

LRA Form 7.1
Section 127(1)
Labour Relations Act, 1995

COUNCIL APPLIES FOR ACCREDITATION/RENEWAL OF ACCREDITATION



Read This First



WHAT IS THE PURPOSE OF THIS FORM?

This form is an application by a Council to the Governing Body of the CCMA for accreditation to perform various dispute resolution functions.

WHO FILLS IN THIS FORM?

The General Secretary of the Council.

WHERE DOES THIS FORM GO?

Governing Body
c/o Councils and Agencies
Department
28 Harrison Street
Johannesburg, 2001
Private Bag X94
Marshalltown, 2107
Tel: (011) 377-6650
Fax: (011) 834-7351
E-mail: ho@CCMA.org.za

1. COUNCIL DETAILS

Name of Council:

.....

Physical Address:

.....

.....

Tel: Fax:

Cell: E-Mail:

Contact Person:

Registration Number of Council:

2. ACCREDITATION IS SOUGHT FOR THE FOLLOWING DISPUTE RESOLUTION FUNCTIONS

Conciliation ☐

Arbitration ☐

Inquiry into section 188A ☐

Please turn over →

OTHER INSTRUCTIONS

A copy of the certificate of registration, a motivation for accreditation and the Council's code of conduct must be attached to this form.

CHECK!

Have you attached to this form:

- a copy of the Council's certificate of registration
- a copy of the Council's main collective agreement
- a copy or copies of the collective agreement(s) dealing with council administration, expenses and dispute resolution processes.
- details of the parties to the Council
- a motivation for accreditation
- a copy of the Constitution of Council
- the Council's Code of Conduct
- a copy of the list of Council's panellists

NOTE!

Please see Policy on CCMA website
www.ccma.org.za

3. DETAILS OF ACCREDITED AGENCY APPOINTED BY COUNCIL (if any)

Name of Accredited Agency:

.....

Physical Address:

.....

Tel: Fax:

Cell: E-Mail:

Contact Person:

The scope of the appointment including categories of dispute:

.....

.....

The council may appoint another accredited agency to section 51(6) of the LRA to perform some of its function. If this council wants to appoint another accredited agency its details must be included. The scope of the appointment in terms of area, type of function and categories of dispute must also be included.

4. THERE ARE 7 ACCREDITATION CRITERIA TO BE MET

4.1 THE EXTENT TO WHICH THE SERVICES PROVIDED BY THE APPLICANT WILL MEET THE COMMISSION'S STANDARDS

4.2 THE ABILITY OF THE APPLICANT TO CONDUCT ITS ACTIVITIES EFFECTIVELY

4.3 THE INDEPENDENCE OF THE PERSONS APPOINTED BY THE APPLICANT TO PERFORM THE FUNCTIONS

4.4 DETAILS REGARDING THE COMPETENCE OF THE PERSONS APPOINTED BY THE APPLICANT TO PERFORM THE FUNCTIONS

4.5 DETAILS REGARDING THE APPLICANT'S CODE OF CONDUCT TO GOVERN THE PERSONS APPOINTED TO PERFORM THE FUNCTIONS

Please turn over



4.6 DETAILS REGARDING THE DISCIPLINARY PROCEDURES USED BY THE APPLICANT TO ENSURE SUBSCRIPTION AND ADHERENCE TO THE CODE OF CONDUCT

4.7 PROOF THAT THE APPLICANT PROMOTES A SERVICE THAT IS BROADLY REPRESENTATIVE OF SOUTH AFRICAN SOCIETY

5. PARTIES TO THE COUNCIL

A list of the employers, employer organisations, registered trade unions or trade union federations that are parties to the Council must be attached to this form.

6. MOTIVATION

(a) Prepare a motivation for the Governing Body of the CCMA, which deals with the issues raised in section 127(4) of the LRA with reference to the 7 accreditation criteria.

(b) Provide information on –

- information relating to the conciliators and arbitrators (furnish the names of the individuals the applicant proposes using as dispute resolvers, along with particulars of each individual's qualifications, training and experience; supply details, if applicable, of the steps the applicant is taking to promote a service comprising practitioners broadly representative of South African society);
- training (supply details of initial and ongoing training, or training opportunities, available to conciliators and arbitrator); and
- those sections of Part C of Chapter 7 of the LRA which the applicant believes should not be made applicable to it - see section 127(6). Please motivate.

7. 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: _____