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 [] M	[X] Mr [] Mrs [] Ms [] Other please specify:		
First name(s)	Mark	Mark		
Surname	Stroppiana	Stroppiana		
Postal address	33 Corporate Drive	33 Corporate Drive		
Suburb	Cannon Hill	Cannon Hill		
State or territory	QLD	Postcode	4170	
Phone number	07 3908 8426	Fax number	N/A	
Email address	M.Stroppiana@endea	M.Stroppiana@endeavour.com.au		

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

Legal name of business	Endeavour Foundation
Trading name of business	Endeavour Foundation
ABN/ACN	ACN 009 670 704
Contact person	Mark Stroppiana

The party's representative



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

Name of person	Nick Le Mare		
Organisation	Corrs Chambers Westgarth		
Postal address	ONE ONE 111 Eagle Street		
Suburb	Brisbane		
State or territory	QLD	Postcode	4000
Phone number	07 3228 9786	Fax number	07 3228 9444
Email address	Nick.LeMare@corrs.com.au		

The other party



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

Title	[] Mr [] Mrs [] Ms[] Other please sp	ecify:
First name(s)			
Surname			
Postal address			
Suburb			
State or territory		Postcode	
Phone number		Fax number	
Email address			
If the other party is an org	ganisation please also p	rovide the follo	wing details
Legal name of organisation			
Trading name of organisation			
ABN/ACN			
Contact person			
 Details of the matter What is the name and Modern Awards 4 yearly review 	matter number of the n		
1.2 Which party are you of a policiant [X] Respondent [] Other Provide details of the party if it We act on behalf of the Endeav Employment Services Award 20	is not the applicant or responder.	ondent.	

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	MHemz
Name	Nick Le Mare
Date	13 December 2017
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