

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. AddressPostcode:..... Email:
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

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

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

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	<p>.....</p> <p>.....Postcode:.....</p> <p>.....</p> <p>Phone: (.....)</p> <p>Fax: (.....)</p> <p>Email:</p>
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Part E – Notices from the Court

15. Where do you want notices from the Court sent?	<p><input type="checkbox"/> postal address in 2</p> <p><input type="checkbox"/> email address in 2</p> <p><input type="checkbox"/> organisation in 9-11</p> <p><input type="checkbox"/> address in 13-14</p> <p><input type="checkbox"/> other (give details):.....</p>
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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	<p>.....</p> <p>.....Postcode:.....</p>

21. Period of employment or outworker contract	Date started work:/...../..... Last date worked:/...../..... <i>if employment or outworker arrangement terminated</i>																								
22. If the employee's employment or the outworker's contract was terminated, was a written notice of dismissal or termination given?	<input type="checkbox"/> No <input type="checkbox"/> Yes - copy attached																								
23. Employment status	<input type="checkbox"/> full-time <input type="checkbox"/> part time <input type="checkbox"/> casual <input type="checkbox"/> fixed term <input type="checkbox"/> seasonal <input type="checkbox"/> outworker																								
24. Hours of work	<p>Did the employee or outworker work regular hours?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If Yes, complete the following:</p> <table border="1" data-bbox="564 1160 1522 1783"> <thead> <tr> <th data-bbox="564 1160 884 1249">Day</th><th data-bbox="884 1160 1203 1249">Start time (state am or pm)</th><th data-bbox="1203 1160 1522 1249">Finish time (state am or pm)</th></tr> </thead> <tbody> <tr><td data-bbox="564 1249 884 1323">Monday</td><td data-bbox="884 1249 1203 1323"></td><td data-bbox="1203 1249 1522 1323"></td></tr> <tr><td data-bbox="564 1323 884 1397">Tuesday</td><td data-bbox="884 1323 1203 1397"></td><td data-bbox="1203 1323 1522 1397"></td></tr> <tr><td data-bbox="564 1397 884 1471">Wednesday</td><td data-bbox="884 1397 1203 1471"></td><td data-bbox="1203 1397 1522 1471"></td></tr> <tr><td data-bbox="564 1471 884 1545">Thursday</td><td data-bbox="884 1471 1203 1545"></td><td data-bbox="1203 1471 1522 1545"></td></tr> <tr><td data-bbox="564 1545 884 1619">Friday</td><td data-bbox="884 1545 1203 1619"></td><td data-bbox="1203 1545 1522 1619"></td></tr> <tr><td data-bbox="564 1619 884 1693">Saturday</td><td data-bbox="884 1619 1203 1693"></td><td data-bbox="1203 1619 1522 1693"></td></tr> <tr><td data-bbox="564 1693 884 1783">Sunday</td><td data-bbox="884 1693 1203 1783"></td><td data-bbox="1203 1693 1522 1783"></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

26. Tick the box for each sort of claim you are making and insert the amount claimed

- | | |
|---|----|
| <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 | \$ |

Total **\$**

27. To whom should any compensation be paid?

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