

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	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input type="checkbox"/> Other please specify:		
First name(s)	Abha		
Surname	Devasia		
Postal address	PO BOX 60		
Suburb	Granville		
State or territory	NSW	Postcode	2142
Phone number	02 8868 1546	Fax number	
Email address	abha.devasia@amwu.org.au Nswlegalteam@amwu.org.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	“Automotive, Food, Metals, Printing and Kindred Industries Union” known as the Australian Manufacturing Workers’ Union (AMWU)	
Applicant’s ACN (if a company)		
Applicant’s ABN (if applicable)	59 459 725 116	
Contact person	Abha Devasia – National Research Officer	

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

No

Does the Applicant require any special assistance at the hearing or conference (e.g. 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		Postcode	
Phone number		Fax number	
Email address			

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	<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other please specify:		
First name(s)	Luis		
Surname	Izzo		
Phone number	0408109622	Fax number	
Email address	Luis.izzo@abllawyers.com.au		

If the other party is an organisation

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

Legal name of organisation	Australian Business Industrial		
Trading name of organisation	ABI		
ABN/ACN			

Title	<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Other please specify:		
First name(s)	Tamsin		
Surname	Lawrence		
Phone number	0408 586 151	Fax number	
Email address	Tamsin.Lawrence@australiachamber.com.au		

Legal name of organisation	Australian Chamber of Commerce and Industry		
Trading name of organisation	ACCI		
ABN/ACN			
Contact person	Tamsin Lawrence		

Title	<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other please specify:		
First name(s)	Stephen		
Surname	Smith		
Phone number	0418 461 183	Fax number	
Email address	Stephen.smith@aigroup.com.au		

Legal name of organisation	Australian Industry Group		
Trading name of organisation	AIG		
ABN/ACN			
Contact person	Stephen Smith		

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?

Variation of awards on the initiative of the Commission (AM2020/12)

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

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?

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.

Directions which are not prescribed in the FW Act or Fair Work Regulations are sought.

3. Proposed directions.

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

1. That the FWC issue such directions as are required.
--

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	Abha Devasia
Name	Abha Devasia
Date	26/06/2020
Capacity/Position	Legal Officer



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