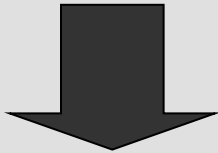


REFERRING DISPUTES FOR DETERMINATION AS AN ESSENTIAL SERVICE



Read This First



WHAT IS THE PURPOSE OF THIS FORM?

This form is a referral to the Essential Services Committee for a determination that a service is an essential service or that a person works in an essential service.

An essential service means a service, which, if interrupted, would endanger the life or health of people.

WHO FILLS IN THIS FORM?

Any party to the dispute.

OTHER PARTIES

If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach to this form.

1. APPLICANT DETAILS

Name:

Postal Address:

.....

Tel: Fax:

Cell: E-Mail:

Contact Person:

2. DETAILS OF THE OTHER PARTY (including trade unions organising in the sector or workplace and/or parties that may have an interest in the matter)

Name:

Postal Address:

.....

Tel: Fax:

Cell: E-Mail:

Contact Person:

3. DESCRIPTION OF ISSUE(S) IN DISPUTE

.....

.....

.....

.....

.....

.....

.....

Case Number

Please turn over →

WHERE DOES THIS FORM GO?

Essential Services Committee
c/o CCMA
28 Harrison Street
Johannesburg, 2001
Private Bag X94
Marshalltown, 2107

Tel: (011) 377-6650
Fax: (011) 834-7351
E-mail: ho@CCMA.org.za

OTHER INSTRUCTIONS

A motivation for the determination sought must be attached to this form. This may include the reasons why the service is or is not essential, or whether any person does or does not work in an essential service.

A copy of this form must be served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an email confirmation slip or sent email; or
- Any other satisfactory proof of service

The CCMA may be requested to assist with service.

4. DETERMINATION SOUGHT

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

5. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:

Place:



COMMISSION FOR CONCILIATION, MEDIATION & ARBITRATION

TO THE CCMA

PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013

By signing this referral form, I/we hereby grant my/our voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available. Further details are available on the CCMA website.

SIGNED AT _____ **ON THIS** _____ **DAY OF** _____ **202**__

INITIAL AND SURNAME: _____

SIGNATURE: _____