

Referral under Section 20(2) of the Industrial Relations Act 1969

# SECTION 1: Employee Details

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

# SECTION 2: Employee Representative Details (if any)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Does the employee side 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 3: Employer Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name:** |  | **Surname:** | |  |
| **Name/Organisation:** |  | | | |
| **Registered Office/Place of Business/Principal Office Address:** |  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| **Eircode:** |  | | | |
| **Contact No:** |  | | **Email:** |  |

# SECTION 4: Employer Representative Details (if any)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Does the employer side 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 5: Summary of Issues

Please provide a brief summary of issue(s) in dispute referred for investigation by the Court.

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# SECTION 6

We agree to be bound by the recommendation of the Labour Court.

**Signed on behalf of the Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

**Signed on behalf of the Union: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

### \*The dispute will not be investigated by the Court unless an undertaking is given, by both parties, to agree to be bound by the recommendation of the Labour Court.\*

# SECTION 7: Final Instructions

When you have completed all sections of the form, you must print and sign the form and then either:

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

**OR**

**Post** the Form to:

The Labour Court

Lansdowne House

Lansdowne Road

Dublin 4

D04 A3A8

|  |
| --- |
| **The Labour Court has adapted its service provision to include corresponding with parties by way of email. Please sign below to indicate your consent to this form of communication.**  **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to the Labour**  **Court corresponding with me about this referral via email.** |