

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 [Fair Work Act 2009](#).

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	[X] Mr [] Mrs [] Ms [] Other please specify:		
First name(s)	Andrew		
Surname	Donnellan		
Postal address			
Suburb			
State or territory		Postcode	
Phone number		Fax number	
Email address	andrew@donnellan.id.au		

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	
Applicant's trading name or registered business name	
Applicant's ACN (if a company)	
Applicant's ABN (if applicable)	
Contact person	

Does the Applicant need an interpreter?



If you have trouble accessing this information, please contact us. We can arrange to provide it in another format. You can find information about [help for non-English speakers](#) on our website.

[] Yes – Specify language

[X] No

Does the Applicant require any special assistance at the hearing or conference (eg a hearing 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.

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
Firm, organisation or company
Postal address
Suburb
State or territory
Phone number
Email address

Postcode

Fax number

Is the Applicant’s representative a lawyer or paid agent?

Yes

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

Email address

If the other party is an organisation

If the other party is an organisation 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 directions for an existing matter?

Yes – Go to 1.2

No – Go to 1.3

1.2 What is the name and matter number for the matter?

1.3 What is the type of matter that you want to initiate?

Briefly, provide the details of the type of matter.

An application to vary the Professional Employees Award 2020 (MA000065) to include a provision for paid COVID-19 vaccination leave.

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.

Rule 49 requires this application to be filed in conjunction with an application to vary a modern award.

3. Proposed directions.

Set out your proposed directions you are seeking, if any (optional).

1. That the attached application to vary a modern award be published on the Fair Work Commission's website at a location deemed appropriate by the Commission.
2. That, upon such publication, the application be deemed served.
3. That notice of the application be given by the Fair Work Commission to subscribers to the Commission's My Awards – All Matters service in the usual way.

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	Andrew Donnellan
Name	Andrew Donnellan
Date	29 July 2021
Capacity/Position	Employee covered by the modern award



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