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Form 50 – Notice of intention to terminate a certified agreement or arbitration determination

Industrial Relations Act 2016, s 228 Industrial Relations (Tribunals) Rules 2011, r 178

Information

- Use this form to notify of an intention to terminate an existing certified agreement or an arbitration determination.
- This notice must be provided to all persons to which the agreement or determination applies prior to filing a Form 51 Application for approval to terminate an agreement or arbitration determination.
- Please read this form carefully and complete all relevant sections.
- Documents which are longer than 30 pages in length must be provided to the Industrial Registry in hard copy before it will be accepted for filing.
- For further information on please refer to the website www.qirc.qld.gov.au or contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au.

Notification

Notice is hereby given, in accordance with s 228 of the *Industrial Relations Act 2016*, of an intention to terminate certified agreement or arbitration determination.

1. The agreement or determinati	on
1.1 Name of the agreement or dete	rmination:
State Government Entities Certi	fied Agreement 2019
1.2 Matter/Agreement number:	CB/2020/19 & CB/2020/37 &CB/202/78 (which amended CB/2020/19)
1.3 Date of making:	09/06/2020
1.4 Nominal expiry date:	31/08/2023

2. Particulars of the party/parties notifying of intention to terminate

Notifier/representative:					
Name:	State of Queensland (Office of Industrial Relations)				
	GPO Box 69				
Postal/Service address:	_{Suburb/Town} Brisbane			Postcode 4001	
Phone number:	3406 9873	Mobile number:	0427 147 323		
Email address:	Tony.James@oir.qld.	gov.au			
Name of contact person:	Lauren Gribbin				
Direct phone number:	3406 9827	Mobile number:	0429 507 223		
Direct email address:	Lauren.Gribbin@oir.q	ıld.gov.au			

Employer representative [if different from the Notifier]		
Name:			
Postal/Service address:	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			
Name of contact person:			

Other party				
Name:	The Association of Professional Engineers, Scientists and Managers Austral			
Postal/Service address:	Level 4, 16 Peel Street			
	Suburb/Town South Brisba	ne	Postcode 4000	
Phone number:	1300 273 762	Mobile number:		
Email address:	info@professionalsaustralia.org.au			
Name of contact person:				

If there are more parties to this matter, please complete a Form 1 – Parties list and file it together with this form.

5. Signature/s of the party/parties notifying of intention to terminate Notifier/representative Signature: **Tony James** Name: Position/Capacity: Assistant Director-General 14/09/2023 Date: Employer [if different from the Notifier above] Signature: Name: Position/Capacity: Date: **Employee organisation** Signature: Name: Position/Capacity: Date: Other party Signature: Name: Position/Capacity: Date:



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Use this form to provide details	s of any additional named parties to a	n application/claim. Use a new form for each	ch additional party.
Please read this form carefully	and complete all relevant sections.		
First Applicant/Appellant/ or Claimant	Office of Industrial Relation	ns on behalf of the State of Queer	nsland
or Claimant			
First Deer and deat or		V	
First Respondent or Defendant	The Association of Profess	sional Engineers, Scientists and M	lanagers Austral
Deterior	0		
Additional Party Details [use	e a new form for each addition	al party]	
Additional Appl	licant/Appellant/Claimant num	ber: [second/third/four	th etc)
Additional Resn	oondent/Defendant number:	Second [second/third/four	th etcl
Additional resp	ondent, berendant number.	CCCOTIC	
Name of Party:	Australian Institute of Marin	ne and Power Engineers' Union of	f Employees. Qu
		.o ama i omo:	
Name of contact person:	Josephine Butchers		
Postal address:	Unit 14, 40 Brookes Street	t	
Tostal address.	Suburb/Town Bowen Hills		Postcode 4006
Phone number:	3252 2900	Mobile number:	
Email address:	qldadmin@aimpe.asn.au		*
Party representative [if appl	licable]		
Organisation:			
Name of contact person:			
Postal address:			
	Suburb/Town	Control of the Contro	Postcode
Phone number:	8	Mobile number:	
Email address:			



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Use this form to provide details	of any additional named parties to a	n application/claim. Use a new form for e	each additional party.
• Please read this form carefully	and complete all relevant sections.		
First Applicant/Appellant/ or Claimant	Office of Industrial Relation	ns on behalf of the State of Quee	ensland
		V	
First Respondent or Defendant	The Association of Profess	sional Engineers, Scientists and	Managers Austral
Additional Party Details [use	e a new form for each addition	al party]	
Additional Appl	icant/Appellant/Claimant num	ber: [second/third/fou	irth etc]
✓ Additional Resp	oondent/Defendant number:	Third [second/third/fou	irth etc]
Name of Party:	The Australian Workers' Ur	nion of Employees, Queensland	
Name of contact person:	Barry Watson		
Postal address:	GPO Box 88	ē	
T Ostal dual Css.	Suburb/Town Brisbane		Postcode 4001
Phone number:	3221 8844	Mobile number:	8
Email address:	secretary@awu.org.au	9	
Party representative [if appl	icable]		W4240
Organisation:			
Name of contact person:			
Postal addyses			
Postal address:	Suburb/Town	fl.	Postcode
Phone number:		Mobile number:	
Email address:			



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First Applicant/Appellant/ or Claimant	Office of Industrial Relation	ns on behalf of the State of Queer	nsland
		V	
First Respondent or Defendant	The Association of Profess	sional Engineers, Scientists and M	/lanagers Austral
Additional Party Details [use	e a new form for each addition	al party]	
Additional App	licant/Appellant/Claimant num	ber: [second/third/four	th etc]
✓ Additional Resp	oondent/Defendant number:	Fourth [second/third/four	th etc]
Name of Party:	Automotive, Metals, Engine	eering, Printing and Kindred Indu	stries Industrial U
Name of contact person:	Daniel Lacey		
Postal address:	PO Box 13006 George Str	reet	
rostai audiess.	Suburb/Town Brisbane		Postcode 4003
Phone number:	0407 777 904	Mobile number:	
Email address:	daniel.lacey@amwu.org.au	İ	
Party representative [if app	licable]		
Organisation:			
Name of contact person:			
Postal address:	5		
i Ostai dudiess.	Suburb/Town		Postcode
Phone number:	a a	Mobile number:	
Email address:			



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First Applicant/Appellant/ or Claimant	Office of Industrial Relations on behalf of the State of Queensland				
		v			
First Respondent or Defendant	The Association of Profess	ional Engineer	rs, Scientists and Managers Aus	stral	
Additional Party Details [use	e a new form for each addition	al party]			
Additional Appl	icant/Appellant/Claimant num	ber:	[second/third/fourth etc]		
Additional Resp	oondent/Defendant number:	Fifth	[second/third/fourth etc]		
Name of Party:	The Construction, Forestry,	Mining and E	nergy, Industrial Union of Emplo	оуеє	
Name of contact person:	Paul Dunbar				
Postal address:	16 Campbell Street		-		
1 Ostal dudiess.	Suburb/Town Bowen Hills	Postcode 4006			
Phone number:	0419 081 998	Mobile number			
Email address:	pdunbar@cfmeu.org				
Party representative [if appl	icable]			(69)	
Organisation:					
Name of contact person:			7		
Postal address:					
rustai auuress.	Suburb/Town		Postcode		
Phone number:		Mobile numbe	er:	8	
Email address:					



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	of any additional named parties to a	n application/claim. Use a new	form for each additional party.			
 Please read this form carefully 	and complete all relevant sections.					
First Applicant/Appellant/ or Claimant	Office of Industrial Relations on behalf of the State of Queensland					
	>	V				
First Respondent or Defendant	The Association of Profess	sional Engineers, Scientis	sts and Managers Austral			
Additional Party Details [use	e a new form for each additior	al party]				
Additional Appl	icant/Appellant/Claimant nun	nber: [second/t	hird/fourth etc]			
Additional Resp	oondent/Defendant number:	Sixth [second/t	hird/fourth etc]			
Name of Party:	The Electrical Trades Unio	n of Employees Queensl	and			
Name of contact person:	Scott Reichman					
Postal address:	PO Box 3520	*				
rostai audiess.	South Brisbane		Postcode 4101			
Phone number:	0437 184 399	Mobile number:				
Email address:	sjr@etu.org.au					
			IN VICTOR SPECIES AND MERCHANISTS			
Party representative [if appl	icable]		是1000 TE 1000			
Organisation:						
Name of contact person:						
Postal address:	Suburb/Town	8	Postcode			
Phone number:		Mobile number:				
Email address:						

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	and complete all relevant sections.	паррпсатіоп,	Claim. Os	c a new form for each	ar additional party.
First Applicant/Appellant/ or Claimant	Office of Industrial Relations on behalf of the State of Queensland				
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First Respondent or Defendant	The Association of Professional Engineers, Scientists and Managers Austral				
Additional Party Details [use	e a new form for each addition	al party]			
Additional Appl	icant/Appellant/Claimant num	ber:	[50	econd/third/fourt	th etc)
Additional Resp	oondent/Defendant number:	Sev	enth [se	econd/third/fouri	th etc]
Name of Party:	Australian Maritime Officers Union Queensland, Union of Employees				
Name of contact person:	C/- Hall Payne Solicitors				
Postal address:	Locked Bag 2013				
1 ostar address.	South Brisbane B	С	Post		Postcode 4101
Phone number:		Mobile n	umber:	0407 912 932	
Email address:	amou@amou.com.au				
Party representative [if appl	icablel				
Organisation:					
Name of contact person:					
Postal address:	Suburb/Town				Postcode
Phone number:	333.5, 3711	Mobile nu	ımber:		
Email address:					



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Use this form to provide details	s of any additional named parties to a and complete all relevant sections.	n application/claim. Use a new form for	each additional party.		
First Applicant/Appellant/ or Claimant	Office of Industrial Relations on behalf of the State of Queensland				
		v			
First Respondent or Defendant	The Association of Profess	ional Engineers, Scientists and	Managers Austral		
Additional Party Details [use	e a new form for each addition	al party]			
Additional Appl	icant/Appellant/Claimant num	ber: [second/third/for	urth etc)		
Additional Resp	ondent/Defendant number:	Eighth [second/third/fo	urth etc]		
Name of Party:	Plumbers and Gasfitters Er	mployees' Union Queensland, U	Jnion of Employee:		
Name of contact person:					
Postal address:	PO Box 3596				
Postai address.	South Brisbane B	C	Postcode 4101		
Phone number:	(07) 3844 8433	Mobile number:			
Email address:	office@plumbersunionqld.c	com; michael@plumbersunionq	ld.com		
Party representative [if appl	icable1				
Organisation:					
Name of contact person:					
Postal address:	Suburb/Town		Postcode		
Phone number:	555.5710111	Mobile number:	1 / 33,535		
Email address:					

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	s of any additional named parties to a	n application/claim.	Use a new form for ea	ch additional party.	
Please read this form carefully	and complete all relevant sections.)			
First Applicant/Appellant/ or Claimant	Office of Industrial Relations on behalf of the State of Queensland				
		V			
First Respondent or Defendant	The Association of Profess	ional Engineers	s, Scientists and M	lanagers Austral	
Additional Party Details [use	e a new form for each addition	al party]			
Additional Appl	licant/Appellant/Claimant num	ber:	[second/third/four	th etc]	
Additional Resp	oondent/Defendant number:	Ninth	[second/third/four	th etc]	
Name of Party:	Queensland Nurses' and M	idwives Union	of Employees		
Name of contact person:					
Postal address:	GPO Box 1289	3			
Tostal address.	Suburb/Town Brisbane			Postcode 4001	
Phone number:	3840 1444	Mobile numbe	r:		
Email address:	qnmu@qnmu.org.au; secre	tary@qnmu.or	g.au		
Party representative [if appl	licable]				
Organisation:					
Name of contact person:					
Postal address:					
	Suburb/Town			Postcode	
Phone number:		Mobile numbe	r:		
Email address:					

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	of any additional named parties to a	n application/claim. Use a new form for ea	ch additional party.	
Please read this form carefully:	and complete all relevant sections.			
First Applicant/Appellant/ or Claimant	Office of Industrial Relation	ns on behalf of the State of Queer	nsland	
or cidimant		V		
First Respondent or Defendant	The Association of Profess	ional Engineers, Scientists and M	lanagers Austral	
Additional Party Details [use	e a new form for each addition	al party]		
Additional Appl	icant/Appellant/Claimant num	ber: second/third/four	th etc]	
✓ Additional Resp	oondent/Defendant number:	Tenth {second/third/four	th etc]	
Name of Party:	Shop, Distributive and Allie	d Employees Association (Queer	nsland Branch) U	
Name of contact person:				
Postal address:	PO Box 490			
Tostar address.	Spring Hill	Postcode 4004		
Phone number:	3833 9500	Mobile number:		
Email address:	secretary@sdaq.asn.au			
Party representative [if appl	icablej 			
Organisation:				
Name of contact person:			F	
Postal address:	Suburb/Town	8	Postcode	
Phone number:		Mobile number:	9	
Email address:		-	8	

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	of any additional named parties to a	n application/claim. Use a new form for ea	ch additional party.	
Please read this form carefully.	and complete all relevant sections.			
First Applicant/Appellant/ or Claimant	Office of Industrial Relations on behalf of the State of Queensland			
		V		
First Respondent or Defendant	The Association of Professional Engineers, Scientists and Managers Austral			
Additional Party Details [use a new form for each additional party]				
Additional Appl	oplicant/Appellant/Claimant number: [second/third/fourth etc]			
Additional Resp	ondent/Defendant number:	Eleventh second/third/four	th etc)	
Name of Party:	Together Queensland, Indu	ustrial Union of Employees		
Name of contact person:	Michael Thomas			
Postal address:	PO Box 3272			
	Suburb/Town South Brisbane BC		Postcode 4101	
Phone number:	3017 6100	Mobile number:		
Email address:	Registry-list@together.org.	au		
Party representative [if appl	icable]			
Organisation:				
Name of contact person:				
Postal address:	Suburb/Town		Postcode	
Phone number:		Mobile number:		
Email address:	,			



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	s of any additional named parties to an and complete all relevant sections.	application/claim. Use a ne	ew form for each additional party.	
First Applicant/Appellant/	Office of Industrial Relations	on behalf of the Sta	te of Queensland	
or Claimant	V			
First Respondent or Defendant	The Association of Profession		ntists and Managers Austral	
Additional Party Details [us	e a new form for each additional	party]		
Additional App	licant/Appellant/Claimant number: [second/third/fo		d/third/fourth etc]	
✓ Additional Resp	oondent/Defendant number:	Twelfth [second	d/third/fourth etc]	
Name of Party:	Transport Workers' Union of	Australia, Union of E	Employees (Queensland Bra	
Name of contact person:				
Postal address:	PO Box 452			
	Suburb/Town Cannon Hill		Postcode 4170	
Phone number:	3890 3066	Mobile number:		
Email address:	industrial@twuqld.asn.au			
Party representative [if app	licable]			
Organisation:			*	
Name of contact person:				
Postal address:				
	Suburb/Town		Postcode	
Phone number:		Mobile number:		
Email address:			2	



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Information			
Use this form to provide details	s of any additional named parties to a and complete all relevant sections.	n application/claim. Use a new form for eac	ch additional party.
First Applicant/Appellant/ or Claimant	Office of Industrial Relations on behalf of the State of Queensland		
		ν	<u> </u>
First Respondent or Defendant	The Association of Professional Engineers, Scientists and Managers Austral		
Additional Party Details [use	e a new form for each addition	al party]	
Additional Appl	plicant/Appellant/Claimant number: [second/third/fourth etc]		
Additional Resp	ondent/Defendant number:	Thirteenth econd/third/four	th etc)
Name of Party:	United Workers' Union, Industrial Union of Employees, Queensland		
Name of contact person:			
Postal address:	PO Box 3948		
	Suburb/Town South Brisbane BC Postcoo		Postcode 4101
Phone number:	3291 4600	Mobile number:	
Email address:	qldind@unitedworkers.org.au		
Party representative [if appl	icablel		
Organisation:			
Name of contact person:			
Postal address:	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			