

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	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other please specify:		
First name(s)			
Surname			
Postal address	L1, 75 George Street		
Suburb	Parramatta		
State or territory	New South Wales	Postcode	2150
Phone number	02 8844 0400	Fax number	
Email address			

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

Legal name of business	Chiropractors' Association of Australia (National) Ltd
Trading name of business	Chiropractors' Association of Australia
ABN/ACN	50 050 096 038
Contact person	Matthew Fisher

The party's representative



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

Name of person	Joanna Bandara		
Organisation	HMB Employment Lawyers Pty Ltd		
Postal address	L16, 379 Collins Street		
Suburb	Melbourne		
State or territory	Victoria	Postcode	3000
Phone number	03 9448 9603	Fax number	
Email address	jbandara@hmblaw.com.au		

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)	N/A		
Surname			
Postal address			
Suburb			
State or territory		Postcode	
Phone number		Fax number	
Email address			

If the other party is an organisation please also provide the following details

Legal name of organisation	N/A
Trading name of organisation	
ABN/ACN	
Contact person	

1. Details of the matter

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

4-yearly review – modern awards
AM2014/204 – Health Professionals and Support Services Award 2010 [MA000027]

1.2 Which party are you commencing to act for in the matter before the Commission?

- Applicant
 Respondent
 Other

Provide details of the party if it is not the applicant or respondent.

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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	<i>HMB Law</i>
Name	HMB Employment Lawyers
Date	24 August 2017
Capacity/Position	Legal Representative



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