WPS1 **LRA Form 7:11** Labour Relations Act 1995 Sections 9,24,188A,191, 198 + 198 A-C	**PART A** **REFERRING A DISPUTE TO** **THE NBCWPS FOR CONCILIATION /CON-ARB**	National Bargaining Council for the Wood and Paper Sector

WHO FILLS IN THIS FORM?
Employer, employee, trade union or employer organization.

WHERE DOES THIS FORM GO?
NATIONAL BARGAINING COUNCIL FOR THE WOOD AND PAPER SECTOR (NBCWPS) OFFICES:

6th Floor, Office 605 Bram Fischer House
20 Albert Street
Johannesburg
2192

P.O Box 62670
Marshalltown
2107

TEL: (011) 832 2080 **FAX: (011) 832 2288**

EMAIL: info@nbcwps.org.za

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

The NBCWPS, will screen this form to check that the dispute is within the council's jurisdiction. If so it will appoint a commissioner from the NBCWPS panel who will attempt to resolve the dispute.

CCMA REFERRALS

Please note that the following disputes must be forwarded directly to the CCMA, and cannot be dealt with by a bargaining council in terms of the Labour Relations Act, no 66 of 1995 ("the LRA"):

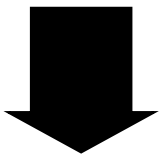
- Disclosure of information (Section 16 and 89 of the LRA)
- Organisational rights (Chapter III part A of the LRA)
- Agency shop disputes (Section 25 of the LRA)
- Closed shop disputes (Section 26 of the LRA)
- Interpretation or application of collective bargaining provisions (Section 63 (1) of the LRA)
- Picketing disputes (Section 69 of the LRA)
- Workplace forum disputes (Sections 86 and 94 of the LRA)
- Facilitation – Operational Requirements (Section 189A of the LRA)

FURTHER 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:
- A copy of a registered slip from the Post Office;
- A copy of a signed receipt if hand delivered;
- A signed affidavit confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

WPS1
LRA Form 7:11
Wood and Paper Sector
READ THIS FIRST



Tick the correct box ☒
The name of the employee or an employer that is referring the dispute must be filled in (a). If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply their personal details and signature on a separate page, which must be attached to this form.

These alternate contact details should be of a union official or representative, a relative or a friend.

The name of the trade union or employers organisation that is referring the dispute or assisting a member to refer a dispute must be filled in (b).

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 this page to this form.

1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

☐An employee ☐A trade union

☐An employer ☐An employer's organisation

(a) Name and details of the referring party :

Name:…….. ……..……..

ID Number:……

Postal Address:……..……..

……..……Postal Code:……

Tel:……Cell:……..……..

Fax:…… Email: ……..

(b) Alternate contact details of the referring party:

Name:……..

Postal Address:……..……..

……..……Postal Code:…..……

Tel:……..……Cell:……..……..

Fax:…… Email: ……..

2. DETAILS OF THE OTHER PARTY (PARTY WITH WHOM YOU ARE IN DISPUTE)

The other party is:

☐An employer ☐An employers organisation

☐An employee ☐A trade union

Name:…….. ……..

Postal Address:……..

……..Postal Code:……

Tel:……..Cell:……..

Fax:…… Email: ……..

Please turn over

Tick the correct box ☒

If the dispute concerns dismissal, also complete Part B *(See Page 5)* of this form.

This section must be completed!

If necessary write the details on a separate page and attach to this form.

This section must be completed!

If necessary write the details on a separate page and attach to this form.

UNFAIR LABOUR PRACTICE

If the dispute(s) concerns an unfair labour practice the dispute must be referred (ie. received by the NBCWPS) within 90 days of the act or omission which gave rise to the unfair labour practice. If more than 90 days have elapsed you are required to apply for condonation.

3. NATURE OF THE DISPUTE

What is the dispute about (tick only one box)?

☐Unfair dismissal ☐ Unfair Labour Practice (***Give details)*** ☐Refusal to Bargain

☐Unfair dismissal (probation) ☐Mutual Interest ☐ Unfair Labour Practice (*probation*)

☐Unilateral change to terms employment ☐Severance pay ☐S41 BCEA ☐Freedom of Association ☐Interpretation/ Application of Collective Agreement

☐ Section 80 0f the BCEA ☐Other (please describe)

Summarise the facts of the dispute you are referring: ……

……

……

……

……

4. DATE DISPUTE AROSE

The dispute arose on:……

(give the date, day, month and year)

The dispute arose where:……..

(give the city/town in which the dispute)

If the dispute concerns a dismissal the date inserted here must be the same as that set out in Item 2 of Part B of this form.

5. DETAILS OF DISPUTE PROCEDURES FOLLOWED

Have you followed all internal grievance / disciplinary procedures before coming to the NBCWPS ? ☐Yes ☐No

Describe the procedures followed:……

……

……

……

……

6. RESULT OF CONCILIATION

What outcome do you require?……

……

……

……

Please turn over

Tick the correct box ☒	**7 . SECTOR** Indicate the sector or service in which the dispute arose ☐Pulp and Paper ☐ Fibre and Practice Board ☐ Tissue and Allied ☐Sawmilling ☐ Other …… *(please describe details below)*
Parties may at the own cost bring interpreters for languages other than the official South African languages. Please indicate under "other"	**8. INTERPRETATION SERVICES** Do you require services of an interpreter at the conciliation / con -arb? ☐Yes ☐No If yes please indicate for what language: ☐Afrikaans ☐isiNdebele ☐isiZulu ☐isiXhosa ☐Sepedi ☐Sesotho ☐Setswana ☐siSwati ☐Tshivenda ☐Xistonga ☐ Other (please indicate)……
Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc.	**9. SPECIAL FETAURES / ADDITIONAL INFORMATION** Briefly outline any special features / additional information the NBCWPS needs to note: …… …… ……
Only fill this in is this is a dispute about unilateral changes to terms and conditions of employment.	**10.** Dispute about unilateral change to terms and conditions of employment (s64 (4)) I/We require that the employer party not implement unilaterally the proposed changes that led to to this dispute for 30 days , or that it restores the terms and conditions of employment that applied before the change.
The con -arb process involves arbitration being held immediately after the conciliation of the dispute remains unresolved.	**11. OBJECTION TO CON -ARB PROCESS** I/We object to the arbitration commencing immediately after conciliation in terms of Section 191 (5A)(c). Signed:……
Only fill this if you object to the arbitration commencing immediately after conciliation. An objection cannot be made if the dispute concerns probation	If the employer objects to the arbitration commencing immediately after the conciliation the employer must submit a written notice in terms of the Council Dispute Resolution Procedure at least 7 days prior to the scheduled date of the conciliation. The employer must attend the conciliation regardless of whether it makes this objection. **12. CONFIRMATION OF THE ABOVE DETAILS** Signature of party referring the dispute:…… Signed at……..on this…… *(place)* *(date)*

LRA Form : 7:11 Wood and Paper Sector	**PART B** **ADDITIONAL FORM FOR** **DISMISSAL DISPUTES ONLY**	

DATE OF REFERRAL

Dismissal disputes must be referred (i.e. received by the NBCWPS) within **30 days** of dismissal or, if it is a later date, within **30 days** of the employer making a final decision to dismiss or to uphold the dismissal. If more than **30 days** has elapsed since the date of your dismissal, you are required to apply for condonation.

Tick the correct box ☒

Tick the correct box ☒

If necessary write the details on a separate page and attach to this form.

1. COMMENCEMENT OF EMPLOYMENT

When did you start working at the company? ……..……

2. NOTICE OF DISMISSAL

When were you dismissed (date)? ……

How were you informed of your dismissal?

☐In writing ☐Orally

☐Other ***(please describe***) ……

3. REASON FOR DISMISSAL

Why were you dismissed?

☐Misconduct ☐Incapacity

☐Operational Requirements (Retrenchment) ☐Unknown

☐Constructive

☐Other ***(please describe***) ……..

4. WAS THE DISMISSAL RELATED TO PROBATION ☐YES ☐NO

5. FAIRNESS/UNFAIRNESS OF DISMISSAL

a. Procedural Issues

Was the dismissal procedurally unfair? ☐YES ☐NO

If yes, why?

……

……..

……..

b. Substantive Issues

Was the reason for the dismissal unfair? ☐YES ☐NO

If yes, why

……..

……..

……..

LRA Form: 7:11 Wood and Paper Sector	**POPIA CONFIRMATION**	
	By signing this document I / We hereby grant my 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 so far as the NBCWPS (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 NBCWPS must fulfil its public legal duty. I/We furthermore understand that there are instances in terms of the 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. **CONFIRMATION OF THE ABOVE DETAILS:** Form submitted by: Signature:…… Position:…….. Date:…… Place:……..	