

Form F53 Notice of representative commencing to act

Fair Work Act 2009, s.596 and Fair Work Commission Rules 2003, Rules 11 and 12

This is a notice to the Fair Work Commission that a lawyer or paid agent is commencing to act in a matter in accordance with the Fair Work Act 2009.

The represented party



These are the details of the person who a lawyer or paid agent is commencing to act for in a matter.

Title	[] Mr [] Mrs [] Ms [] Other please specify:		
First name(s)			
Surname			
Postal address			
Suburb			
State or territory		Postcode	
Phone number		Fax number	
Email address			

If the represented party is a company or organisation please also provide the following details

Legal name of business	Leading Age Services Australia Limited
Trading name of business	Leading Age Services Australia
ABN/ACN	ACN 156 349 594
Contact person	Jenna Field, Acting Manager Employment Relations

The party's representative



These are the details of the person or organisation that is representing the party in the matter.

Name of person	Bruce Miles		
Organisation	Barrister, Frederick Jordan Chambers		
Postal address	Ground Floor, 53 Martin Place		
Suburb	Sydney		
State or territory	NSW	Postcode	2000
Phone number	02 9229 7333	Fax number	
Email address	bruce.miles@fjc.net.au		

The other party



These are the details of the other party in the matter.

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other please specify:		
First name(s)			
Surname			
Postal address			
Suburb			
State or territory		Postcode	
Phone number		Fax number	
Email address			

If the other party is an organisation please also provide the following details

Legal name of organisation	
Trading name of organisation	
ABN/ACN	
Contact person	

1. Details of the matter

1.1 What is the name and matter number of the matter before the Commission?

AM2018/13

1.2 Which party are you commencing to act for in the matter before the Commission?

- Applicant
 Respondent
 Other

Provide details of the party if it is not the applicant or respondent.

Interested party in the 4 yearly review of the *Aged Care Award 2010*

Signature



If you are completing this form electronically and you do not have an electronic signature you can attach, it is sufficient to type your name in the signature field. You must still complete all the fields below.

Signature	
Name	Jenna Field
Date	20 March 2019
Capacity/Position	Acting Manager Employment Relations - Leading Age Services Australia



Where this form is not being completed and signed by the Respondent, include the name of the person who is completing the form on their behalf in the **Capacity/Position** section.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS