Form F48 Application for directions on procedure

Fair Work Commission Rules 2013, Rule 7

This is an application to the Fair Work Commission for directions about procedure in relation to a matter in accordance with the <u>Fair Work Act 2009</u>.

The Applicant



These are the details of the person who is making this application. The applicant for directions on procedure may be different from the applicant in the matter before the Commission.

Title	[] Mr [] Mrs [] Ms [] Other please specify:				
First name(s)	Alyson				
Surname	Gilbey				
Postal address	186 Greenhill Road				
Suburb	Parkside				
State or territory	SA	Postcode	5063		
Phone number	(08) 8238 5206	Fax number	(08) 8231 1249		
Email address	alyson.gilbey@viterra.	com			

If the Applicant is a company or organisation

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

Viterra Operations Pty Ltd
Viterra Operations Pty Ltd
88 007 556 256
Alyson Gilbey

Does the Applicant need an interpreter?



If the Applicant requires an interpreter (other than a friend or family member) in order to participate in conciliation, a conference or hearing, the Fair Work Commission will provide an interpreter at no cost.

[]	Yes-	-Specify	language
[X]	No		

Does the Applicant require any special assistance at the hearing or conference (e.g. a hearing loop)?

]	Yes	Please	specify the	assistance	required
χ	1	Nο				

Does the <i>i</i>	Applicant	have a re	presentative?
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A representative is a person or business who is representing the Applicant. This might be a lawyer, or a representative from a union or employer association. There is no requirement to have a representative.

[X] Yes—Provide representative's details below [] No

Applicant's representative

These are the details of the person or business that is representing the Applicant.

Name of person Andrew Short / Melissa Harvey Organisation Minter Ellison Postal address Level 10, 25 Grenfell Street Suburb Adelaide SA **Postcode** 5000 State or territory Phone number (08) 8233 5555 Fax number (08) 8233 5556 **Email address** andrew.short@minterellison.com / melissa.harvey@minterellison.com

The other party



These are the details of the other party in the 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 other party is an organisation

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.	Preliminary
1.1	Are you seeking directions for an existing matter?
[] [X]	Yes—Go to 1.2 No—Go to 1.3
1.2	What is the name and matter number for the matter?
	What is the type of matter that you want to initiate? efly, provide the details of the type of matter.
	e Form 46 – Application to vary a modern award electronically filed at the Fair Work Commission on 23 nuary 2019.
2.	Reasons for seeking directions
2.1	Why are you applying to the Commission for directions?
[X]	The procedure is not prescribed by the FW Act, the Fair Work Commission Rules, the regulations or any other Act or regulations. Provide details below.
[]	You are in doubt about the proper procedure to follow. Provide details below.
var	le 49 of the Fair Work Commission Rules 2013 requires that an applicant who has lodged an application to by a modern award under Division 5 of Part 2-3 of Chapter 2 of the Act must apply to the Commission der rule 7 for directions about the procedure to be followed in relation to service of the application.
	Proposed directions.
Ap ser	out your proposed directions you are seeking, if any (optional). plication to vary the Viterra Bulk Handling and Storage of Grains, Pulses and Minerals Award 2015 is to be reed on the Australian Workers Union and Maritime Union of Australia Division of the Construction, restry, Maritime, Mining and Energy Union, in accordance with the Fair Work Commission Rules 2013.

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

A. Short

Name

Andrew Short

Date

23/1/19

Capacity/Position

Applicant's Representative



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