

**From:** Zara Dwyer <Zara.Dwyer@minterellison.com>  
**Sent:** Thursday, May 16, 2024 2:41 PM  
**To:** Chambers - Hatcher J <Chambers.Hatcher.J@fwc.gov.au>; Awards <Awards@fwc.gov.au>  
**Cc:** Kate Plowman <Kate.Plowman@minterellison.com>; Jim Fox <Jim.Fox@minterellison.com>; Henry Chang <Henry.Chang@minterellison.com>; Bernadette McCabe <bernadette.mccabe@minterellison.com>; nwhite@gordonlegal.com.au; smccullough@vhia.com.au; nigel.ward@ablawyers.com.au; abbey.sultan@unitedworkers.org.au; Geoff.taylor@awu.org.au; iainb@asmof.org.au  
**Subject:** RE: AM2024/11 - Application to vary the Nurses Award 2020 - Work value case [ME-FID8452091]

You don't often get email from [zara.dwyer@minterellison.com](mailto:zara.dwyer@minterellison.com). [Learn why this is important](#)

Dear Associate

Further to the below, please find attached our Form F53 in respect of HealthScope Operations Pty Ltd and Adelaide Community Healthcare Alliance Incorporated.

We have copied representatives from other interested parties in this matter to this correspondence, by way of service.

Yours faithfully  
**MinterEllison**

—  
**Zara Dwyer** (she/her)  
Associate  
T +61 2 9921 8534 M +61 433 263 181  
[zara.dwyer@minterellison.com](mailto:zara.dwyer@minterellison.com)  
**MinterEllison** Governor Macquarie Tower 1 Farrer Place Sydney NSW 2000  
[minterellison.com](http://minterellison.com) [Follow us on LinkedIn](#)

## MinterEllison.

**From:** Zara Dwyer  
**Sent:** Wednesday 15 May 2024 02:48 PM  
**To:** [chambers.hatcher.j@fwc.gov.au](mailto:chambers.hatcher.j@fwc.gov.au); [awards@fwc.gov.au](mailto:awards@fwc.gov.au)  
**Cc:** Kate Plowman <[Kate.Plowman@minterellison.com](mailto:Kate.Plowman@minterellison.com)>; Jim Fox <[Jim.Fox@minterellison.com](mailto:Jim.Fox@minterellison.com)>; Henry Chang <[Henry.Chang@minterellison.com](mailto:Henry.Chang@minterellison.com)>; Bernadette McCabe <[Bernadette.McCabe@minterellison.com](mailto:Bernadette.McCabe@minterellison.com)>; [nwhite@gordonlegal.com.au](mailto:nwhite@gordonlegal.com.au); [smccullough@vhia.com.au](mailto:smccullough@vhia.com.au); [nigel.ward@ablawyers.com.au](mailto:nigel.ward@ablawyers.com.au); [abbey.sultan@unitedworkers.org.au](mailto:abbey.sultan@unitedworkers.org.au); [Geoff.taylor@awu.org.au](mailto:Geoff.taylor@awu.org.au); [iainb@asmof.org.au](mailto:iainb@asmof.org.au)  
**Subject:** AM2024/11 - Application to vary the Nurses Award 2020 - Work value case [ME-FID8452091]

Dear Associate

Please find attached our letter of today's date.

Kind regards  
Zara

—  
**Zara Dwyer** (she/her)  
Associate

T +61 2 9921 8534 M +61 433 263 181

[zara.dwyer@minterellison.com](mailto:zara.dwyer@minterellison.com)

**MinterEllison** Governor Macquarie Tower 1 Farrer Place Sydney NSW 2000

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# MinterEllison.

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## **CONFIDENTIALITY**

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## **ACKNOWLEDGEMENT OF COUNTRY**

MinterEllison respectfully acknowledges the Traditional Custodians on whose lands we live, work and learn. We offer our respects to Elders past and present.

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## Notice that a person:

- (a) has a lawyer or paid agent; or
- (b) will seek permission for lawyer or paid agent to participate in a conference or hearing

Section 596 of the Fair Work Act 2009 and rules 11, 12 and 12A of the Fair Work Commission Rules 2013

This form can be used to give notice to the Fair Work Commission (Commission) that a lawyer or paid agent is acting for a party in a matter before the Commission.

This form can also be used to give notice that a party will seek permission for a lawyer or paid agent to represent the party in the matter by participating in a conference or hearing.

### 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 giving notice



These are the details of the party giving notice.

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	
Surname	
Postal address	
Suburb	

## FAIR WORK COMMISSION

### Form F53 – Notice that a person: (a) has a lawyer or paid agent; or (b) will seek permission for a lawyer or paid agent to participate in a conference or hearing

State or territory		Postcode	
Phone number		Fax number	
Email address			

#### If the party is not an individual, provide the following details:

Legal name of party	Adelaide Community Healthcare Alliance Incorporated		
Party's ACN (if a company)	N/A		
Party's ABN (if applicable)	99 367 793 956		
Party's trading name or registered business name (if applicable)	N/A		
Contact person	Mark Nelson		
Postal address	Level 2, 312 St Kilda Road		
Suburb	Melbourne		
State or territory	Victoria	Postcode	3004
Phone number	0447 797 774	Fax number	
Email address	<a href="mailto:mark.nelson@healthscope.com.au">mark.nelson@healthscope.com.au</a>		

#### Which party is the party giving notice?

Applicant

Respondent

## FAIR WORK COMMISSION

### Form F53 – Notice that a person: (a) has a lawyer or paid agent; or (b) will seek permission for a lawyer or paid agent to participate in a conference or hearing

Other

If you answered **other**—provide details below:

Interested party
------------------

#### 3. Notice that the party has a lawyer or paid agent

Is the party giving notice that a lawyer or paid agent acts for the party?

Yes

No

If you answered **Yes**—provide details of the lawyer or paid agent below:

Name of lawyer or paid agent	Jim Fox / 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) 9921 4336/8580	Fax number	

## FAIR WORK COMMISSION

### Form F53 – Notice that a person: (a) has a lawyer or paid agent; or (b) will seek permission for a lawyer or paid agent to participate in a conference or hearing

Email address	<a href="mailto:jim.fox@minterellison.com">jim.fox@minterellison.com</a> ; <a href="mailto:kate.plowman@minterellison.com">kate.plowman@minterellison.com</a>
<b>Are copies of correspondence and other documents in the matter to be sent to the lawyer or paid agent?</b>	
<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> No	

#### 4. Notice that the party will seek permission for lawyer or paid agent to participate in a conference or hearing

Is the party giving notice that the party will seek permission for a lawyer or paid agent to participate in a conference or hearing?

Yes

No

If you answered **Yes**—either provide details below of the conference(s) or hearing(s) that the party wants a lawyer or paid agent to participate in (including date and time, if known), or indicate that permission will be sought for participation in all future conferences and hearings:

Permission will be sought for participation in all future conferences and hearings.

## FAIR WORK COMMISSION

### Form F53 – Notice that a person: (a) has a lawyer or paid agent; or (b) will seek permission for a lawyer or paid agent to participate in a conference or hearing

#### 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	
Name	Kate Plowman
Date	16 May 2024
Capacity/Position	Lawyer for Adelaide Community Healthcare Alliance Incorporated



If you are not the party giving notice and are completing this form on the party's behalf, include an explanation of your authority to do so in the **Capacity/Position** section above.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS

## Notice that a person:

- (a) has a lawyer or paid agent; or
- (b) will seek permission for lawyer or paid agent to participate in a conference or hearing

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Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other please specify:
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Surname	
Postal address	
Suburb	



## FAIR WORK COMMISSION

### Form F53 – Notice that a person: (a) has a lawyer or paid agent; or (b) will seek permission for a lawyer or paid agent to participate in a conference or hearing

State or territory		Postcode	
Phone number		Fax number	
Email address			

**If the party is not an individual, provide the following details:**

Legal name of party	HealthScope Operations Pty Ltd		
Party's ACN (if a company)	006 405 152		
Party's ABN (if applicable)	85 006 405 152		
Party's trading name or registered business name (if applicable)	HealthScope Limited		
Contact person	Mark Nelson		
Postal address	Level 2, 312 St Kilda Road		
Suburb	Melbourne		
State or territory	Victoria	Postcode	3004
Phone number	0447 797 774	Fax number	
Email address	<a href="mailto:mark.nelson@healthscope.com.au">mark.nelson@healthscope.com.au</a>		

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

Applicant

Respondent

## FAIR WORK COMMISSION

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Other

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Interested party

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Postal address	Level 40, Governor Macquarie Tower, 1 Farrer Place		
Suburb	Sydney		
State or territory	NSW	Postcode	2000
Phone number	(02) 9921 4336/8580	Fax number	

## FAIR WORK COMMISSION

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Email address	<a href="mailto:jim.fox@minterellison.com">jim.fox@minterellison.com</a> ; <a href="mailto:kate.plowman@minterellison.com">kate.plowman@minterellison.com</a>
<b>Are copies of correspondence and other documents in the matter to be sent to the lawyer or paid agent?</b>	
<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> No	

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Yes

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Permission will be sought for participation in all future conferences and hearings.


# FAIR WORK COMMISSION

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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	
Name	Kate Plowman
Date	16 May 2024
Capacity/Position	Lawyer for HealthScope Operations Pty Ltd



If you are not the party giving notice and are completing this form on the party's behalf, include an explanation of your authority to do so in the **Capacity/Position** section above.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS