



Form 50 – Notice of intention to terminate an agreement or determination

Industrial Relations Act 2016, s 228, s 406ZT
Industrial Relations (Tribunals) Rules 2011, r 178

Information

- Use this form to notify of an intention to terminate an existing certified or negotiated agreement, or an arbitration or contract determination.
- This notice must be provided to all persons to which the agreement or determination applies prior to filing a **Form 51 – Application for approval to terminate an agreement or determination**.
- Please read this form carefully and complete all relevant sections.
- Documents which are longer than 30 pages in length must be provided to the Industrial Registry in hard copy before it will be accepted for filing.
- For further information please refer to the website www.qirc.qld.gov.au or contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au.

Notification

Notice is hereby given, in accordance with the *Industrial Relations Act 2016*, of an intention to terminate an agreement or determination, pursuant to [select one]:

- s 228 (certified agreement/arbitration determination)
 s 406ZR (independent couriers – negotiated agreement/contract determination)

1. The agreement or determination

1.1 Name of the agreement or determination:

Queensland Fire and Emergency Services Certified Agreement 2022

1.2 Matter/Agreement number: Matter No. B/2024/44

1.3 Date of making: 24/05/2023

1.4 Nominal expiry date: 30/06/2025

2. Particulars of the party/parties notifying of intention to terminate

Notifier/representative:			
Name:	Queensland Fire Department		
Postal/Service address:	GPO Box 142		
	Suburb/Town	Brisbane	Postcode 4001
Phone number:		Mobile number:	
Email address:			
Name of contact person:	Ashleigh North		
Direct phone number:	0475272811	Mobile number:	0475272811
Direct email address:	Ashleigh.North@qfes.qld.gov.au		

Employer/Principal Contractor representative [if different from the Notifier]:			
Name:			
Postal/Service address:			
	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			
Name of contact person:			

Other party			
Name:	Refer to Form 1 - Parties List		
Postal/Service address:			
	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			
Name of contact person:			

If there are more parties to this matter, please complete a **Form 1 – Parties list** and file it together with this form.

3. Signature/s of the party/parties notifying of intention to terminate

Notifier/representative	
Signature:	
Name:	
Position/Capacity:	
Date:	

Employer/Principal Contractor [if different from the Notifier above]	
Signature:	
Name:	
Position/Capacity:	
Date:	

Employee organisation	
Signature:	
Name:	
Position/Capacity:	
Date:	

Other party	
Signature:	
Name:	
Position/Capacity:	
Date:	