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Application to initiate bargaining for occupational contract
*Section 36, Screen Industry Workers Act 2022*

**Applicant organisation details**

Name of applicant organisation: ­­­­­­­­­­Click or tap here to enter text.

Type of organisation: Choose an item.

*Primary contact person*

Full name: Click or tap here to enter text.

Postal address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

**Required supporting documents**

Please attach the following documents to your application:

[ ]  Copy of certificate of registration under section 84 of the Screen Industry Workers Act 2022.

[ ]  Copy of bargaining notice in accordance with section 36(3) of the Screen Industry Workers Act 2022.

**Notification**

This application, and all supporting documents, must be sent to all of the proposed bargaining parties identified in this application.

**SECTION A: Coverage**

Please identify the occupational group you intend to be specified in the coverage clause of the collective contract: Choose an item.

**SECTION B: Bargaining parties**

Please provide the following details for each of the other proposed bargaining parties. You do not need to provide details about your organisation again.

The bargaining parties must each have at least one member in coverage (ie who does the work/engages workers to do the work of the occupational group specified in Section A). There are more pages at the back of this form.

Name of bargaining party: Click or tap here to enter text.

Type of organisation: Choose an item.

*Primary contact person*

Full name: Click or tap here to enter text.

Postal address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Name of bargaining party: Click or tap here to enter text.

Type of organisation: Choose an item.

*Primary contact person*

Full name: Click or tap here to enter text.

Postal address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

**SECTION C: Ratification vote**

If you are a worker organisation:

Please provide a description of how your organisation will conduct the ratification vote to allow all eligible workers in coverage to vote (whether they are a member of your organisation or not):

Click or tap here to enter text.

If you are an engager organisation:

Please identify which worker organisation you consider should be responsible for the ratification vote:

Click or tap here to enter text.

**SECTION D: Support for application**

How many of your members are in coverage (ie do the work/engage workers who do the work of the occupational group specified in Section A)?

Click or tap here to enter text.

Has a simple majority of your members in coverage voted in favour of initiating collective bargaining?

Choose an item.

Date: Click or tap to enter a date.

Signature of applicant (if filling in this form electronically, type name): Click or tap here to enter text.

**Bargaining notice**

The bargaining notice contains details about your proposed occupational contract and will be made available when the Authority asks for public submissions. This notice must comply with section 36(3) of the Screen Industry Workers Act 2022. Please attach your bargaining notice when you submit your application.

The information specified in your bargaining notice must be consistent with the information you have provided in your application.

Your bargaining notice **must** include the following information:

[ ]  The **occupational group** you intend to be specified in the coverage clause of the collective contract (see Section A).

[ ]  All **worker organisations** whose members do the work of the occupational group specified (see Section B).

[ ]  All **engager organisations** whose members engage workers who do the work of the occupational group specified (see Section B).

[ ]  ­­­­Any existing occupational contract that applies to some or all of the screen production workers in the occupational group specified. This can also include an occupational contract that has most recently expired.

[ ]  The **worker organisation** who will be responsible for conducting the ratification vote (see Section C). *Note*: this will be the applicant if you are a worker organisation.

**APPENDIX A: Extra spaces for proposed bargaining parties**

Name of bargaining party: Click or tap here to enter text.

Type of organisation: Choose an item.

*Primary contact person*

Full name: Click or tap here to enter text.

Postal address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Name of bargaining party: Click or tap here to enter text.

Type of organisation: Choose an item.

*Primary contact person*

Full name: Click or tap here to enter text.

Postal address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Name of bargaining party: Click or tap here to enter text.

Type of organisation: Choose an item.

*Primary contact person*

Full name: Click or tap here to enter text.

Postal address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.