|  |  |  |
| --- | --- | --- |
| LRA Form 3.19   **Section 48(1)** **Labour Relations Act, 1995** | STATUTORY COUNCIL APPLIES TO REGISTER AS A BARGAINING COUNCIL |  |
| **READ THIS FIRST**  WHAT IS THE PURPOSE OF THIS FORM?  This form is an application by a statutory council to register as a Bargaining Council. The Registrar will have to establish whether the parties to the council are sufficiently representative and whether adequate provision is made in the proposed constitution of the Bargaining Council for the representation of small and medium enterprises.  WHO FILLS IN  THIS FORM?  The Secretary of the statutory council.  WHERE DOES THIS  FORM GO?  The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001.  Fax 012-309 4156.  Email:  [registrar.labourrelations@labour.gov.za](mailto:registrar.labourrelations@labour.gov.za)  **OTHER INSTRUCTIONS**  Two completed copies of this form must be sent to the Registrar of Labour Relations. | **1) STATUTORY COUNCIL DETAILS**  Name: ……………………………………………………….……….…..………..............  ……………………………………………………………………………  ……………………………………………………………………………  Address: …………….……………………………………….……….…..……………….  …………………………………………………………….….………..…….………………  …………………………………………………………….….………..…….………………  …………………………………………………………….….………..…….………………  Tel: …………………………..……………. Fax: ……….……………..……………….  We have complied with all the provisions in our council’s constitution in order to apply for registration as a Bargaining Council.  The Registration Number of this statutory council is …………………………………………  **2) PARTIES**   |  |  | | --- | --- | | **Employers’ Organisations** | **Trade Unions** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |

**… please turn over →**

*LRA Form 3.19*

*Statutory Council applies to register as a Bargaining Council*

*Page 2 of 4*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REPRESENTATIVENESS OF EMPLOYERS’ ORGANISATION** |  | Number of their employees employed in the sector |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employers’ Organisation ………………………………………………………………………………………………. | Number of employers in the sector who are members of the employers’ organisation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Area  (state each area separately, indicating whether magisterial district, province or other) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**… please turn over →**

*LRA Form 3.19*

*Statutory Council applies to register as a Bargaining Council*

*Page 3 of 4*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REPRESENTATIVENESS OF TRADE UNION** |  | Number of union members employed in the sector who are members of the representative trade union |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Trade Union …………………………………………………………………………………. | Area  (state each area separately, indicating whether magisterial district, province or other) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**… please turn over →**

*LRA Form 3.19*

*Statutory Council applies to register as a Bargaining Council*

*Page 4 of 4*

|  |  |  |
| --- | --- | --- |
| Two signed copies of the proposed constitution of the Bargaining Council must be attached.  Each employers' organisation which is party to the Bargaining Council must fill in page 2 of 4.  Each trade union which is party to the Bargaining Council must fill in page 3 of 4.  **CHECK!**  Have you prepared two copies of this form?  Have you attached two copies of the constitution of the Bargaining Council?  Have you filled in the representativeness tables? |  | **3) REPRESENTATIVENESS**  \_\_\_\_\_\_\_\_\_\_\_ Total number of employees falling within the scope of the council and who belong to the trade unions that are party to the council.  \_\_\_\_\_\_\_\_\_\_\_ Total number of employers falling within the scope of the council and who belong to the employers' organisations that are party to the council.  \_\_\_\_\_\_\_\_\_\_\_ Total number of employees employed within the scope of the council by the employers who belong to the employers' organisations that are party to the council.  \_\_\_\_\_\_\_\_\_\_\_ Total number of employers within the scope of the council.  \_\_\_\_\_\_\_\_\_\_\_ Total number of employees employed within the scope of the council.  Signature of Secretary of Council ……………………………………  Name …………………………………………………………………  Date …………………………………………………………………... |

**DEPARTMENT OF LABOUR DETAILS**

I, ……………………………………………………………., duly authorised thereto in terms of Regulation 7(2), have

*(name of official)*

checked the information and certify that it is substantially correct.

Signature: ………………………………………………..

Date: ……………………………………………………..

Place: ……………………………………………………