

LRA Form 7.11  
Labour Relations Act 1995  
Sections 133, 135,191(1) and  
191(5A)

**PART A**  
**REFERRING A DISPUTE TO**  
**THE NBCEISA FOR**  
**CONCILIATION (INCLUDING**  
**CON-ARB)**



READ THIS FIRST



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

This form enables a person or organisation to refer a dispute to the NBCEI for conciliation and con-arb.

**WHO FILLS IN THIS FORM?**

Employer, employee, union or employer's organisation.

**WHERE DOES THIS FORM GO?**

The NBCEI in the province where the dispute arose. See details on this page

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

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

**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:

- A copy of a registered slip from the Post Office;
- A copy of a signed receipt if hand delivered;
- A signed statement confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

**PROVINCIAL OFFICES OF THE NATIONAL BARGAINING COUNCIL FOR THE ELECTRICAL INDUSTRY OF SOUTH AFRICA**

**EASTERN CAPE - Port Elizabeth**  
13 Mangold Street, Newton Park, 6045  
Tel: (041) 363-5460  
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**EASTERN CAPE - East London**  
Office 32, Berea Mall, cnr Chamberlain & Pearce Street, Berea, 5241  
Tel: (043) 721-1623/4  
Fax: (043) 721-1886

**FREE STATE - Bheamfontein**  
57 Krause Street, Oranjesig, 9301  
Tel: (051) 448-9834  
Fax: (051) 447-2917

**GAUTENG - Johannesburg**  
38 Siemens Street, Braamfontein, 2001  
Tel: (011) 339-2312  
Fax: (011) 339-2366

**GAUTENG - Tswane**  
1074 Schoeman Street, Hatfield, 0028  
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Fax: (012) 342-1567

**LIMPOPO - Polokwane**  
Office 314, Pioneer Building, 52 Landros Maree Street, 0700  
Tel: (015) 291-4157  
Fax: (015) 291-4152

**WESTERN CAPE - Cape Town**  
31 Cook Street, Goodwood, 7460  
Tel: (021) 591-4784  
Fax: (021) 591-6261

**WESTERN CAPE - George**  
Office 201, York Mall, 100 York Street, 6530  
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**KWAZULU-NATAL - Durban**  
13<sup>th</sup> Floor, Mercury House,, 320 Smith Street, 4001  
Tel: (031) 306-8100  
Fax: (031) 306-8105

**1. DETAILS OF PARTY REFERRING THE DISPUTE**

As the referring party, are you:

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

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

Name:.....  
 ID Number:.....  
 Postal Address:..... Postal Code:.....  
 Tel:..... Cell:.....  
 Fax:..... Email:.....

**Alternate contact details of employee:**

Name:.....  
 Postal Address:..... Postal Code:.....  
 Tel:..... Cell:.....  
 Fax:..... Email:.....

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

Name:.....  
 Postal Address:..... Postal Code:.....  
 Tel:..... Cell:.....  
 Fax:..... Email:.....

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

The other party is:

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

Name:.....  
 Postal Address:..... Postal Code:.....  
 Tel:..... Cell:.....  
 Fax:..... Email:.....

**Please turn over**

Tick the correct box

The name of the employee or an employer that is referring the dispute must be filled in (a).

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

These alternate contact details should be of a union official or representative, a relative or a friend.

The name of the trade union or employers organisation that is referring the dispute or assisting a member to refer a dispute must be filled in (b).

**OTHER PARTIES**

If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach to this form.

Tick the correct box

**3. NATURE OF THE DISPUTE**

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

- |                                                                                     |                                                                          |                                                                                                             |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Unfair dismissal                                           | <input type="checkbox"/> Unfair Labour Practice<br><i>(Give details)</i> | <input type="checkbox"/> Refusal to Bargain                                                                 |
| <input type="checkbox"/> Organisational Rights                                      | <input type="checkbox"/> Mutual Interest                                 | <input type="checkbox"/> Freedom of Association                                                             |
| <input type="checkbox"/> Unilateral change to terms<br>and conditions of employment | <input type="checkbox"/> Severance pay                                   | <input type="checkbox"/> Unfair Discrimination<br>S10 of the Employment<br>Equity Act <i>(Give details)</i> |
| <input type="checkbox"/> Interpretation/ Application of<br>Collective Agreement     | <input type="checkbox"/> Disclosure of Information                       | <input type="checkbox"/> S19 Skills Development<br>Act                                                      |
| <input type="checkbox"/> Other <i>(please describe)</i>                             | <input type="checkbox"/> Unfair Labour Practice<br><i>(probation)</i>    |                                                                                                             |

Summarise the facts of the dispute you are referring: .....

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

**4. DATE 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)*

If the dispute concerns a dismissal the date inserted here must be the same as that set out in Item 2 of Part B.

**5. DETAILS OF DISPUTE PROCEDURES FOLLOWED**

Have you followed all internal grievance / disciplinary procedures before coming to the NBCEI?  YES  NO  
 Describe the procedures followed:.....

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

**6. RESULT OF CONCILIATION**

What outcome do you require?.....  
 .....  
 .....

Please turn over

Tick the correct box

If the dispute concerns dismissals, also complete Part B (See Page 5)



This section must be completed!

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

**UNFAIR LABOUR PRACTICE**

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

**7. INTERPRETATION SERVICES**

Do you require an interpreter at the conciliation / con-arb?  YES  NO

If yes, please indicate for what language:

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

- |                                    |                                     |                                                  |                                   |
|------------------------------------|-------------------------------------|--------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> isiNdebele | <input type="checkbox"/> isiZulu                 | <input type="checkbox"/> isiXhosa |
| <input type="checkbox"/> Sepedi    | <input type="checkbox"/> Sesotho    | <input type="checkbox"/> Setswana                | <input type="checkbox"/> siSwati  |
| <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Xisonga    | <input type="checkbox"/> Other (please indicate) | .....                             |

**8. SPECIAL FEATURES / ADDITIONAL INFORMATION**

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

.....  
 .....

**9. Dispute about unilateral change to terms and conditions of employment (s64 (4))**

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: ..... *(Employee party referring the dispute)*

**10. OBJECTION TO CON-ARB PROCESS**

I/we object to the arbitration commencing immediately after the conciliation in terms of Section 191(5A)(c).

Signed: .....

If the employer objects to the arbitration commencing immediately after the conciliation the employer must submit a written notice in terms of CCMA Rule 17(2) at least 7 days prior to the scheduled date of the conciliation. The employer must attend the conciliation regardless of whether it makes this objection.

**11. CONFIRMATION OF ABOVE DETAILS**

Signature of party referring the dispute: .....

Signed at..... on this .....  
 (place) (date)

Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc.

Only fill this in if this is a dispute about unilateral change to terms and conditions of employment.

The con-arb process involves arbitration being held immediately after the conciliation if the dispute remains unresolved.

Only fill this in if you object to the arbitration commencing immediately after conciliation. An objection cannot be made in disputes relating to probation.

LRA Form 7.11  
 Section 135  
 Labour Relations Act 1995  
 Section 19(1)(5A)



**PART B**  
**ADDITIONAL FORM FOR DISMISSAL**  
**DISPUTES ONLY**

**DATE OF REFERRAL**

Dismissal disputes must be referred (ie. received by the NBCEI) within 30 days of dismissal or, if it is a later date, within 30 days of the employer making a final decision to dismiss or to uphold the dismissal. If more than 30 days has elapsed since the date of your dismissal, you are required to apply for condonation.

Tick the correct box

Tick the correct box

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

**1. COMMENCEMENT OF EMPLOYMENT**

When did you start working at the company? .....

**2. NOTICE OF DISMISSAL**

When were you dismissed (date)? .....

How were you informed of your dismissal?

- In writing
- Orally

Other (please describe) .....

**3. REASON FOR DISMISSAL**

Why were you dismissed?

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

**4. WAS THE DISMISSAL RELATED TO PROBATION**  YES  NO

**5. FAIRNESS/UNFAIRNESS OF DISMISSAL**

**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  
 .....  
 .....

**AFFIDAVIT**

I, \_\_\_\_\_ with ID number \_\_\_\_\_  
\_\_\_\_\_ an adult / minor / male / female

Residing at \_\_\_\_\_  
\_\_\_\_\_

telephone number \_\_\_\_\_, solemnly declare under oath /  
affirm that I make this statement freely and voluntarily without any pressure having been  
brought to bear on me, or any promises made to me and that I am in sound mind and  
sober senses. I also declare that the following statement is true to the best of my  
knowledge or belief, that it may be used in evidence and that I will be liable to  
prosecution if I wilfully state in it anything that I know to be false:-

I delivered, by hand, a copy of the dispute referral to \_\_\_\_\_  
\_\_\_\_\_ (Name of Recipient)

at \_\_\_\_\_  
\_\_\_\_\_ (Address of Recipient)

on \_\_\_\_\_ and I was unable to obtain written receipt thereof.  
\_\_\_\_\_ (Date of delivery)

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Commissioner of Oaths \_\_\_\_\_ Designation / Capacity \_\_\_\_\_

NOTE: if the Dispute referral is delivered by hand, attach this page as proof of delivery, to the referral.

DISPUTE

Applicant:

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Respondent:

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Referral was received by:

(Print Name)

\_\_\_\_\_  
(Signature of recipient)

Date received: \_\_\_\_\_

NOTE: if the referral was delivered by hand, and written acknowledgement of receipt was not obtained, the Affidavit overleaf must be completed. Ensure that it is signed in the presence of a COMMISSIONER OF OATHS, and attach the completed affidavit to the referral.