

Form F1—Application (No Specific Form Provided)

Fair Work Commission Rules 2013, subrule 8(3) and Schedule 1

This is an application to the Fair Work Commission.

The Applicant



These are the details of the person who is making the application.

Title	[] Mr [] Mrs [] Ms [✓] Other please specify:		
First name(s)	JULIANA		
Surname	PAYNE		
Postal address	154 PACIFIC HWY, LEVEL 3		
Suburb	ST LEONARDS		
State or territory	NSW	Postcode	2065
Phone number	1300 722 878	Fax number	
Email address	carlyonw@restaurantcater.asn.au		

If the Applicant is a company or organisation please also provide the following details

Legal name of business	Restaurant and Catering Industrial
Trading name of business	Restaurant and Catering Industrial Association of Australia Incorporated
ABN/ACN	73 080 269 905
Contact person	Ms Marianne Wells, In-House Counsel MR. CARLYON WARD

How would you prefer us to communicate with you?

Email (you will need to make sure you check your email account regularly)

Post

Does the Applicant have a representative?



A representative is a person or business who is representing the Applicant. This might be a lawyer, a union or a family member or friend who will speak on behalf of the Applicant. 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 business who is representing the Applicant.

Name of person			
Firm, union or company			
Postal address			
Suburb			
State or territory		Postcode	
Phone number		Fax number	
Email address			

The Respondent



These are the details of the person or business who will be responding to your application to the Commission.

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 respondent is a company or organisation please also provide the following details

Legal name of business	
Trading name of business	
ABN/ACN	
Contact person	

1. The Application

1.1 Please set out the provision(s) of the Fair Work Act 2009 (or any other relevant legislation) under which you are making this application.

Section 594

2. Order or relief sought

2.1 Please set out the order or relief sought.



Using numbered paragraphs, set out what you are asking the Commission to do.

Pursuant to s594 of the Fair Work Act 2009 (Cth):

(A) An order limiting access to the witness statements marked 'confidential' to:

- i. Employees of the Fair Work Commission who need to deal with the Statements in the ordinary course of their duties;
- ii. The parties to this matter, not including their members of their respective associations or unions; and

(B) Granting access to the witness statements marked 'confidential' by any other party being:

- i. Being limited to the provision of a redacted copy; or
- ii. Where a full copy is sought, the application be subject to a hearing before the Commission.

2.2 Please set out grounds for the order or relief sought.



Using numbered paragraphs, set out the grounds, including particulars, on which you are seeking the relief set out in question 2.1.

1. RCI submits that three witnesses seek confidentiality orders. Those statements are marked 'confidential'
2. RCI seeks that the name, business name and business address of the witness be redacted.
3. RCI does so on the grounds that the release of the information will identify the witness' business, which may then be subject to adverse media comment, and may also cause a detrimental relationship with their employees.
4. RCI also seeks interim orders made to redact the names, business names and business addresses of three witnesses prior to any hearing of the application for confidentiality orders.
5. Should an order not be made to redact and keep confidential the witness evidence, the evidence will be withdrawn by those witnesses, thus causing a reduction in the amount of evidence available to the Commission.

3. The employer

3.1 What is the industry of the employer?

Restaurant industry

4. Industrial instrument(s)

4.1 Please set out any modern award, agreement or other industrial instrument relevant to the application and their ID/Code number(s) if known.

Restaurant 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	
Name	JULIANA PAYNE
Date	20/8/18



Where this form is not being completed and signed by the Applicant, 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

