

## 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.

<b>Title</b>	[ ] Mr [ ] Mrs [ ] Ms [ ] Other please specify:		
<b>First name(s)</b>			
<b>Surname</b>			
<b>Postal address</b>	Level 6, 53 Queen Street		
<b>Suburb</b>	Melbourne		
<b>State or territory</b>	VIC	<b>Postcode</b>	3000
<b>Phone number</b>	(08) 9221 4321	<b>Fax number</b>	(08) 9221 2774
<b>Email address</b>	dustin.rafferty@sdawa.asn.au		

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

<b>Legal name of business</b>	Shop, Distributive and Allied Employees' Association
<b>Trading name of business</b>	
<b>ABN/ACN</b>	
<b>Contact person</b>	Dustin Rafferty

### The party's representative



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

<b>Name of person</b>	David Scaife		
<b>Organisation</b>	Eureka Lawyers		
<b>Postal address</b>	PO Box 8260		
<b>Suburb</b>	Perth		
<b>State or territory</b>	WA	<b>Postcode</b>	6849
<b>Phone number</b>	(08) 9428 3333	<b>Fax number</b>	(08) 9428 3320
<b>Email address</b>	david.scaife@eurekalawyers.com.au		

## The other party



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

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

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

<b>Legal name of organisation</b>	Various.
<b>Trading name of organisation</b>	
<b>ABN/ACN</b>	
<b>Contact person</b>	

## 1. Details of the matter

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

AM2014/190 – 4 yearly review of modern awards – Transitional provisions – District Allowances

### 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.

Applicant for inclusion of district allowances in the Pharmacy Industry Award 2010, General Retail Industry Award 2010, Hair and Beauty Industry Award 2010, Fast Food Industry Award 2010 and Vehicle, Manufacturing, Repair, Services and Retail 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.

<b>Signature</b>	
<b>Name</b>	David Scaife
<b>Date</b>	28 June 2017
<b>Capacity/Position</b>	Lawyer for the Applicant



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**