

Application form

Textile, Clothing, Footwear and Associated Industries Award 2020

Application for registration or renewal of registration

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To:	Fair V	Vork Commission			
Email:	<u>lodge(</u>	@fwc.gov.au			
			Footwear and Associated ence for the registration		vard 2020,
	[FULL NAME	OF PRINCIPAL (AS DEFINED	IN THE AWARD), INCLUDING TRAD	ING NAME]	
ACN			BOR	1	
[Australian Company Number]		[Current Registration Number - if applicable]			
		[Address of FAC	TORY OR WORKSHOP]		
	[REGISTERED BUSINESS ADDRESS - leave blank if same as above]				
Please	answer the followi	ng questions by pla	cing a cross ⊠ as appr	opriate.	
1.	Do you as the Princ facility, factory or w		that work inside your	YES□	№П
2.	legal or natural pers	son to have work car ootwear industry (wh	an arrangement with any ried out for you in the ether the person carries	YES 🗆	№ □
	•	t an outworker to carr	of an employee of the ry out the work i.e in-		
3.	•	cipal intend to make a you, with a worker w	an arrangement to have ho is:	YES 🗆	NO 🗆

	a. an outworker; or				
	 b. person who personally personally person subject of an arrangement 				
4.	Do you as the Principal intend to more than ten (10) workers (outwood personally perform the work which arrangements)?	orkers or persons who	YES 🗆	NO 🗆	
5.	State the total number of workers arrangement with.	s you intend to make an			
6.	6. Do you as the Principal wish to apply for to be allowed to employ more than ten (10) workers?			№П	
(If	the CFMEU – Manufacturing Division has conse	ented, please attach a copy)			
7. Do you as the Principal wish to apply to be released from the YES NO I requirement to place a public notice in a metropolitan daily newspaper?			ΝО□		
	(If an exemption has been consented to by the CFMEU – Manufacturing Division please attach a copy)				
	I means an employer or an eligible entity within retailer, supplier, contractor or subcontractor.	the meaning of s.576(1)(k) of the Workplace F	Pelations Act 1996 a	nd may	
S	Signature on behalf of Principal:				
	Name:				
	Position:				
	Date:				
	Telephone:				
	Facsimile:				
	E-mail address:				

Details of contact person if different from above:			
Name:			
Position:			
Telephone:			
Facsimile:			
E-mail address:			
•			
of any principals that you have an arrandal Your Registration will be approved for the twelve month period to maintain you lift the Board approves your application for	a period of twelve months. You must reapply at the end of ur registration status. or registration you will be provided with a registration number. ded in written records you keep and included in the records		

Textile, Clothing, Footwear and Associated Industries Award 2020 Quarterly List

Principal name:			ACN/ABN:
			Quarter:
Current Registration Number [if applicable]:	BOR	1	
			-

Please provide details of \underline{all} the companies or individuals that you give work to:

Name of Principal or individual	Street Address	Telephone number	Written agreement Y/N	Do they have an arrangement with others to give work out

Send this list within 7 days of the last working day of February, May, August and November of each year to both:

Fair Work Commission, email lodge@fwc.gov.au AND CFMEU MD (TCF sector) email contact@tcfunion.org.au