**WRC Postponement Application Form**

**Emails must be sent to the dedicated email address:** **postponements@workplacerelations.ie**

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| Applicant Name: |  |
| Are you the Complainant or Respondent? |  |
| Adjudication File reference number: | ADJ-000 |
| Hearing Date: |  |
| Has this matter been previously listed/part-heard? |  |
| Is this the first application for a postponement by this party? If not, provide details of previous application and set out new facts and the reasons those facts were not available on the last occasion |  |
| Is this being sought under Process 1 (i.e within 10 days of date of hearing notification letter with consent of other party). |  |
| Date consent of other party sought: |  |
| Has the other party consented to the application:  |  |
| Reasons for the application:(Please provide detail) |  |
| List documents relied on:(Attach to your email/correspondence | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_ |

Note: All documentation relied on including consent of the other parties, medical certificates, evidence of travel etc. must be attached.