Form F46 - Application to vary a modern award

Fair Work Act 2009, ss.157-160

This is an application to the Fair Work Commission to make a modern award or make a determination varying or revoking a modern award, in accordance with Part 2-3 of the <u>Fair Work Act 2009</u>.

The Applicant



These are the details of the person who is making the application.

Title	[X] Mr [] Mrs [] Ms [] Other please specify:		
First name(s)	Gerard		
Surname	Dwyer		
Postal address	6 th Floor, 53 Queen Street		
Suburb	Melbourne		
State or territory	Victoria	Postcode	3000
Phone number	(03) 8611 7000	Fax number	
Email address	angelo@sda.org.au		

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

Legal name of business	Shop, Distributive and Allied Employees' Association
Trading name of business	
ABN/ACN	99 789 302 470
Contact person	Angelo Pardo

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 (eg a hearing loop)?			
[] Yes – Please specify	[] Yes – Please specify the assistance required		
[X] No	[X] No		
Does the Applicant have a representative?			
	nt, a union or emplo	oyer organisation, or a fa	the applicant. This might be mily member or friend. There
[] Yes – Provide representative's details below			
[X] 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	Postal address		
Suburb			
State or territory	Vic	Postcode	3000
Phone number		Fax number	
Email address			
Is the Applicant's represer	ntative a lawyer	or paid agent?	

[] No

1. \	JUVEI	erage	
1.1	Wh	/hat is the name of the modern award to which the application	relates?
7		Include the Award ID/Code No. of the modern award	
P	HARN	RMACY INDUSTRY AWARD 2020 MA000012	
1.2	Wh	/hat industry is the employer in?	
P	harma	nacy industry	
2. /	Appli	lication	
2.1	Wh	/hat are you seeking?	
Spe	cify wl	which of the following you would like the Commission to make:	
		X]a determination varying a modern award	
] a modern award	
	[]] a determination revoking a modern award	
2.2	Wh	Vhat are the details of your application?	
		Applicant seeks a determination varying the Pharmacy Industry Award 20 ving respect:	20 (the Award) in the
E	Extendi	nding the operative date of Schedule X to 30 September 2020	

Attach additional pages, if necessary.

2.3 What are the grounds being relied on?

Using numbered paragraphs, specify the grounds on which you are seeking the proposed variations.



You must outline how the proposed variation etc is necessary in order to achieve the modern awards objective as well as any additional requirements set out in the FW Act.

- The Commission issued a statement on 23rd June 2020 regarding the 'Schedule X—Additional Measures During the COVID-19 Pandemic', requesting parties to make application to extend the operative date of Schedule X.
- 2. Schedule X had been previously inserted by the Commission's own initiative.
- 3. There remains a need in the industry for the continuation of unpaid Covid leave.

Attach additional pages, if necessary.

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	18 Dwge
Name	Gerard Dwyer.
Date	24 July 2020
Capacity/Position	National Secretary



Where this form is not being completed and signed by the Applicant, 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