

# Form F54 – Notice that lawyer or paid agent has ceased to act for a person

[Fair Work Commission Rules 2024](#), subrule 12(2) and Schedule 1

This is a notice to the Fair Work Commission (Commission) that a lawyer or paid agent has ceased to act for a party in a matter before the Commission.

## 1. The matter before the Commission

What is the name and matter number of the matter before the Commission?

Matter name	Application by Australian Nursing and Midwifery Federation (145V)
Matter number	AM2024/11

## 2. The party the lawyer or paid agent has ceased to act for



These are the details of the party the lawyer or paid agent has ceased to act for.

If the party is an individual, provide the following details:

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 party is not an individual, provide the following details:

Legal name of party	Catholic Health Australia Limited
Party's ACN (if a company)	167 751 537

Party's ABN (if applicable)	30 351 500 103		
Party's trading name or registered business name (if applicable)	N/A		
Contact person	Jason Kara		
Postal address	GPO Box 815		
Suburb	Canberra		
State or territory	ACT	Postcode	2601
Phone number	[REDACTED]		
Email address	<a href="mailto:jasonk@cha.org.au">jasonk@cha.org.au</a>		

**Which party is the party giving notice?**

- ☐ Applicant
- ☐ Respondent
- ☒ Other

If you answered **other**—Provide details.

Interested party

### 3. The lawyer or paid agent



These are the details of the lawyer or paid agent that has ceased to act for the party.

Name of lawyer or paid agent	Kate Plowman
Firm, organisation or company	MinterEllison
Postal address	Level 40, Governor Macquarie Tower, 1 Farrer Place
Suburb	Sydney

State or territory	NSW	Postcode	2000
Phone number	(02) 9221 8580		
Email address	<a href="mailto:kate.plowman@minterellison.com">kate.plowman@minterellison.com</a>		

## Authority to sign and signature




For 'Authority to sign':

- If you are the party giving notice—insert 'Applicant', 'Respondent' or explain your role
- If you are an employee of a company or organisation that is giving notice—insert your position title and the company or organisation's role (eg. Director of the Respondent)
- If you are the representative of the party giving notice and have provided your details in this, or another, form—insert 'Representative' and the role of the party you represent (eg. 'Representative of the Applicant').

<b>Authority to sign</b>	Representative of interested party
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Insert your signature, name and 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>	Kate Plowman
<b>Date</b>	13 June 2025

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