

LRA Form 5.1
Section 80(2)
Labour Relations Act, 1995

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



Read This First



**WHAT IS THE PURPOSE OF THIS
FORM?**

This form is an application by one or more representative trade unions for the establishment of a workplace forum.

A workplace forum may be established in any workplace with more than 100 employees. This number excludes senior managerial employees.

An application may only be made if there is no existing workplace 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 Registrar, Regional Office of the CCMA.

1. TRADE UNION DETAILS

Name:.....
.....

Postal Address:
.....
.....

Tel: Fax:

Cell:..... Email:.....

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

Contact Person (Representative at Workplace):.....

Cell Number: Email:.....

Registration Number:.....

2. EMPLOYER DETAILS

Name:
.....

Postal Address:
.....
.....

Tel: Fax:

Cell:..... Email:.....

.....
Contact Person:

Case Number.....

Please turn over →

OTHER INSTRUCTIONS

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.

CHECK!

Have you sent a copy of this completed form to the other party?
 Have you included proof of service?
 Have you attached any extra information?

3. WORKPLACE DETAILS

a. Description and Address:

.....

b. Number of employees (excluding senior managerial employees) at the workplace:

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

.....

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

.....

e. 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 | |

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: _____