# 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 <u>Fair Work Act 2009</u>.

# 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	[ ] Mr [ ] Mrs [ ] M	[ ] Mr [ ] Mrs [ ] Ms [ ] Other please specify:				
First name(s)						
Surname						
Postal address	Level 25 South Tower	Level 25 South Tower, 525 Collins Street				
Suburb	Melbourne	Melbourne				
State or territory	Vic	Postcode	3000			
Phone number	03 9640 4431	03 9640 4431				
Email address	Nick.ruskin@klgates.c	Nick.ruskin@klgates.com				

#### 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	The following law firms:  Corrs Chambers Westgarth; MinterEllison; Hall & Wilcox; Johnson Winter & Slattery; Arnold Bloch Leibler; Maddocks; Ashurst; Wotton + Kearney; Herbert Smith Freehills; Gilbert + Tobin; Allen & Overy; Gadens; and Clayton Utz.
Applicant's trading name or registered business name	
Applicant's ACN (if a company)	
Applicant's ABN (if applicable)	
Contact person	Nick Ruskin, Partner

#### 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

Doe	s the	<b>Applicant</b>	require an	y special	assistance	at the l	hearing or	conference
(e.g.	a he	aring 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.

[ ]	X ]	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	Nick Ruskin	Nick Ruskin				
Firm, organisation or company	K&L Gates					
Postal address	Level 25 South Tower, 52	Level 25 South Tower, 525 Collins Street				
Suburb	Melbourne	Melbourne				
State or territory	VIC	Postcode	3000			
Phone number	03 9640 4431	Fax number	03 9205 2055			
Email address	Nick.ruskin@klgates.com					

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

[	Χ	]	Yes
[	]	1	No

#### The other party



These are the details of the other party in the matter.

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

If the other party is an orga	nisation
If the other party is an organisati	on 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 directi	ons for an existing matter?
[ X ] Yes – Go to 1.2	-
[ ] No – Go to 1.3	
1.2 What is the name and m	atter number for the matter?
1.3 What is the type of matt	er that you want to initiate?
1.5 What is the type of matt	
Briefly, provide the details of the	type of matter.

#### 2. Reasons for seeking directions

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

[ X ]	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.

Section 49 of the Fair Work Commission Rules provides that an Applicant who has lodged an application to vary a modern award under Division 5 of Part 2-3 of Chapter 2 of the Act must apply to the Commission under rule 7 for directions about the procedure to be followed in relation to service of the application.

# 3. Proposed directions.

	Set out y	your pro	posed	directions	you are	seeking,	if any	' (o	ptional)	١.
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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	Nich Ruskin
Name	Nick Ruskin
Date	15 April 2020
Capacity/Position	Partner



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