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Form 6

Application for investigation to be reopened

*Schedule 2, clause 4, Employment Relations Act 2000*

Between

*Full name of Applicant …………………………………………………………………………………………*

*Address …………………………………………………………………………………………………………..*

*……………………………………………………………………………………………………………………..*

*Telephone number……………………………………………………………………………………………….*

*Email address* ……………………………………………………………………………………………………

And

Full name of Respondent……………………………………………………………………………………….

*Address …………………………………………………………………………………………………………..*

*……………………………………………………………………………………………………………………..*

*Telephone number……………………………………………………………………………….....................*

*Email address* …………………………………………………………………………………………………….

**To** the applicant

And

**To** the Employment Relations Authority

1 I apply to the Employment Relations Authority at [*place*] for the reopening of the investigation to which the Authority’s determination/order\* of [*date*] …………………………………………… relates.

\*Select one.

2 The file number of the Authority’s determination/order\* is ………………………………………………

\*Select one.

3 A copy of the Authority’s determination/order\* is attached to this application.

\*Select one.

**Grounds**

4 This application is made on the following grounds: [*state grounds fully but concisely*].

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Prescribed fee**

5 This application is accompanied by the prescribed fee.

**Address for service**

6 This application is lodged by [*full name of applicant/Respondent\**]/[*name of representative*].………………………………………………………………………….. on behalf of [*full name of applicant/respondent\*]\**……………………………………………………………………………

 \*Select one

7 The [full name of applicant/respondent\*] address for service is …….................................................

 ………………………………………………………………………………………….telephone number is ……………………………… fax number for service is…………….……………………… document exchange number for service is………………………………… and email address for service is † ...........................................................................................................................................................................

\*Select one.

†Although a full address must always be supplied, the supply of a telephone number and a fax number, a document exchange number, or an email address is optional.

Date: ……………………………………………………

Signature: ………………………………………………

(applicant/respondent\*)

\*Select one.

Notice to other party

1 If you intend to oppose the application for the reopening of the investigation, you must, within 14 days after the date of the service of this notice on you, lodge 2 copies of a statement in reply with an officer of the Employment Relations Authority at [*place*]…………………………………………

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2 The term **days** does not include any day in the period beginning with 25 December in any year and ending with 5 January in the following year.

3 You will be notified of the place, date, and time at which this application will be considered.

Date: …………………………………………………

Signature: ……………………………………………

(Officer of the Employment Relations Authority)