

LRA Form 5.2
 Section 81(1)
 Labour Relations Act, 1995

**REPRESENTATIVE
 TRADE UNION APPLIES TO
 ESTABLISH A TRADE UNION
 BASED WORKPLACE FORUM**



Read This First



WHAT IS THE PURPOSE OF THIS FORM?

This form is an application by one or more trade unions, which are recognised by an employer for the purposes of collective bargaining to represent all employees (except senior managerial employees), for the establishment of a workplace forum. An application may only be made if there is no existing forum established in terms of the Act.

WHO FILLS IN THIS FORM?

A representative trade union.

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.

WHERE DOES THIS FORM GO?

The Regional Office of the CCMA.

1. TRADE UNION DETAILS

Name:.....

.....

Postal Address:

.....

.....

Tel:

Fax:

Cell:.....E-Mail:.....

Contact Person (Trade Union):.....

Contact Person (Representative at Workplace):

Cell:.....E-Mail:.....

Registration Number:.....

2. EMPLOYER DETAILS

Name:.....

.....

Postal Address:

.....

.....

Tel:

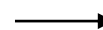
Fax:

Cell:.....E-Mail:.....

Contact Person:.....

Case Number.....

Please turn over



OTHER INSTRUCTIONS

The union must attach a certified copy of the collective agreement, which shows recognition.

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 e-mail confirmation slip or sent e-mail; or
- Any other satisfactory proof of service.

The CCMA may be requested to assist with service.

CHECK!

Have you sent a copy of this completed form to the other party?

Have you included proof of service?

Have you attached a certified copy of the collective agreement that shows that the trade union/s is recognised?

3. WORKPLACE DETAILS

a. Description and Address:

.....

b.

c. Number of members of applicant trade unions at the workplace:.....

.....

d. Number of members of applicant union's at the workplace:

.....

e. Describe the nature of the work or activities conducted in the workplace:.....

.....

.....

.....

f. Is there an existing workplace forum in the workplace?.....

.....

.....

4. SECTOR

Indicate the sector or service in which the dispute arose.

- | | |
|---|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Safety/Security (Private) |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Food & Beverage |
| <input type="checkbox"/> Business/Professional Services | <input type="checkbox"/> Transport (Private) |
| <input type="checkbox"/> Agriculture/Farming | |
| <input type="checkbox"/> Other | |

CHECK!

Have you sent a copy of this completed form to the other party?

Have you included proof (that you have sent a copy to the other party with this form?

5. 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 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.

6. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:.....

Place:.....