

From: Bernadette McCabe <Bernadette.McCabe@minterellison.com>
Sent: Monday, 10 February 2025 4:58 PM
To: Chambers - Hatcher J <Chambers.Hatcher.J@fwc.gov.au>; Awards <Awards@fwc.gov.au>
Cc: brett.heffernan@apha.org.au; Nick White <nwhite@gordonlegal.com.au>; Angelica Nippard <ANippard@gordonlegal.com.au>; Kate Plowman <Kate.Plowman@minterellison.com>
Subject: AM2024/11 - Work Value Case - Nurses and Midwives - Notice of representative ceasing to act [ME-ME.FID8452091]

Dear Associate

We advise that MinterEllison longer acts for the Australian Private Hospitals Association with respect to the above matter. Please see attached notice of representative ceasing to act.

We confirm we continue to act for Catholic Health Australia, Day Hospitals Australia, Healthscope Operations Pty Ltd and Adelaide Community Healthcare Alliance Incorporated in relation to this matter.

Regards

Bernie

—

Bernadette McCabe

Senior Associate

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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.

Form F54 – Notice that lawyer or paid agent has ceased to act for a person

Fair Work Commission Rules 2024, subrule 12(2) and Schedule 1

This is a notice to the Fair Work Commission (Commission) that a lawyer or paid agent has ceased to act for a party in a matter before the Commission.

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 the lawyer or paid agent has ceased to act for



These are the details of the party the lawyer or paid agent has ceased to act for.

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(s)			
Surname			
Postal address			
Suburb			
State or territory		Postcode	
Phone number			
Email address			

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

Legal name of party	Australian Private Hospitals Association Limited
Party's ACN (if a company)	008 623 809

Party's ABN (if applicable)	82 008 623 809		
Party's trading name or registered business name (if applicable)	Australian Private Hospitals Association Ltd		
Contact person	Brett Heffernan		
Postal address	PO Box 4502		
Suburb	Kingston		
State or territory	ACT	Postcode	2604
Phone number	02 6273 9000		
Email address	brett.heffernan@apha.org.au		

Which party is the party giving notice?

- Applicant
- Respondent
- Other

If you answered **other**—Provide details.

Interested party

3. The lawyer or paid agent



These are the details of the lawyer or paid agent that has ceased to act for the party.

Name of lawyer or paid agent	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) 9221 8580		
Email address	kate.plowman@minterellison.com		

Authority to sign and signature



For 'Authority to sign':

- If you are the party giving notice—insert 'Applicant', 'Respondent' or explain your role
- If you are an employee of a company or organisation that is giving notice—insert your position title and the company or organisation's role (eg. Director of the Respondent)
- If you are the representative of the party giving notice and have provided your details in this, or another, form—insert 'Representative' and the role of the party you represent (eg. 'Representative of the Applicant').

Authority to sign	Representative of interested party
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Insert your signature, name and date. If you are completing this form electronically and do not have an electronic signature, type your name in the signature field.

Signature	
Name	Kate Plowman
Date	10 February 2025

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS