

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 [Fair Work Act 2009](#).

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	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Other please specify: Employee organisation		
Name	The Australian Workers' Union		
Postal address	Level 1, 16 – 20 Good Street		
Suburb	Granville		
State or territory	NSW	Postcode	2142
Phone number	02 8863 8900	Fax number	N/A
Email address	nat.office@nat.awu.net.au ; stephen.crawford@nat.awu.net.au		

If the Applicant is a company or organisation

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

Legal name of Applicant	The Australian Workers' Union
Applicant's trading name or registered business name	As above
Applicant's ACN (if a company)	N/A
Applicant's ABN (if applicable)	28 853 022 982
Contact person	Stephen Crawford (Senior National Legal Officer)

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

No

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

Yes – Please specify the assistance required

No

Does the Applicant have a representative?



A representative is a person or organisation who is representing the Applicant. This might be a lawyer or paid agent, a union or employer organisation, or a family member or friend. There is no requirement to have a representative.

Yes – Provide representative’s details below

No

Applicant’s representative



These are the details of the person or organisation who is representing the Applicant (if any).

Name of person			
Firm, organisation or company			
Postal address			
Suburb			
State or territory		Postcode	
Phone number		Fax number	
Email address			

Is the Applicant’s representative a lawyer or paid agent?

Yes

No

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	
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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?

Yes – Go to 1.2

No – Go to 1.3

1.2 What is the name and matter number for the matter?

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1.3 What is the type of matter that you want to initiate?

Briefly, provide the details of the type of matter.

An application to vary the <i>Funeral Industry Award 2020</i> pursuant to s 160 of the <i>Fair Work Act 2009</i> .
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2. Reasons for seeking directions

2.1 Why are you applying to the Commission for directions?

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.

This application for directions regarding service is required by Rule 49 of the *Fair Work Commission Rules 2013*.

3. Proposed directions.


Set out your proposed directions you are seeking, if any (optional).

1. That the attached application to vary a modern award be published in the Fair Work Commission's website at a location deemed appropriate to the Commission.
2. That, upon such publication, the application be deemed served.
3. That notice of the application be given by the Fair Work Commission to subscribers to Fair Work Commission's "My Awards – All Matters" service in the usual way.

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	Misha Zelinsky
Date	5 May 2021
Capacity/Position	Acting National Secretary



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