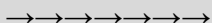


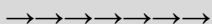
<p>READ THIS FIRST</p>  <p>LRA Form 7.11</p>	<p>PART A</p> <p>REFERRING A DISPUTE TO THE BARGAINING COUNCIL RESTAURANT CATERING AND ALLIED TRADES FOR CONCILIATION (INCLUDING CON-ARB)</p> 																																																	
<p>A copy of this form must be served on the other party. Proof that a copy has been served on the other party must be attached, such as -</p> <ul style="list-style-type: none"> • 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 the service by the person delivering the form; or • A copy of a fax confirmation slip; or • A copy of an email confirmation slip ; or • Any other satisfactory proof of service 	<p>WHERE TO SEND THIS FORM TO:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>Braampark – Forum V Office 01/02A, Ground Floor 33 Hoofd Street Braamfontein 2001</p> </td> <td style="width: 50%; border: none;"> <p>P.O. Box 30822 Braamfontein 2017</p> </td> </tr> </table> <p>Fax: (086) 513 3618 (Dispute Resolution)</p> <p>CMOs: tilana@bcrc.co.za; modiki@bcrc.co.za; vongani@bcrc.co.za; sbongile@bcrc.co.za</p> <p>Tel: 087 097 0146/011 832 1170/80 (Administration) 087 097 0146/011 832 1170/80 (Dispute Resolution)</p>	<p>Braampark – Forum V Office 01/02A, Ground Floor 33 Hoofd Street Braamfontein 2001</p>	<p>P.O. Box 30822 Braamfontein 2017</p>																																															
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<p>Tick the correct box <input checked="" type="checkbox"/></p> <p>This section must be completed!</p> <p style="text-align: center;">→ → → → → → →</p> <p>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.</p> <p>The name of the trade union or employer's organisation that is referring the dispute or assisting a member to refer a dispute must be filled in (b). If there is more than one party, please provide all the details of each party on a separate page which must be attached to this form.</p>	<p>1. DETAILS OF PARTY REFERRING DISPUTE</p> <p>As the referring party, are you:</p> <p><input type="radio"/> An employee <input type="radio"/> Trade union</p> <p><input type="radio"/> An employer <input type="radio"/> An employers' organization</p> <p>(a) If the referring party is an <u>employee</u> or <u>employer</u></p> <p>First Name/s: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Surname: _____</td> <td style="width: 40%; border: none;">ID Number: _____</td> </tr> <tr> <td colspan="2" style="border: none;">Occupation (if employee): _____</td> </tr> <tr> <td colspan="2" style="border: none;">Length of service: _____</td> </tr> <tr> <td style="border: none;">Salary Gross: _____</td> <td style="border: none;">Salary Net: _____</td> </tr> <tr> <td style="border: none;">Gender (M/F): _____</td> <td style="border: none;">Age: _____</td> <td style="border: none;">Nationality: _____</td> </tr> <tr> <td colspan="3" style="border: none;">Postal Address: _____</td> </tr> <tr> <td colspan="2" style="border: none;"></td> <td style="border: none;">Postal Code: _____</td> </tr> <tr> <td colspan="3" style="border: none;">Physical Address: _____</td> </tr> <tr> <td colspan="2" style="border: none;"></td> <td style="border: none;">Postal Code: _____</td> </tr> <tr> <td style="border: none;">Tel: _____</td> <td colspan="2" style="border: none;">Cell: _____</td> </tr> <tr> <td style="border: none;">Fax: _____</td> <td colspan="2" style="border: none;">Email: _____</td> </tr> </table> <p>(b) Name of the referring party who will represent the applicant (name of official) if the referring party is an employer's organization or trade union, or if the employer's organization is assisting a member to the dispute</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Name (party): _____</td> <td style="width: 40%; border: none;">Official: _____</td> </tr> <tr> <td colspan="2" style="border: none;">Contact person (if organization): _____</td> </tr> <tr> <td colspan="2" style="border: none;">Postal Address: _____</td> </tr> <tr> <td colspan="2" style="border: none;"></td> <td style="border: none;">Postal Code: _____</td> </tr> <tr> <td colspan="2" style="border: none;">Physical Address: _____</td> </tr> <tr> <td colspan="2" style="border: none;"></td> <td style="border: none;">Postal Code: _____</td> </tr> <tr> <td style="border: none;">Tel: _____</td> <td colspan="2" style="border: none;">Cell: _____</td> </tr> <tr> <td style="border: none;">Fax: _____</td> <td colspan="2" style="border: none;">Email: _____</td> </tr> </table>	Surname: _____	ID Number: _____	Occupation (if employee): _____		Length of service: _____		Salary Gross: _____	Salary Net: _____	Gender (M/F): _____	Age: _____	Nationality: _____	Postal Address: _____					Postal Code: _____	Physical Address: _____					Postal Code: _____	Tel: _____	Cell: _____		Fax: _____	Email: _____		Name (party): _____	Official: _____	Contact person (if organization): _____		Postal Address: _____				Postal Code: _____	Physical Address: _____				Postal Code: _____	Tel: _____	Cell: _____		Fax: _____	Email: _____	
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Fax: _____	Email: _____																																																	

Tick the correct box

This section must be completed!



This section must be completed!



4. SUMMARIZE THE FACTS OF THE DISPUTE (Use additional paper if necessary):

5. DATE AND WHERE 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 arose)

6. DATE OF DISMISSAL (if applicable) _____

7. FAIRNESS OR UNFAIRNESS OF DISMISSAL (if applicable)

(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? _____

8. RESULT REQUIRED

9. OBJECTION TO CON-ARB PROCESS (Only complete this part if you object to the arbitration commencing immediately after conciliation)

I/we object to the arbitration commencing immediately after the conciliation in terms of Section 191(5A) (c).

Signature of person objecting to con arb

10. SECTOR

Indicate the sector or service in which the dispute arose?

- | | | | |
|-------------------------------------|--|---|---|
| <input type="radio"/> Retail sector | <input type="radio"/> Domestic | <input type="radio"/> Building & Construction | <input type="radio"/> Contract Cleaning |
| <input type="radio"/> Mining | <input type="radio"/> Private Security | <input type="radio"/> Public Service | <input type="radio"/> Other (please describe) |
| <input type="radio"/> Motor | <input type="radio"/> Paper & Printing | <input type="radio"/> Health | _____ |
| <input type="radio"/> Distribution | <input type="radio"/> Services | <input type="radio"/> Chemical | _____ |
| <input type="radio"/> Wholesale | <input type="radio"/> Food & Beverage | <input type="radio"/> Agriculture | _____ |

Tick the correct box

Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under "other".

Special features might be a reason for the urgency of the matter, the large number of people involved, important legal or labour issues, etc.

This section must be completed!

→→→→→→→→

11. INTERPRETER SERVICES

Is an interpreter required? Yes/No (If yes, tick applicable box)

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> IsiNdebele | <input type="checkbox"/> IsiZulu |
| <input type="checkbox"/> IsiXhosa | <input type="checkbox"/> Sepedi | <input type="checkbox"/> SeSotho |
| <input type="checkbox"/> Setswana | <input type="checkbox"/> IsiSwati | <input type="checkbox"/> Xitsonga |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Other _____ |

12. SPECIAL FEATURES / ADDITIONAL INFORMATION

Briefly outline any special features / additional information BCRC needs to note:

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 this dispute for 30 days, or that it restores the terms and conditions of the employment that applied before the change.

Signed _____ (employee party/representative referring the dispute)

13. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

(Please print name)

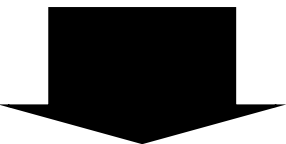
Signature: _____

Position: _____

Date: _____

Place: _____

READ THIS FIRST



Dismissal disputes must be referred within 30 days of dismissal. If the dismissal was more than 30 days ago, you are required to apply for condonation on section C of this form.

Tick the correct box

Tick the correct box

PART B
TO BE COMPLETED FOR DISMISSAL DISPUTES ONLY

1. COMMENCEMENT OF EMPLOYMENT

When did you start working at the company? _____

2. NOTICE OF DISMISSAL

When were you dismissed? _____

How were you informed of your dismissal?

- By letter
- At/After a disciplinary hearing
- Other (*please describe*) _____
- Verbally
- Constructive (resigned)

3. REASON FOR DISMISSAL

Why were you dismissed?

- Misconduct
- Operational Requirements (Retrenchment)
- Other (*please describe*) _____
- Incapacity
- Unknown

4. FAIRNESS/UNFAIRNESS OF DISMISSAL

(a) Procedural Issues

Was the dismissal procedurally unfair? Yes No

If yes, why?

(b) Substantive Issues

Was the dismissal substantively unfair? Yes No

If yes, why?

