

## 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.

<b>Title</b>	[ ] Mr [ ] Mrs [ x ] Ms [ ] Other please specify:		
<b>First name(s)</b>	Kathryn		
<b>Surname</b>	Novak		
<b>Postal address</b>	PO Box 4		
<b>Suburb</b>	Crows Nest		
<b>State or territory</b>	NSW	<b>Postcode</b>	1585
<b>Phone number</b>	0434 166 183	<b>Fax number</b>	
<b>Email address</b>	president@dhaa.info		

**If the represented party is a company or organisation please also provide the following details**

<b>Legal name of business</b>	Dental Hygienists' Association of Australia Inc
<b>Trading name of business</b>	Dental Hygienists' Association of Australia Inc
<b>ABN/ACN</b>	93 364 414 836
<b>Contact person</b>	Ms Katrina Murphy

### The party's representative



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

<b>Name of person</b>	Katrina Murphy		
<b>Organisation</b>	Katrina Murphy Industrial Relations Pty Ltd		
<b>Postal address</b>	PO Box 786		
<b>Suburb</b>	Nundah		
<b>State or territory</b>	QLD	<b>Postcode</b>	4012
<b>Phone number</b>	07 3266 3186	<b>Fax number</b>	07 3266 1596
<b>Email address</b>	Katrina.Murphy@kmir.com.au		

## The other party



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

<b>Title</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other please specify:		
<b>First name(s)</b>			
<b>Surname</b>			
<b>Postal address</b>			
<b>Suburb</b>			
<b>State or territory</b>		<b>Postcode</b>	
<b>Phone number</b>		<b>Fax number</b>	
<b>Email address</b>			

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

<b>Legal name of organisation</b>	Health Services Union
<b>Trading name of organisation</b>	Health Services Union National Office
<b>ABN/ACN</b>	68 243 768 561
<b>Contact person</b>	Rachel Liebhaber

## 1. Details of the matter

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

AM2016/31 – Four yearly review of modern awards – Health Professionals and Support Services Award 2010

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

- Applicant  
 Respondent  
 Other

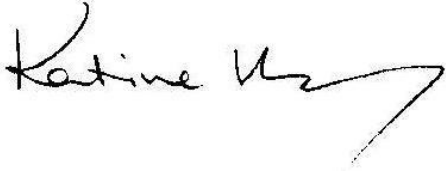
Provide details of the party if it is not the applicant or respondent.

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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.

<b>Signature</b>	
<b>Name</b>	Katrina Murphy
<b>Date</b>	7 December 2017
<b>Capacity/Position</b>	Representative for the Respondent



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**