

**IN THE FEDERAL CIRCUIT AND
FAMILY COURT OF AUSTRALIA (DIVISION 2)
AT [REGISTRY]**

File number:

Applicant

Respondent

Repeat as necessary for additional parties

Form 5 Small claim under the Fair Work Act 2009

Fair Work Division Rule 31.11(2)

Part A – Details of employee or outworker	
1. Name	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (give details): Family name: Given names:
2. Address Postcode:
3. Phone	Business hours: (....) After hours: (....) Mobile:
4. Date of birth/...../.....
5. First language	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): Does the applicant require an interpreter? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what language:

Part B – Details of employer or outworker entity	
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6. Name of employer or outworker entity		
7. Address or registered office Postcode:.....	
	Phone:	(....)
	Fax:	(....)
	Email:

Part C – If the applicant is an individual – details of representation	
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8. Is an organisation such as a union, acting on your behalf?	<input type="checkbox"/> No - go to 15 <input type="checkbox"/> Yes - go to 9
9. Name of organisation	
10. Address Postcode:.....
11. Contact person	Name: Phone: (....)
	Fax: (....)
	Email:

Part D – If the applicant is an industrial association – details of representation	
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12. Is a member, officer or employee of the applicant representing it?	<input type="checkbox"/> No - go to 15 <input type="checkbox"/> Yes - go to 13
13. Name of the member, officer or employee	

14. Address Postcode:.....
	Phone: (....)
	Fax: (....)
	Email:

Part E – Notices from the Court

15. Where do you want notices from the Court sent?	<input type="checkbox"/> postal address in 2 <input type="checkbox"/> email address in 2 <input type="checkbox"/> organisation in 9-11 <input type="checkbox"/> address in 13-14 <input type="checkbox"/> other (give details):.....
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Part F – Details of work performed by employee or outworker

16. Occupation	
17. Work or services performed	
18. Duties <i>A brief summary of the employee or outworker's duties</i>	
19. Classification level under applicable Modern Award, enterprise agreement, workplace determination or contract	
20. Place of work or services Postcode:.....

21. Period of employment or outworker contract	<p>Date started work:/...../.....</p> <p>Last date worked:/...../.....</p> <p><i>if employment or outworker arrangement terminated</i></p>																								
22. If the employee's employment or the outworker's contract was terminated, was a written notice of dismissal or termination given?	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - copy attached</p>																								
23. Employment status	<p><input type="checkbox"/> full-time</p> <p><input type="checkbox"/> part time</p> <p><input type="checkbox"/> casual</p> <p><input type="checkbox"/> fixed term</p> <p><input type="checkbox"/> seasonal</p> <p><input type="checkbox"/> outworker</p>																								
24. Hours of work	<p>Did the employee or outworker work regular hours?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, complete the following:</p> <table border="1" data-bbox="557 1163 1518 1787"> <thead> <tr> <th data-bbox="557 1163 882 1248">Day</th> <th data-bbox="882 1163 1200 1248">Start time (state am or pm)</th> <th data-bbox="1200 1163 1518 1248">Finish time (state am or pm)</th> </tr> </thead> <tbody> <tr> <td data-bbox="557 1248 882 1311">Monday</td> <td data-bbox="882 1248 1200 1311"></td> <td data-bbox="1200 1248 1518 1311"></td> </tr> <tr> <td data-bbox="557 1311 882 1374">Tuesday</td> <td data-bbox="882 1311 1200 1374"></td> <td data-bbox="1200 1311 1518 1374"></td> </tr> <tr> <td data-bbox="557 1374 882 1437">Wednesday</td> <td data-bbox="882 1374 1200 1437"></td> <td data-bbox="1200 1374 1518 1437"></td> </tr> <tr> <td data-bbox="557 1437 882 1500">Thursday</td> <td data-bbox="882 1437 1200 1500"></td> <td data-bbox="1200 1437 1518 1500"></td> </tr> <tr> <td data-bbox="557 1500 882 1563">Friday</td> <td data-bbox="882 1500 1200 1563"></td> <td data-bbox="1200 1500 1518 1563"></td> </tr> <tr> <td data-bbox="557 1563 882 1626">Saturday</td> <td data-bbox="882 1563 1200 1626"></td> <td data-bbox="1200 1563 1518 1626"></td> </tr> <tr> <td data-bbox="557 1626 882 1688">Sunday</td> <td data-bbox="882 1626 1200 1688"></td> <td data-bbox="1200 1626 1518 1688"></td> </tr> </tbody> </table>	Day	Start time (state am or pm)	Finish time (state am or pm)	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
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Sunday																									

Part G – Contravention alleged

25. The applicant alleges that the employer or outworker entity has breached:
select one or more as appropriate

one of the National Employment Standards

Please specify the standard:

.....

a term of a Modern Award

Please specify the Modern Award and the relevant term:

.....

an enterprise agreement

Please specify the enterprise agreement and the relevant term:

.....

a workplace determination

Please specify the determination and the relevant provision:

.....

a national minimum wage order

Please specify:

.....

an equal remuneration order

Please specify:

.....

a safety net contractual entitlement

Please specify:

.....

other

Please specify:

Part H – Remedy sought

<p>26. Tick the box for each sort of claim you are making and insert the amount claimed</p>	<p><input type="checkbox"/> wages \$ <input type="checkbox"/> overtime rate \$ <input type="checkbox"/> penalty rate \$ <input type="checkbox"/> allowances \$ <input type="checkbox"/> leave <input type="checkbox"/> annual \$ <input type="checkbox"/> personal/carer's \$ <input type="checkbox"/> compassionate \$ <input type="checkbox"/> other (please identify): \$ <input type="checkbox"/> public holiday \$ <input type="checkbox"/> redundancy pay \$ <input type="checkbox"/> superannuation claim \$</p> <hr/> <p>Total \$</p>
<p>27. To whom should any compensation be paid?</p>	

Part I – details of claim

28. Describe the basis for the claim for each of the boxes ticked in Question 26 and the method of calculation of the amount claimed.

Attach an extra sheet if required

Attach copies of your Employment Contract, Payslips, Timesheets, relevant correspondence, etc

Signature of applicant or authorised representative

Signed by (print name)

the applicant
 authorised representative of the applicant

Date:/...../.....

Form approved by the Chief Judge pursuant to subrule 2.06(1) for the purpose of subrule 31.11(2)

FW_ClaimForm5_0925V1