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| **LRA Form 3.3****Section 29(1)****Labour Relations Act, 1995** |  | **APPLICATION FOR REGISTRATION OF A BARGAINING COUNCIL** |  |
| **READ THIS FIRST****WHAT IS THE PURPOSE OF THIS FORM?**This form is an application for registration of a bargaining council.**WHO FILLS IN THIS FORM?**The registered trade unions and registered employers’ organisations who have jointly agreed to form a council.**WHERE DOES THIS****FORM GO?**The Registrar of Labour Relations, Department of Labour, Private Bag X117, Pretoria, 0001.Fax 012-309 4156Email: registrar.labourrelations@labour.gov.za**OTHER INSTRUCTIONS*** One completed copy of this form must be sent to the Registrar of Labour Relations.
* Each employers’ organisation which is a party to the bargaining council must fill in page 4 of 6.
* Each trade union which is a party to the bargaining council must fill in page 5 of 6.
* Two signed copies of the constitution of the bargaining council must be attached to this form.
* An authorized representative of each party must sign this form.
* If there is insufficient space on the form, use a separate piece of paper.
* A resolution to form a bargaining council to be attached.
 |  | 1. **NAME OF THE BARGAINING COUNCIL**

 ..…………………………………………………………………………………….…………..… ……………………………………………………………………………….………………......1. **ADDRESS:**

Postal Address: …………………………………………………………….…………………. ……………………………………………………………………………………………………Physical Address: ……………………………………………………….…………….………. ………………………………….……………………………………………….………………..Tel: ………………………………..……… Fax: …………….….….…….…………………1. **NAME AND CONTACT DETAILS OF REPRESENTATIVE OF THE COUNCIL**

………………………………………………………………………………………………..….. ……………………………………………………………………………………………………1. **DATE OF APPLICATION:**

………………………………..…………………………………………………..………………1. **PARTIES**
2. **Employers’ Organisations**

………………………………….……………………………………………………………………………………………………….…………………………………………………………………………………………………………….………………………………………………………1. **Trade Unions**

………………………………………………………………………….…………………………………………………………………………………….……………………………………………………………………………………………………….……………………………………… |

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|  **6)** | **REPRESENTATIVENESS OF THE Bargaining Council:** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Total number of employees falling within the proposed scope of the Bargaining Council and who belong to the trade unions which are party to the Council |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Total number of employers falling within the proposed scope of the Bargaining Council and who belong to the employers' organisations which are party to the Council |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Total number of employees employed within the proposed scope of the Bargaining Council by the employers that belong to the employers' organisations which are party to the Council |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Total number of employers within the proposed scope of the Council |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Total number of employees employed within the proposed scope of the Council |
|  **7)** **8)** | **DATE OF FORMATION / FOUNDATION OF THE BARGAINING COUNCIL:**…………………………………………………………………………………………………………………………………………**SIGNATORIES:****7)** |
|  |  | **Employers' Organisation** |  |
|  | **Name** | …………………………………………………………………………………………………..……………………………. |
|  | **Position** | …………………………………………………………………………………………………..……………………………. |
|  | **Signature** | …………………………………………………………………………………………………..……………………………. |
|  | **Date** | …………………………………………………………………………………………………..……………………………. |
|  | **Tel.****Fax.****Name****Position****Signature****Date****Tel.****Fax.** | …………………………………………………………………………………………………..…………………………….…………………………………………………………………………………………………..…………………………….**Trade Union**…………………………………………………………………………………………………..…………………………….…………………………………………………………………………………………………..…………………………….…………………………………………………………………………………………………..…………………………….…………………………………………………………………………………………………..…………………………….…………………………………………………………………………………………………..…………………………….…………………………………………………………………………………………………..……………………………. |

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|  **9)** | **PROPOSED SCOPE** |
|  **10)** | 1. **Define the sector(s) in respect of which registration is sought:**

…………………………………………………………………………………………………………………………………....………….…………………………………………………………………………………………………………………………………....………….…………………………………………………………………………………………………………………………………....………….…………………………………………………………………………………………………………………………………....………….…………………………………………………………………………………………………………………………………....………….…………………………………………………………………………………………………………………………………....………….…………………………………………………………………………………………………………………………………....………….1. **Area(s):**

…………………………………………………………………………………………………………………………………....………….…………………………………………………………………………………………………………………………………....………….…………………………………………………………………………………………………………………………………....………….…………………………………………………………………………………………………………………………………....………….…………………………………………………………………………………………………………………………………....………….…………………………………………………………………………………………………………………………………....………….…………………………………………………………………………………………………………………………………....………….**Name of Council Representative:** …………………………………………………………………………………………………….**Date**: ………………………………………………… |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) |  |  |  |  |  |  |  |  |  |  |  |  |

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

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**CHECK!**

* **Have you prepared and signed a copy of this form?**
* **Have you prepared two signed copies of the council’s constitution?**
* **Have you attached copies of the resolution?**

**----------------------------------------------------------------------------------------------------------------------------------------------------------------**

**DEPARTMENT OF LABOUR DETAILS**

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

 (name of official)

am satisfied that the information is substantially correct. The application was lodged with the Department of Labour on:

………………………………………………………………………………………………………………………………………….

 (date)

Signature: ………………………………………………………………….

Date: ………………………………………………………………………..

Place: ……………………………………………………………………….