WHAT IS THE PURPOSE OF THIS FORM?
This form enables a person or an organisation to refer a dispute to the PHSDSBC.

WHO FILLS IN THIS FORM?
The party who wants to declare a dispute (Employer, Employee, or Trade Union)

WHERE DOES THIS FORM GO?
PHSDSBC OFFICES
Public Service
260 Basden Avenue
Lyttleton
Centurion
P O BOX 11467
CENTURION
0046

TEL: 0860 747 322
FAX: 012-664 8045/7248

OTHER INSTRUCTIONS
Please note that the following disputes must be forwarded directly to the CCMA, and cannot be dealt with by the PHSDSBC
- Disclosure of information (Section 16 and 89 of the Labour Relations Act, no 66 of 1995)
- Organisational rights (Chapter III part A of the Labour Relations Act, no 66 of 1995)
- Agency shop disputes (Section 25 of the Labour Relations Act, no 66 of 1995)
- Closed shop disputes (Section 26 of the Labour Relations Act, no 66 of 1995)
- Interpretation or application of collective bargaining provisions (Section 63 (1) of the Labour Relations Act, no 66 of 1995)
- Workplace forum disputes (Sections 86 and 94 of the Labour Relations Act, no 66 of 1995)
- Discrimination disputes (Section 6 of the Employment Equity Act)
1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

- O An employee
- O A trade union (admitted to the PHDSDBC)
- O An employer
- O A trade union (not admitted to the PHDSDBC)

(a) Details of the employee:

Surname: __________________________ First Names: __________________________

Identity number: __________________________________________________________

Position: __________________________________________________________________

Persal number: ____________________________________________________________

Place of work (Institution address): __________________________________________

Postal Address: ____________________________________________________________

Postal Code __________________________ Postal Code __________________________

Tel: __________________________ Cell: __________________________

Fax: __________________________ Email: __________________________

If you belong to a trade union, indicate which one? __________________________

(b) Please supply the contact details of employee’s representative / Alternative contact details of employee:

Surname: __________________________ First Names: __________________________

Postal Address: ____________________________________________________________

Postal Code __________________________ Postal Code __________________________

Tel: __________________________ Cell: __________________________

Fax: __________________________ Email: __________________________

Capacity: (Tick relevant box) Union official Legal Representative Co-employee Relative / Friend

How many employees are affected by this dispute? __________________________

If you are an employee fill in (a). If there is more than one employee involved, the other applicant(s) must attach their details to the form.

If you are a union official or representative, fill in the employee’s details in (a) and your details in (b) below.

PLEASE NOTE THAT THE ID NUMBER OF THE EMPLOYEE IS COMPULSORY

These contact details should be of a union official or representative. If the employee is not represented, these contact details should be of a relative or a friend where correspondence could be forwarded if needed.
(c) If the referring party is an employer or trade union

Department/Organisation: .................................................................
Contact person: ......................................................................................
Postal Address: .........................................................................................
...................................................................................................................... Postal Code: ....................................................
Tel: ................................................................. Cell: .................................................................
Fax: ................................................................. Email: .................................................................

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

Department: .........................................................................................
Contact Person: ......................................................................................
Postal Address: .........................................................................................
...................................................................................................................... Postal Code: ....................................................
Tel: ................................................................. Cell: .................................................................
Fax: ................................................................. Email: .................................................................

Chief Negotiator: .....................................................................................
Contact Person: ......................................................................................
Postal Address: .........................................................................................
......................................................................................................................
Fax: ......................................................................................................................

3. NATURE OF THE DISPUTE

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

- Unfair dismissal
- Matters of mutual Interest
- Refusal to Bargain
- Unilateral change to terms and conditions of employment
- Severance pay
- Interpretation and/or application of a collective agreement

Unfair Labour Practice:
1. Promotion
2. Demotion
3. Training
4. Benefits (salary issues / leave pay / transfers excluded)
5. Suspension / other disciplinary action short of dismissal
6. Failure to re-instate in terms of an agreement
7. Probation
4. DETAILS OF DISPUTE PROCEDURES FOLLOWED

Have you followed all internal grievance / disciplinary procedures before coming to the PHSDSBC?

[YES] [NO]

If yes, describe the outcome of process followed.

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------


5. FACTS OF THE DISPUTE

The dispute arose on: ................................................................. (give the date, day, month and year)

The dispute arose where: .......................................................... (give the City/Town in which the dispute arose)
5.2 Summarise the facts of the dispute you are referring:

Have you attached additional pages regarding the facts of the dispute to the form?

(Tick relevant box)   YES:   NO:

If yes, how many pages? _______
6. OUTCOME REQUIRED
What outcome do you require?

7. SPECIAL FEATURES / ADDITIONAL INFORMATION
(a) Interpretation Services
Do you require an interpreter?  

If yes, please indicate for what language:

- Afrikaans
- isiNdebele
- isiZulu
- isiXhosa
- Sepedi
- Sesotho
- Setswana
- siSwati
- Tshivenda
- Xitsonga

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

Attach any additional documentation if necessary.

If it is a dispute about Unilateral Change to Terms and Conditions of Employment (s64(4)), you may sign the block below

I/we require that the employer party not implement unilaterally the proposed changes that led to this dispute for 30 days, or that it restore the terms and conditions of employment that applied before the change.

Signed: ...........................................

The PHDSDBC only provides interpretation services for South African languages.
8. CONFIRMATION OF ABOVE DETAILS

I confirm that a copy of this form has been sent to the other party/parties to the dispute and proof of this is attached to this form.

PLEASE NOTE: Proof that a copy has been sent includes:
- A copy of a registered slip from the Post Office
- A copy of a signed receipt if hand delivered
- A signed statement by the person whom delivered the form
- A copy of a fax transmission slip reflecting the opposing party’s fax number

I further confirm that I have the necessary authority to sign this form

Name of person signing this referral form: ________________________________
Position occupied: __________________________________________________________
Signature of person referring the dispute: _______________________________________
Signed at ______________________ this day on ______________________ place (date, day, month, year)

YO UR CHECKLIST (please tick):

| I have completed this form fully and correctly. | Yes |
| I have attached proof that this form has been served on the other party. | Yes |

ADDITIONAL FORM FOR DISMISSAL DISPUTES ONLY

1. COMMENCEMENT OF EMPLOYMENT
   Date of appointment: ________________________________
   (give the date, day, month & year)

2. NOTICE OF DISMISSAL
   Please give the date of your dismissal. ________________________________
   (give the date, day, month & year)
How were you informed of your dismissal?

- By letter
- Verbally
- At/After a disciplinary hearing
- Other (please describe)

Was it constructive dismissal?

YES | NO

REASON FOR DISMISSAL

Why were you dismissed?

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

2. FAIRNESS/UNFAIRNESS OF DISMISSAL

(a) Procedural Issues

Do you think that the dismissal was procedurally unfair? (Were the internal procedures not followed)

YES | NO

If yes, why?

(b) Substantive Issues

Do you feel the dismissal was substantially unfair?

YES | NO

Constructive dismissal is when you terminate your contract of employment with or without notice because the employer made continued employment intolerable for you by his/her actions or gestures etc.
(Were the *reasons* for the dismissal unfair)

If yes, why?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
APPLICATION FOR CONDONATION FORM

________________________________  ________________________________________  ________________________________________
(Applicant/Employee)  and  (Respondent/Employer)

AFFIDAVIT

I, the undersigned, ____________________________________________________________  
(Full name of Applicant/Respondent)  
do hereby make oath and say:

1. The facts contained in this affidavit are within my personal knowledge and are true and correct.

2. BACKGROUND
   2.1 The dispute arose on ________________________________________________________________________
      after all attempts to negotiate or follow internal procedures at the respondent failed

3. THE DEGREE OF LATENESS
   3.1 The referral is ____________________________________________________________________________
   3.2 Applicant did the following to pursue his/her rights after the dispute arose:
      3.2.1 Applicant went to his/her union / the Department of Labour / Community Advice Centre / Legal Advice Centre (delete which are not applicable) on ________________________________________________________________________
      3.2.2 Applicant signed the referral form on ________________________________________________________________________

4. REASONS FOR LATENESS
   The reason/s that applicant referred the matter late is ____________________________________________
   ________________________________________________________________________________________
   ________________________________________________________________________________________
   ________________________________________________________________________________________
5. **PROSPECTS OF SUCCESS**

Applicant believes that he/she has good cause because (explain with good reasons why the employer’s conduct was unfair): __________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
6. **PREJUDICE**

As the applicant (employee), if condonation is not granted, I will be prejudiced because

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I believe that the respondent (employer party) will / will not be prejudiced if condonation is granted because

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. **GENERAL**

Any other relevant information

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________

SIGNATURE OF APPLICANT

Signed before me on __________________________ at __________________________
by the deponent who acknowledges that he/she knows and understands the contents of the affidavit, had no objection to taking the oath / affirmation and considers it binding on his/her conscience.

The respondent must, within 14 days of receipt of this affidavit from the applicant, file an affidavit opposing an application an application for condonation by the applicant.

The respondent must forward a copy of the affidavit to the other party, as well as to the Council, within the stipulated 14 days. Proof must be attached to show that the affidavit has been forwarded to the other party. This would be in the form of either a registered slip, fax transmission slip or an affidavit of hand delivery.

**Commissioner of Oaths** ________________________________________________

Name: ________________________________________________________________

Address: ______________________________________________________________

Capacity: ______________________________________________________________