Form F46 – Application to make, vary or revoke a modern award

Fair Work Act 2009, ss.157–161

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 Fair Work Act 2009.

The Applicant

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

Title	[] Mr [] Mrs [] Ms [\	Other please specify:	
First name(s)			
Surname			
Postal address			
Suburb			
State or territory	nsw	Postcode	
Phone number		Fax number	
Email address			

If the Applicant is not an individual, please also provide the following details

Applicant's legal name	
Applicant's trading name	
Applicant's ABN/ACN	
Contact person	

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Does the Applicant need an interpreter?



If the Applicant has trouble accessing this information, please contact us. We can arrange to provide it in another format. You can find information about <u>help for non-English speakers</u> on our website.

[] Yes – Specify language

[-]No

Does the Applicant require any special assistance at the hearing or conference (eg 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	

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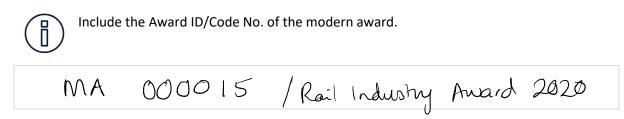
Phone number	Fax number	
Email address		

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

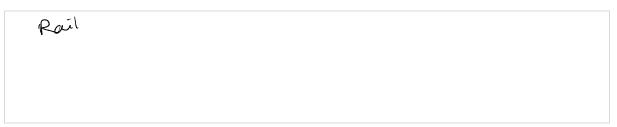


1. Coverage

1.1 What is the name of the modern award to which the application relates?



1.2 What industry is the employer in?



1.3 Does the application relate to the Care and Community Sector?



The Care and Community Sector includes, but is not limited to, the aged care, early childhood education and care and disability care sectors. Applications to make, vary or revoke awards that relate to the Care and Community Sector are decided by Care and Community Sector Expert Panels. See sections 617(8) and (9) of the FW Act.

- [] Yes
- [] Unsure

2. Application

2.1 What are you seeking?

Specify which of the following you would like the Commission to make:

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[/ a determination varying a modern award

[] a modern award

[] a determination revoking a modern award

2.2 Does the application seek to vary modern award minimum wages?

[] Yes

[] No

2.3 Does the application relate to gender pay equity?



Variations to awards relating to substantive gender pay equity matters are decided by pay equity Expert Panels. See sections 617(6) and (9) of the FW Act. See also work value reasons in s.157(2A) and (2B).

[] Yes

[YNO

[] Unsure

2.4 What are the details of your application?

Outline the changes you are asking the Commission to make. For example - if you are asking the Commission to vary an existing award, you should set out which parts of the award you are asking the Commission to change and how you think these parts should be changed.

1. To change the existing award indusive of rail safe-working personall (protection officients) with a set pay table. 2. Create a rail safeworking award above with a set pay table

Attach additional pages, if necessary.

2.5 What are the grounds being relied on?

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

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You must outline how the proposed variation etc is necessary in order to achieve the modern awards objective, and the minimum wages objective if it applies, as well as any additional requirements set out in the FW Act.

1, propose to categorize safeworking personelle minimum Level 6 rail worker as we are responsible for the lives of many others in a high risk environment with live running trains. At this stage we fall under labour hive rates as

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 before.

Signature	
Name	ν
Date	13/1/23
Capacity/Position	
	1.

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