

Appeal of Adjudication Officer Recommendation under Section 13(9) Industrial Relations Act 1969

# Basic Guidelines

1. Appeals must be given to the Labour Court within 6 weeks of the date of the Adjudication Officer’s Recommendation. The date of the Recommendation of the Adjudication Officer will count as day one. Appeals sent by post can be given to the Court in the ordinary course of the Court’s business and the day of receipt will be recorded using a date stamp manually applied during the course of ordinary business on the day the appeal is received. Appeals submitted by email to **appeals@labourcourt.ie** can be made up to 12 midnight on the last day of the 6-week period and the date of receipt will be the date and time automatically recorded on the email system.
2. All sections of the Appeal Form must be fully completed. If “Not Applicable”, “Nil” or “None” is appropriate in any section of the form, please type or write the relevant response on the Form.
3. When you have completed the Form, please follow the Final Instructions in Section 5.
4. A copy of the Adjudication Officer’s Recommendation **MUST** be included with your completed Appeal Form.
5. **Please note that an appeal must be made within six weeks of the Adjudication Officer’s Recommendation. The Court has no power to extend that time limit.**
6. Please see guidance notes at <https://www.labourcourt.ie/en/forms/section-13-9-appeal-form/section-13-9-appeal-form-guide.pdf> for further information on the use of this form.

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Appeal of Adjudication Officer Recommendation under Section 13(9) Industrial Relations Act 1969

# SECTION 1: Appellant's Details

## If you are making the Appeal, you are the Appellant

### \*Please note that the name of the Appellant must be the same as it appears in the Adjudication Officer’s Recommendation\*

### If you are an individual, enter the following details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title:** | **Mr/Mrs/Ms** | **Surname:** | | |
| **First name(s):** |  | | | |
| **Address:** |  | | | |
|  | | | |
|  | | | |
| **Eircode:** |  | | | |
| **Contact No:** |  | | **Email:** |  |

### If a Company / Organisation, enter the following details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Company name:** |  | | |
| **Trading name:** |  | | |
| **Contact name:** |  | | |
| **Registered Office/Place of Business/Principal Office Address:** |  | | |
|  | | |
|  | | |
| **Eircode:** |  | | |
| **Contact No:** |  | **Email:** |  |

# SECTION 1: Appellant's Details (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Will you have a Representative?** | | | | **Yes** | **No** |
| By providing Representative details below you are agreeing that all related correspondence to this application will only go to the named representative below, i.e. a copy will not be issued to you. | | | | | |
| **Representative First Name:** |  | | **Representative Surname:** | |  |
| **Name/Organisation:** |  | | | | |
| **Representative Address:** |  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **Eircode:** |  | | | | |
| **Representative Contact No:** |  | | | **Email:** |  |
| **Do you require special facilities when attending a hearing for example, language interpreter?** | | | | **Yes** | **No** |
| **If Yes, please provide details.**  (A member of staff may be in contact to discuss your requirements) | |  | | | |

# SECTION 2: Respondent’s Details

## The Respondent is the other party in your Trade Dispute.

### \*Please note that the name of the Respondent should be the same as it appears in the Adjudication Officer’s Recommendation\*

### If the Respondent is a Company /Organisation, enter the following details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Trading name:** |  | | |
| **Contact name:** |  | | |
| **Registered Office/Place of Business/Principal Office Address:** |  | | |
|  | | |
|  | | |
|  | | |
| **Eircode:** |  | | |
| **Contact No:** |  | **Email:** |  |

### If the Respondent is an individual, enter the following details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title:** | **Mr/Mrs/Ms** | **Surname:** | | |
| **First name(s):** |  | | | |
| **Address:** |  | | | |
|  | | | |
|  | | | |
|  | | | |
| **Eircode:** |  | | | |
| **Contact No:** |  | | **Email:** |  |

# SECTION 2: Respondent’s Details (continued)

### If you are aware that the Respondent will have a Representative, enter the following details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Representative First Name:** |  | **Representative Surname:** | | |  |
| **Name/Organisation:** |  | | | | |
| **Representative Address:** |  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  |  | | | | |
| **Eircode:** |  | | | | |
| **Contact No:** |  | | **Email:** |  | |

# SECTION 3: Appeal Details

## I wish to appeal a Recommendation of an Adjudication Officer.

|  |  |
| --- | --- |
| **Adjudication Reference (ADJ) No:** |  |
| **Date of Recommendation:** |  |

Please provide details of the Complaint Reference Number of each Recommendation that you wish to appeal. Whether you are appealing one or more recommendations, you must present the details of each recommendation **exactly** as they are presented on the Adjudication Officer Recommendation document, below.

### NOTE: Each Recommendation by an Adjudication Officer carries a reference number starting with “CA” and that reference number must be provided.

|  |  |
| --- | --- |
| **ACT** | **Complaint Dispute /Reference Number** |
| Section 13(9), Industrial Relations Act 1969 | **CA-** |
| Section 13(9), Industrial Relations Act 1969 | **CA-** |
| Section 13(9), Industrial Relations Act 1969 | **CA-** |
| Section 13(9), Industrial Relations Act 1969 | **CA-** |

### \*YOU MUST ENCLOSE A COPY OF THE ADJUDICATION OFFICER’S RECOMMENDATION WITH THIS APPEAL FORM\*

# SECTION 4: Date Form Completed

Please insert the date the form was completed.

\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

# SECTION 5: Final Instructions

When you have completed all sections of the form, you must either:

**Email** the completed Form and Adjudication Officer Recommendation to[**appeals@labourcourt.ie**](mailto:appeals@labourcourt.ie)

**OR**

1. **Print** the completed Form
2. **Enclose** a copy of the Adjudication Officer Recommendation
3. **Post** the Form to:

The Labour Court

Lansdowne House

Lansdowne Road

Dublin 4

DO4 A3A8