provide a copy of your application and any other documents you lodge with the application (except the Fee Waiver form, where relevant) to the employer.

2. **Pay your application fee** at the same time as you lodge your application. The current application fee is available on the [Lodge an application](https://www.fwc.gov.au/apply-or-lodge/apply-now) page on the Commission’s website [www.fwc.gov.au](http://www.fwc.gov.au).

If payment of the fee will cause you financial hardship, you can apply to have the fee waived. You must apply to have the fee waived at the same time as you lodge your application. Download the [waiver form](https://www.fwc.gov.au/content/rules-form/waiver-application-fee) from the Commission’s website.

## Where to get help

### Commission staff & resources

Commission staff cannot provide legal advice. However, staff can give you information on:

* Commission processes
* how to make an application to the Commission
* how to fill out forms
* where to find useful documents such as legislation and decisions
* other organisations that may be able to assist you.

The Commission's website [www.fwc.gov.au](http://www.fwc.gov.au) also contains a range of information that may assist.

### Throughout this form

|  |  |
| --- | --- |
|  | This icon appears throughout the form. It indicates information to help you complete the form. |

### Legal or other representation

Representation is where another person (such as a lawyer or paid agent, union official, family member or friend) speaks or acts on your behalf, or assists you in certain other ways in relation to your matter. There is no requirement for you to be represented at the Commission.

You will need permission from the Commission Member dealing with your matter if you wish to be represented by a lawyer or paid agent at a conference conducted by the Commission Member or a hearing, unless the lawyer or paid agent is an employee or officer of a union or a peak union body that is representing you. If you want to seek permission, you must lodge a Form F53 – Notice that a person: (a) has a lawyer or paid agent; or (b) will seek permission for lawyer or paid agent to participate in a conference or hearing.

You do not need permission to have a lawyer or paid agent prepare and lodge this application with the Commission.

For more information about representation by lawyers and paid agents, see section 596 of the [Fair Work Act 2009](https://www.legislation.gov.au/Series/C2009A00028), rules 11, 12 and 12A of the [Fair Work Commission Rules 2013](https://www.legislation.gov.au/Series/F2013L02054) and the Commission’s [practice note on representation by lawyers and paid agents](https://www.fwc.gov.au/resources/practice-notes/lawyers-and-paid-agents).

## Glossary of common terms

**Applicant** – This is the person or organisation that is making an application.

**Jurisdictional objection** – This is a type of objection a Respondent can raise to an application. A Respondent can make this kind of objection if they think that the Commission, for a technical or legal reason, cannot hear the matter.

**Lawyer** – This is a person who is admitted to the legal profession by a Supreme Court of a State or Territory.

**Paid agent** – In relation to a matter before the Commission, is an agent (other than a bargaining representative) who charges or receives a fee to represent a person in the matter.

**Party** – A party is an Applicant, Respondent or another person or organisation involved in a matter or case that is brought to the Commission.

**Respondent** – The person or organisation responding to an application made by an Applicant.

**Service** – Serving a document means giving a copy of the document to a person or organisation, usually to the other party to the matter. You can serve a document in a number of ways, including by email, fax, express or registered post, or in person. Parts 7 and 8 of the Fair Work Commission Rules 2013 deal with service.

## Privacy

The Commission collects the information (including personal information) provided to it in this form in order to deal with the unfair dismissal application. The information will be included on the case file and the Commission may disclose the information to the other parties to this matter and to other persons. For more details of the Commission’s collection, use and disclosure of this information, please see the [Privacy notice](http://www.fwc.gov.au/documents/documents/forms/Form_F2-privacy.pdf) for this form, or ask for a hard copy to be provided to you.

|  |  |
| --- | --- |
|  | **Remove this cover sheet** and keep it for future reference – it contains useful information. |

# 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: | | |
| **First name(s)** | |  | | |
| **Surname** | |  | | |
| **Postal address** | |  | | |
| **Suburb** | |  | | |
| **State or territory** | |  | **Postcode** |  |
| **Phone number** | |  | **Fax number** |  |
| **Mobile number** | |  |  |  |
| **Email address** | |  | | |

**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](https://www.fwc.gov.au/about-us/contact-us/accessibility) on our website.

|  |
| --- |
|  |

[ ] 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 friend. There is no requirement to have a representative. |

[ ] Yes – Provide representative’s details below

[ ] No

### Your representative

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | These are the details of the person or organisation who is representing you (if any). | | | | |
| **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** | |  | | |
| **Employer’s ACN (if a company)** | |  | | |
| **ABN** | |  | | |
| **Contact person** | |  | | |
| **Postal address** | |  | | |
| **Suburb** | |  | | |
| **State or territory** | |  | **Postcode** |  |
| **Phone number** | |  | **Fax number** |  |
| **Email address** | |  | | |

## 1. Your employment

### 1.1 What date did you begin working for the employer?

|  |
| --- |
|  |

### 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?

|  |
| --- |
|  |

### 1.5 What date did your dismissal take effect?

|  |
| --- |
|  |

### 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.

|  |
| --- |
|  |

### 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

[ ] No

## 2. Remedy

### 2.1 What outcome are you seeking by lodging this application?

|  |
| --- |
|  |

## 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. | |
|  | |

### 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. | |
|  | |

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** | |  |
| **Name** | |  |
| **Capacity/Position** | |  |
| **Date** | |  |
|  | | 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](https://www.fwc.gov.au/disputes-at-work/how-the-commission-works/lodge-an-application#field-content-1-heading) page on the Commission’s website [www.fwc.gov.au](http://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](https://www.fwc.gov.au/content/rules-form/waiver-application-fee) can be downloaded from the Commission website [www.fwc.gov.au](http://www.fwc.gov.au).

## Payment options

[ ] 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?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ] 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** | | | | | | |