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	[✓] Mr [ ] Mrs [ ] Ms [ ] Other please specify:		
First name(s)	Sunil		
Surname	Kemppi		
Postal address	4/365 Queen Street		
Suburb	Melbourne		
State or territory	Victoria	**Postcode**	3000
Phone number	0475 300 120	**Fax number**	
Email address	skemppi@actu.org.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	Australian Council of Trade Unions (ACTU)
Applicant's trading name or registered business name	ACTU
Applicant's ACN (if a company)	
Applicant's ABN (if applicable)	67 175 982 800
Contact person	Sunil Kemppi

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	[ ] Mr [ ] Mrs [✓] Ms [ ] Other please specify:		
First name(s)	Tamsin		
Surname	Lawrence		
Postal address			
Suburb			
State or territory		**Postcode**	
Phone number	0408 586 151	**Fax number**	
Email address	Tamsin.Lawrence@australianchamber.com.au		

If the other party is an organisation

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

Legal name of organisation	Australian Chamber of Commerce and Industry
Trading name of organisation	ACCI
ABN/ACN	
Contact person	Tamsin Lawrence

Title	[✓] Mr [ ] Mrs [ ] Ms [ ] Other please specify:		
First name(s)	Luis		
Surname	Izzo		
Postal address			
Suburb			
State or territory		**Postcode**	
Phone number	0408 109 622	**Fax number**	
Email address	Luis.izzo@abllawyers.com.au		

If the other party is an organisation

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

Legal name of organisation	Australian Business Industrial
Trading name of organisation	ABI
ABN/ACN	
Contact person	Luis Izzo

Title	[✓] Mr [ ] Mrs [ ] Ms [ ] Other please specify:		
First name(s)	Stephen		
Surname	Smith		
Postal address			
Suburb			
State or territory		**Postcode**	
Phone number	0418 461 183	**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	Australian Industry Group
Trading name of organisation	AI Group
ABN/ACN	
Contact person	Stephen Smith

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?

Variation of awards on the initiative of the Commission (AM2020/12)

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

Briefly, provide the details of the type of matter.

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.

Further directions, which are not prescribed by the FWC Act etc. are sought.

3. Proposed directions.

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

1. That the applicant serve the attached application by e-mail on the persons and organisations identified as an "other party" in this application.
2. That, upon completion of the above steps, this application be deemed served.
3. That the FWC list a directions hearing in relation to this matter, for Monday 29 June 2020.
4. That the FWC extend the date by which parties should make an application to extend "Schedule X" (as referred to in paragraph 4 of its statement of 23 June 2020 ([2020] FWCFB 3281).
5. That the FWC issue such further directions as are required following the directions hearing on Monday 29 June.

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	Sunil Kemppi
Name	Sunil Kemppi
Date	26/06/2020
Capacity/Position	Legal and Industrial Officer

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