

## Form F48 – Application for directions on procedure

[Fair Work Commission Rules 2024](#), Rules 8, 21, 31 and 125 and Schedule 1

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	Level 1 365 Queen Street		
Suburb	Melbourne		
State or territory	VIC	Postcode	3000
Phone number	[REDACTED]		
Email address			

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

Legal name of Applicant	Australian Nursing and Midwifery Federation
Applicant's trading name or registered business name	Australian Nursing and Midwifery Federation
Applicant's ACN (if a company)	
Applicant's ABN (if applicable)	41 816 898 298
Contact person	Paul Yiallourous

**Does the Applicant need an interpreter?**



If you have trouble accessing this information, please contact us. We can arrange to provide it in another format. You can find information about [help for non-English speakers](#) 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, union, employer organisation, association of employers, peak council, or a not-for-profit association or body that provides support, advice or advocacy in relation to employment or workplace relations matters. You do not need 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			
Representative’s ABN (if applicable)			
Postal address			
Suburb			
State or territory		Postcode	
Phone number			
Email address			

**Is the Applicant’s representative a lawyer or paid agent?**

<input type="checkbox"/> Yes – please select:	<input type="checkbox"/> Lawyer <input type="checkbox"/> Paid agent
<input type="checkbox"/> 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			
Email address			

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?

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

Briefly, provide the details of the type of matter.

The Australian Nursing and Midwifery Federation is making an application to vary the *Nurses Award 2020*.

## 2. Reasons for seeking directions

### 2.1 Why are you applying to the Commission for directions?

The procedure is not prescribed by the Fair Work 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 31 of the Fair Work Commission Rules 2024 requires the Applicant to lodge a Form 48 for direction about procedure in relation to service of the application.

## 1. Proposed directions

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

1. That the applications to vary the *Nurses Award 2020* referred to in in response to question 1.3 and **attached** to correspondence by the Australian Council of Trade Unions be published on the Fair Work Commission’s (**FWC**) website at a location deemed appropriate to the Commission.
2. That, upon such publication, the applications be deemed served.
3. That notice of the applications be given by the FWC to subscribers to the FWC’s “Awards – all matters” service in the usual way.
4. The ANMF asks that the FWC note that the ACTU has written to the FWC in respect of a number of award variation applications by its affiliates and is seeking that the applications be joined.

## Authority to sign and signature



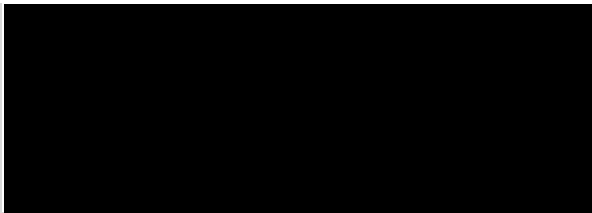
For 'Authority to sign':

- If you are the Applicant (the person applying for directions)–insert 'Applicant'
- If you are an employee of a company or organisation that is the Applicant–insert your position title
- If you are the Applicant's representative and have provided your details in this form–insert 'Representative'.

<b>Authority to sign</b>	Federal Industrial Officer
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Insert your signature, name and the date. If you are completing this form electronically and do not have an electronic signature, type your name in the signature field.

<b>Signature</b>	
<b>Name</b>	Paul Yiallourous
<b>Date</b>	15 April 2026

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS**