

LRA Form 4.7
 Section 70B(2)
 Labour Relations Act, 1995

BARGAINING COUNCIL REQUEST FOR ESSENTIAL SERVICE INVESTIGATION



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form is a request by a bargaining council to the Essential Services Committee to conduct an investigation as to whether the whole or part of any service is 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?

The General Secretary of the Bargaining Council.

WHERE DOES THIS FORM GO?

Essential Services Committee:
 c/o CCMA
 28 Harrison Street
 Johannesburg 2001
 Private Bag X94
 Marshalltown, 2107
 Tel:(011)377 6645/6953/6996
 E-mail: esc@CCMA.org.za

OTHER INSTRUCTIONS

A copy of the current certificate of accreditation must be attached to this form.

CHECK!

Have you attached your current certificate of accreditation?

1. BARGAINING COUNCIL'S DETAILS

Name.....

Postal Address

Tel:..... Fax:

Cell: E-Mail:

Contact Person

Registration Number:

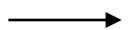
2. DETAILS OF SERVICE TO BE INVESTIGATED (Use additional paper if necessary)

If an investigation is required only for part(s) of the service, state which part(s)

3. DOES THE SERVICE FALL WITHIN THE JURISDICTION OF THE COUNCIL? GIVE DETAILS (Use additional paper if necessary)

Case Number.....

Please turn over



4. POPIA CONFIRMATION

By signing this document, I/we hereby grant my 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 ESC (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 ESC 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.

5. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:.....

Place:.....