

LRA Form 7.11  
 Sections 21, 24, 133, 135, 191(1),  
 191(5A), 198 and 198A-D  
 Labour Relations Act, 1995

**REFERRING A DISPUTE TO  
 THE NATIONAL BARGAINING  
 COUNCIL FOR THE  
 HAIRDRESSING, COSMETOLOGY,  
 BEAUTY & SKINCARE INDUSTRY**



**READ THIS FIRST**



**WHAT IS THE PURPOSE OF THIS FORM?**

This form enables a person or organisation to refer a dispute to the **National Bargaining Council for The Hairdressing, Cosmetology, Beauty & Skincare Industry** for conciliation.

**WHO FILLS IN THIS FORM?**

Employer, employee, trade union or employers' organisation.

**OTHER PARTIES**

If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply his/her personal details and signature on a separate page, which must be attached to this form.

**WHERE DOES THIS FORM GO?**

**National Bargaining Council for The Hairdressing, Cosmetology, Beauty & Skincare Industry** in the region where the dispute arose.

**OTHER INSTITUTIONS**

Please note that if you are covered by a bargaining council, a statutory council or an accredited agency you have to refer the dispute to the relevant council or agency.

You may also need to deal with the dispute in terms of a private procedure if one applies.

If in doubt contact the **NBCHCBSI** for assistance.

**WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?**

When you refer the dispute to the **NBCHCBSI**, it will appoint a commissioner who must attempt to resolve the dispute within **30 days**.

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
 Date Proof Received: \_\_\_\_\_

**1. DETAILS OF PARTY REFERRING DISPUTE**

- An employee
- An employer
- A trade union
- An employers' organisation

**(a) Name of the party if the referring party is an employee**

Name:.....

Surname:.....

Length of service:..... ID Number:.....

Salary Gross:..... Salary Net:.....

Gender (M/F): .....Age:..... Nationality:.....

Physical Address:.....

.....Code:.....

Tel:.....Cell:.....

Fax:..... Email: .....

**Alternative contact details of employee (representative/relative or friend):**

Name:.....

Surname:.....

Physical Address:.....

.....Code:.....

Tel:.....Cell:.....

Fax:..... Email: .....

**(b) Name of the referring party if the referring party is an employer, employer's organisation or trade union, or if the employer's organisation or the trade union is assisting a member to the dispute**

Name:.....

Surname (if applicable):.....

Designation:.....

Physical Address:.....

.....Code:.....

Tel:.....Cell:.....

Fax:..... Email: .....

Contact person:.....

**Case Number: DIS.....**

Please turn over →



### FURTHER INSTRUCTIONS

A copy of this form must be served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:

- 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 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.

The **NBCHCBSI** may be requested to assist with service.

### UNFAIR LABOUR PRACTICE

If the dispute(s) concerns an unfair labour practice the dispute must be referred (i.e. received by the **NBCHCBSI**) within 90 days of the act or omission which gave rise to the unfair labour practice. If more than 90 days has lapsed you are required to apply for condonation.

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

The other party is:

- An employer                       An employer's organisation
- An employee                       A trade union

Company Name:.....

(If company or close corporation, the name of the company or close corporation)

Name & Surname (if applicable): .....

Physical Address: .....

.....Code:.....

Postal Address:.....

.....Code:.....

Tel:.....Cell:.....

Fax:.....Email:.....

Company or close corporation registration number:.....

If a Temporary Employment Service (TES) is involved, the name of the TES:

.....

Number of employees employed by the employer: .....

### 3. NATURE OF THE DISPUTE

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

- Refusal to Bargain                       Mutual Interest
- Severance Pay                               Organisational Rights
- Unfair Labour Practice                       Disclosure of Information
- Freedom of Association                       S80 BCEA
- Unfair Discrimination - S10 EEA               S19 SDA
- Interpretation/Application of Collective Agreement
- Unilateral Changes to Terms and Conditions of Employment
- Dismissal
- Other .....

If it is an unfair dismissal dispute, tick the relevant box

- Misconduct                                       Incapacity
- Unknown Reasons                               Constructive Dismissal
- Poor Work Performance                       Dismissal relates to Probation
- Operational Requirements (Retrenchments)

- where I was the only employee dismissed
- where the employer employs less than ten (10) employees
- Other .....

Case Number:  
DIS.....

Please turn over →

If it is an unfair labour practice, state whether it relates to probation.

**4. SUMMARISE 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.a DATE EMPLOYMENT COMMENCED** \_\_\_\_\_

**b. DATE OF DISMISSAL (if applicable)** \_\_\_\_\_

**7. FAIRNESS/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**

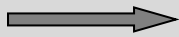
.....  
.....  
.....

**9. SECTOR**

Indicate the sector or service in which the dispute arose.

- |  |  |
|--|--|
| <input type="checkbox"/> Retail                            | <input type="checkbox"/> Safety/Security (Private) |
| <input type="checkbox"/> Mining                            | <input type="checkbox"/> Domestic                  |
| <input type="checkbox"/> Building & Construction           | <input type="checkbox"/> Food & Beverage           |
| <input type="checkbox"/> Business/Professional Services    | <input type="checkbox"/> Transport (Private)       |
| <input type="checkbox"/> Agriculture/Farming               |  |
| <input type="checkbox"/> Hairdressing, Cosmetology, Beauty |  |
| <input type="checkbox"/> Other .....                       |  |

**This section must be completed!**



If necessary write the details on a separate page and attach to this form.

**Case Number: DIS.....**

Please turn over

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

**10. INTERPRETER SERVICES**

Is an interpreter required? **Yes/No**

- |  |                                     |                                      |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afrikaans     | <input type="checkbox"/> IsiNdebele | <input type="checkbox"/> IsiZulu     |
| <input type="checkbox"/> IsiXosa       | <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 ..... |

**11. CONFIRMATION OF ABOVE DETAILS**

Form submitted by:


.....  
(please print name and surname)

Signature: .....

Position: .....

Date: .....

Place:.....

**CASE NO: DIS/ .....** | Please turn over 

**READ THIS FIRST**



**THIS PAGE TO BE COMPLETED ONLY IF THERE IS MORE THAN ONE EMPLOYEE TO THIS DISPUTE**

**WHAT IS THE PURPOSE OF THIS FORM?**

This form enables a person or organisation to refer a dispute to the **NBCHCBSI** for conciliation.

**WHO FILLS IN THIS FORM?**

Employee or trade union.

**OTHER PARTIES**

If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply his/her personal details and signature on a separate page, which must be attached to this form.

**WHERE DOES THIS FORM GO?**

National Bargaining Council for The Hairdressing, Cosmetology, Beauty & Skincare Industry in the region where the dispute arose.

**OTHER INSTITUTIONS**

Please note that if you are covered by a bargaining council, a statutory council or an accredited agency you have to refer the dispute to the relevant council or agency.

You may also need to deal with the dispute in terms of a private procedure if one applies.

If in doubt contact the **NBCHCBSI** for assistance.

**WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?**

When you refer the dispute to the **NBCHCBSI**, it will appoint a commissioner who must attempt to resolve the dispute within **30 days**.

**12. If the Referring party involves MORE than 1 (ONE) employee please complete the details of the other employee/s below.**

- An employee
- An employer
- A trade union
- An employers' organisation

**(a) Name of the party if the referring party is an employee**

Name:.....

Surname:.....

Length of service:..... ID Number:.....

Salary Gross:..... Salary Net:.....

Gender (M/F):.....Age:..... Nationality.....

Physical Address: .....

.....Code:.....

Tel:.....Cell:.....

Fax:..... Email: .....

**Alternative contact details of employee (representative/relative or friend):**

Name:.....

Surname:.....

Physical Address:.....

.....Code:.....

Tel:.....Cell:.....

Fax:..... Email: .....

Signature: .....

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

**b. INTERPRETER SERVICES** Is an interpreter required? **Yes/No**

- Afrikaans
- IsiXosa
- Setswana
- Sign Language
- IsiNdebele
- Sepedi
- IsiSwati
- Tshivenda
- IsiZulu
- SeSotho
- Xitsonga
- Other .....

**PLEASE PRINT THIS PAGE ONLY IF MORE EMPLOYEES NEED TO BE ADDED TO THIS DISPUTE**

**Case Number: DIS.....**

Please turn over →

**PROOF OF RECEIPT OF  
COPY OF DISPUTE REFERRAL**

**CASE No. : DIS/ .....**

**BY RESPONDENT:**

**ESTABLISHMENT'S NAME :** .....

**ESTABLISHMENT ADDRESS:** .....

.....

.....

**NAMES IN FULL :** .....

**POSITION :** .....

**SIGNATURE OF RECEIPT :** .....

**DATE :** .....

**TIME :** .....

**PROOF OF RECEIPT OF  
COPY OF DISPUTE REFERRAL**

**CASE No. : DIS/ .....**

**BY EMPLOYEE:**

**SURNAME** : .....

**FIRST NAMES** : .....

**ADDRESS** : .....  
.....  
.....

**SALON NAME** : .....

**SIGNATURE OF RECEIPT** : .....

**DATE** : .....

**TIME** : .....



# SWORN AFFIDAVIT

I, \_\_\_\_\_, ID No: \_\_\_\_\_,

Address: \_\_\_\_\_

Tele/Cell No: \_\_\_\_\_

do hereby make oath and say that I hand delivered a copy of a:

Dispute Referral	Condonation Application (if applicable)
✓	

(Please tick the applicable box)

in respect of NBCHCSI Case No: DIS/

to \_\_\_\_\_  
(full name)

\_\_\_\_\_ (designation)

of \_\_\_\_\_  
(company name if applicable)

at \_\_\_\_\_  
(address)

on \_\_\_\_\_  
(date)

at \_\_\_\_\_  
(time)

The recipient of the above-mentioned documentation has refused to sign for receipt of the documentation delivered.

**SWORN AND SIGNED** before me at \_\_\_\_\_ (place) on

this \_\_\_\_\_ (date) day of \_\_\_\_\_ (month) \_\_\_\_\_ (year) the

deponent(s) having acknowledged that he/she/they know and understand the

contents of this Affidavit, and that the contents are true, that he/she/they have no

objection to taking this oath and that he/she/they consider this oath to be binding

on his/her/their conscience.

\_\_\_\_\_  
**DEPONENT**

\_\_\_\_\_  
**COMMISSIONER OF OATHS**