

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

Legal name of business	Leading Age Services Australia Limited
Trading name of business	Leading Age Services Australia
ABN/ACN	ACN 156 349 594
Contact person	Jenna Field, Senior Advisor ER

The party's representative



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

Name of person	Luis Izzo		
Contact person	Kyle Scott		
Organisation	Australian Business Lawyers & Advisors		
Postal address	Level 15, 140 Arthur Street		
Suburb	North Sydney		
State or territory	NSW	Postcode	2060
Phone number	(02) 4989 1010	Fax number	N/A
Email address	Luis.izzo@ablawyers.com.au Kyle.scott@ablawyers.com.au		

The other party



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

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		Fax number	
Email address			

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. Details of the matter

1.1 What is the name and matter number of the matter before the Commission?

Matters AM2014/285 and AM2018/26

1.2 Which party are you commencing to act for in the matter before the Commission?

- Applicant
 Respondent
 Other


Provide details of the party if it is not the applicant or respondent.

Interested party in the 4 yearly review of the *Social, Community, Home Care and Disability Services Industry Award 2010*

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	 Per
Name	Luis Izzo
Date	19 February 2019
Capacity/Position	Legal representative for Leading Age Services Australia Limited



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