

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 type="checkbox"/> Other please specify:		
First name(s)			
Surname			
Postal address	Suite 46, 255 Drummond St		
Suburb	Carlton		
State or territory	VIC	Postcode	3053
Phone number	0429 928 192	Fax number	
Email address	leighs@hsu.net.au ; louised@hsu.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	Health Services Union
Applicant's trading name or registered business name	Health Services Union
Applicant's ACN (if a company)	
Applicant's ABN (if applicable)	68 243 768 561
Contact person	Leigh Svendsen leighs@hsu.net.au 0418 538 989 Louise de Plater louised@hsu.net.au 0429 928 192

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			

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?

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 Social, Community, Home Care and Disability Services Industry Award 2010 under s158 of the *Fair Work Act 2009*.

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.

Rule 49 of the *Fair Work Commission Rules* requires this application to be made in connection with an application to vary a modern award.

3. Proposed directions.


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

1. That the application to vary a modern award be published on the Fair Work Commission's website at a location deemed appropriate to the Commission; and
2. That the Commission will bring the application to the attention of the following interested parties directly by email:
 - a. The Commonwealth;
 - b. Aged & Community Services Australia;
 - c. Leading Age Services Australia;
 - d. Australian Industry Group;
 - e. Australian Federation of Employers and Industries;
 - f. ABI/ NSW Business Chamber;
 - g. United Workers Union;
 - h. Australian Workers Union;
 - i. The Australian Services Union;
 - j. The Australian Nursing and Midwifery Union;
 - k. The Aged Care Guild; and
 - l. Australian Council of Trade Unions;
3. That, upon completion of the above steps, the application be deemed served.

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	Lloyd Williams
Date	31 May 2021
Capacity/Position	HSU 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