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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: ­­­­­­­­­­………………………………………………………………………

Type of organisation: Registered engager organisation / registered worker organisation\*

\*Select one.

*Primary contact person*

Full name: ­­­­­­­­­­……………………………………………………………………………………………….

Postal address: ­­­­­­­­­­…………………………………………………………………………………………...

Phone number: …………………………………………………………………………………………..

Email address: …………………………………………………………………………………………...

**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 one only):

[ ]  Composers

[ ]  Directors

[ ]  Game developers

[ ]  Performers

[ ]  Technicians (Post-production)

[ ]  Technicians (Production)

[ ]  Writers

**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: ………………………………………………………………………………

Type of organisation: Registered engager organisation / registered worker organisation\*

\*Select one.

*Primary contact person*

Full name: ………………………………………………………………………………………...

Postal address: ……………………………………………………………………………………

Phone number: ……………………………………………………………………………………

Email address: …………………………………………………………………………………….

Name of bargaining party: ………………………………………………………………………………

Type of organisation: Registered engager organisation / registered worker organisation\*

\*Select one.

*Primary contact person*

Full name: ………………………………………………………………………………………...

Postal address: ……………………………………………………………………………………

Phone number: ……………………………………………………………………………………

Email address: …………………………………………………………………………………….

**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):

…………………………………………………………………………………………………….…………………………………………………………………………………………………….…………………………………………………………………………………………………….…………………………………………………………………………………………………….

If you are an engager organisation:

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

…………………………………………………………………………………………………….

**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)?

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

Has a simple majority of your members in coverage voted in favour of initiating collective bargaining? Yes / No\*

\*Select one.

Date: ……………………………………………………………………………………………………..

Signature of applicant: …………………………………………………………………………………..

**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: ………………………………………………………………………………

Type of organisation: Registered engager organisation / registered worker organisation\*

\*Select one.

*Primary contact person*

Full name: ………………………………………………………………………………………...

Postal address: ……………………………………………………………………………………

Phone number: ……………………………………………………………………………………

Email address: …………………………………………………………………………………….

Name of bargaining party: ………………………………………………………………………………

Type of organisation: Registered engager organisation / registered worker organisation\*

\*Select one.

*Primary contact person*

Full name: ………………………………………………………………………………………...

Postal address: ……………………………………………………………………………………

Phone number: ……………………………………………………………………………………

Email address: …………………………………………………………………………………….

Name of bargaining party: ………………………………………………………………………………

Type of organisation: Registered engager organisation / registered worker organisation\*

\*Select one.

*Primary contact person*

Full name: ………………………………………………………………………………………...

Postal address: ……………………………………………………………………………………

Phone number: ……………………………………………………………………………………

Email address: …………………………………………………………………………………….