DATE: 13 December 2018

TO: Chambers of Vice President Catanzariti

COMPANY: Fair Work Commission

EMAIL ADDRESS: <u>chambers.catanzariti.vp@fwc.gov.au</u>

FROM: Jill Hignett

j.hignett@hrlawyers.com.au

OF: HR LAW

FILE NO: 409

RE: AM2018/14 - FOUR YEARLY REVIEW

OF MODERN AWARDS - AIR PILOTS AWARD 2010 - SUBSTANTIVE ISSUES



EMAIL TRANSMISSION

STRICTLY PRIVATE AND CONFIDENTIAL

Dear Chambers

We act for Alliance Airlines Pty Ltd and wish to become a party to the above-mentioned matter.

Please see **attached** Form F53 – Notice of representative commencing to act for filing.

We note that the matter is listed for 8.30am (AEDT) on 14 December 2018 in Sydney and with video link to Melbourne. As our office is based in Brisbane, we are available to appear by telephone on 07 3211 7624 or by video link at the Fair Work Commission in Brisbane, if Vice President Catanzariti would prefer.

Jill Hignett will be the solicitor with primary carriage of this matter, however, as she is on leave, Meghan De Pinto-Smith will be appearing at the Mention and/or Directions hearing tomorrow. Jill Hignett will resume carriage of the matter on 17 December 2018.

If we can be of any further assistance, please let us know.

Yours faithfully

Jill Hignett Director

Accredited Specialist (Workplace Relations)

HR LAW

Liability limited by a scheme approved under professional standards legislation



Director Jill Hignett BSc LLB Acc. Spec. (Work. Rel.) Consultant Craig Cameron BBus LLB (Hons)

Consultant Amy Richardson LLB GradDipLP Senior Associate Sarah Neideck LLB BIntRel GradDipLP Ph: (07) 3211 3350 Fax: (07) 3211 3313

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Form F53 Notice of representative commencing to act

Fair Work Act 2009, s.596 and Fair Work Commission Rules 2003, Rules 11 and 12

This is a notice to the Fair Work Commission that a lawyer or paid agent is commencing to act in a matter in accordance with the Fair Work Act 2009.

The represented party



These are the details of the person who a lawyer or paid agent is commencing to act for in a matter.

Title	[X]Mr [] Mrs [] Ms [] Other please specify:		
First name(s)	Lee		
Surname	Schofield		
Postal address	GPO Box 1126		
Suburb	EAGLE FARM		
State or territory	QLD	Postcode	4009
Phone number	3212 1521	Fax number	3212 1515
Email address	Ischofield@allianceairlines.com.au		

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

Legal name of business	Alliance Airlines Pty Ltd
Trading name of business	Alliance Airlines Pty Ltd
ABN/ACN	ACN 107 165 980
Contact person	Lee Schofield

The party's representative



These are the details of the person or organisation that is representing the party in the matter.

Name of person	Jill Hignett/Meghan De Pinto-Smith		
Organisation	HR Law		
Postal address	GPO Box 1572		
Suburb	BRISBANE		
State or territory	QLD	Postcode	4001
Phone number	07 3211 3350	Fax number	
Email address	j.hignett@hrlawyers.com.au		

	m.depinto-smith@hrlawy	ers.com.au	
The other party			
	ails of the other party in the	e matter.	
Title	[] Mr [] Mrs [] Ms	[] Other pleas	e specify:
First name(s)			
Surname			
Postal address			
Suburb			
State or territory		Postcode	
Phone number		Fax number	
Email address			
f the other party is an orga	anisation please also pro	ovide the follow	ving details
Legal name of organisation			
Trading name of organisation			
ABN/ACN			
Contact person			
. Details of the matter			
I.1 What is the name and I	matter number of the ma	atter before the	Commission?
AM2018/14 – Four yearly i	review of modern awards	– Alf Pilots Awa	Id 2010
1.2 Which party are you co	ommencing to act for in	the matter befo	ore the Commission?
[] Applicant[X] Respondent[] Other			
Provide details of the party if	it is not the applicant or re	espondent.	

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	first.
Name	Jill Hignett, HR Law
Date	13 December 2018
Capacity/Positio	Solicitors for the Applicant



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