

Employment Rights Appeal Form

Basic Guidelines

- 1. Appeals must be given to the Labour Court within 42 days of the date of the Adjudication Officer's Decision. The date of the Decision of the Adjudication Officer/service by an Inspector of a Compliance Notice will count as day one of the 42 days. 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 ordinary course of business on the day the appeal is received. Appeals submitted by email at appeals@labourcourt.ie can be made up to 12 midnight on the 42nd day and the date of receipt will be the date and time automatically recorded on the email system.
- 2. All sections of the Appeal Form that apply to your appeal must be fully completed.
 - a. Sections 1, 2, 4 and 6 must be completed for all appeals:
 - i. If the Appellant is a Company, you must also complete Section 3;
 - ii. If your Appeal is related to **Employment Equality Acts 1998-2015**, you must also complete the relevant Table in Section 4;
 - iii. If your Appeal is related to an **Appeal of a Compliance Notice or Substantive Notice**, you must also complete Section 5 (a) or (b).
 - b. Please note that **all fields in the Form are mandatory** i.e. you must provide information in every part of the Form that applies to your appeal.
 - c. If "Not Applicable", "Nil" or "None" is appropriate, please type or write the relevant response on the Form.
 - d. Please refer to https://www.labourcourt.ie/en/forms/appeals-form/ for appeals under section 13(9) of the Industrial Relations Act 1969.
- 3. When you have completed the Form, please follow the Final Instructions in Section 7. Please remember that you **MUST** include a copy of the Adjudication Officer Decision / Inspector's Compliance Notice/HRC Substantive Notice with your completed Appeal Form.
- 4. An Appeal Fee of €300 is payable ONLY if you failed to appear at a first instance hearing of the Workplace Relations Commission.
- 5. Please see guidance notes at https://www.labourcourt.ie/en/forms/appeals-form/ for further information on the use of this form and payment of the Appeal Fee, if applicable.



Employment Rights Appeal Form

SECTION 1: Appellant's Details

Title:

First name(s):

If you are making the appeal, you are the Appellant.

Mr/Mrs/Ms

Please note that the name of the Appellant must be the same as it appears in the Adjudication Officer's Decision

Surname:

If you are an individual, enter the following details:

Address:		
Eircode:		
Contact No:	Email:	
If a Company / Organis	ation, enter the following details (see al	so SECTION 3):
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 thit pplication will only go to the named representative below, i.e. a copy will not be issued to you.						this
Representative First Name:		Representati Surname:	ve				
Name/Organisation:							
Representative Address:							
Eircode:							
Representative Contact No:		Email:					
Do you require special fa hearing for example, lar	acilities when attending a nguage interpreter?	Yes			No		
If Yes, please provide details. (A member of staff may be in contact to discuss your requirements)							
has been paid if you d	onfirm that the fee of €300 id not attend at the earing (tick the relevant	Yes	No		Not Applicable	9	

SECTION 2: Respondent's Details

The Respondent is the party against whom the appeal is being filed.

*Please note that the name of the Respondent should be the same as it appears in the **Adjudication Officer's Decision***

If

If the Respondent is a	Company /Organisat	tion, enter t	he following details:
Name:			
Trading name:			
Contact name:			
Registered Office/Place of Business/Principal			
Office Address:			
Eircode:			
Contact No:		Email:	
If the Respondent is ar	n individual, enter th	e 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:		
Addiess.		
Eircode:		
Contact No:	Email:	

SECTION 3: Additional Company Information

This is only required if the Appellant is a Company.

Registered (PAYE) No.				
Is this a Limited Company/ Designated Activities Company (DAC)?	Yes		No	
Is the Company in Receivership or Liquidation?	Yes		No	
If YES, please complete the following:				
Liquidator/ Receiver Name:				
Liquidator/ Receiver Address:				
Eircode				
Contact No:		Email:		

SECTION 4: Appeal Details

I wish to appeal a Decision of an Adjudication Officer.

Adjudication Reference (ADJ) No:	
Date of Decision:	

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

NOTE: Each Decision by an Adjudication Officer carries a reference number starting with "CA" and that reference number must be provided.

ACT	Complaint Dispute /Reference Number
	CA-

^{*}YOU MUST ENCLOSE A COPY OF THE ADJUDICATION OFFICER'S DECISION WITH THIS FORM*

Employment Equality Acts 1998 – 2015

<u>If</u> you are appealing under the Employment Equality Acts 1998 – 2015, please indicate the Discriminatory ground(s) (select from list below by placing a tick opposite the selected item(s)):

Age	Family Status	Sexual Orientation
Gender	Civil Status	Race, Colour, Ethnic or National Origin
Disability	Religious Belief	Membership of the Travelling Community

Out of Time Appeals

The Labour Court cannot hear Appeals that are submitted more than 42 days from the date of the decision being appealed unless it determines that exceptional circumstances exist. The date of the decision is the first day of the 42 days. If your Appeal falls outside the 42 day deadline and you intend to apply for an extension of time allowed by Section 44(4) of the Workplace Relations Act, 2015 based on the existence of exceptional circumstances please indicate your intention to do so by ticking **Yes**.

Yes

If you tick Yes, you will be required to include in your written submission your reason/s for your application for an extension of time.

SECTION 5: Appeal of Compliance Notice or Substantive Notice

(a) Compliance Notice(s) Served by Workplace Relations Commission Inspector

Compliance Notice Reference No(s):	
Date on which Compliance Notice(s) served:	

(b) Equality & Human Rights Commission Substantive Notice(s)

Substantive Notice(s) Reference No(s):	
Date on which Substantive Notice(s) served:	
Please state whether you are appealing the entire Notice or part(s) of the Notice, specifying which part(s):	

^{*}YOU MUST ENCLOSE A COPY OF THE COMPLIANCE NOTICE(S) WITH THIS APPEAL FORM*

^{*}YOU MUST ENCLOSE A COPY OF THE SUBSTANTIVE NOTICE(S) WITH THIS APPEAL FORM*

SECTION 6: Date Form Completed

Please insert the date the form was completed.

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SECTION 7: Final Instructions

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

Email the completed Form and Adjudication Officer Decision / Compliance Notice(s) / Substantive Notice(s) (as applicable) to appeals@labourcourt.ie

OR

- 1. Print the completed Form
- **2. Enclose** a copy of the Adjudication Officer Decision / Compliance Notice(s) / Substantive Notice(s) (as applicable)
- **3. Post** the Form to:

The Labour Court Lansdowne House Lansdowne Road Dublin 4 D04 A3A8