Industrial Relations Commission of New South Wales

APPLICATION FOR A SPECIAL WAGE PERMIT

FILING INSTRUCTIONS:

Applicants are to refer to the Special Wage Permits policy prior to lodging the Application to ensure all necessary details have been provided.

Applications for a new Special Wage Permit, or the renewal of a Special Wage Permit should be made via this form and email submission to industrial.registrar@courts.nsw.gov.au or via https://ircpermit.powerappsportals.com/ once online applications become available.

The Application must be submitted by the Employee with Disability (EWD)/prospective EWD. With leave of the Registrar, a third party may also make the application on behalf of the EWD/prospective EWD.

If a third party is submitting the application on behalf of the EWD/prospective EWD, they must also confirm how they are authorised to act on behalf of the prospective EWD/prospective EWD, and include evidence of authority with the Application.

These instructions do not form part of the Application to be filed.
Please delete this cover page before filing.

APPLICATION FOR A SPECIAL WAGE PERMIT

IF YOU ARE APPLYING ON BEHALF OF ANOTHER PERSON:

Name

Organisation and role

Phone number

Email address

Basis upon which you say the Registrar should permit you to make this application on someone else's behalf

Has the applicant worker consented to you applying on their behalf?

If yes, attach confirmation (evidence of authority). If no, set out reasons why not.

APPLICANT WORKER'S PARTICULARS:

Full name

Residential address

Date of birth

Phone number

Email address

EMPLOYER'S PARTICULARS:

(Please specify the full name(s) of the corporation, partners or sole trader that employs the applicant worker)

Contact person name

Registered Business Name, if different from above

ABN or Reg. No

Address

Workplace address, if different from above

Email address

Phone number

Nature of employer's business **[e.g School, Local Council etc]**

The industrial organisation which has coverage of employees to which the proposed employment relates	

PARTICULARS OF PROPOSED EMPLOYMENT

Job Title	
Job description (Please set out the main duties the applicant will be performing)	
Relevant Industrial Instrument (Name of Award and Award Code Number or Agreement Registration Number): *Please contact the Award Enquiry Service Centre of the Department of Commerce by telephone on 131 628 if you are unsure about which award applies*. **(**website: www.industrialrelations.nsw.gov.au**)**	
Award job title/ classification	
Terms of engagement	[full time, part time, casual]
Award rate	[Please specify the amount of the additional entitlement to pro rata payment in lieu of annual holiday pay, if any, that applies to employees under the relevant industrial instrument]
Proposed pay rate	$
Percentage of the relevant award	
Proposed hours of work	[Starting & finishing times on particular days as well as duration of any unpaid meal breaks]
Proposed permit duration	
Reasons why the permit should be issued for the proposed duration	

GROUNDS FOR APPLICATION

Set out the standard to be met for payment of the full award wage, which the applicant employee was measured against, any training the applicant received, how the employee's performance will be reviewed and the method and tools used to determine the rate of pay for this employee. Attach any relevant documentation to this form.

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Provide details of the applicant employee's disability/disabilities and whether there is likely to be any material change in the nature and scope of the proposed employment and/or in the applicant employee's disability/disabilities prior to the expiry of the proposed duration of the SW Permit. Attach any relevant documentation to this form.

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Set out any conditions you seek for the permit to have, and anything else you think the Registrar ought to consider

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If this is a renewal application, provide details of any ongoing performance reviews during the period of the previous permit. Details of why the percentage of the Award rate has or hasn't changed should be included.

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If you are applying for the Special Wage Permit yourself as the Applicant worker subject to the conditions above, sign here.

I hereby apply for a permit to work under the conditions proposed above.

Signature:

Dated:

Name:

If third-party application, the person applying on behalf of the worker, and the worker who the Application is being made on behalf of should sign here.

FOR EMPLOYEE: I hereby authorise [INSERT NAME] to apply for a permit to work under the conditions proposed above on my behalf.

Signature (Applicant):

Dated:

Name:

Signature (Employer):

Dated:

Name: