

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 Aged & Community Services Australia
Trading name of business Aged & Community Services Australia
ABN/ACN ACN 609 882 288
Contact person Anna-Maria Wade, Employee Relations Manager

The party's representative



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

Name of person Bruce Miles
Organisation Barrister, Frederick Jordan Chambers
Postal address Ground Floor, 53 Martin Place
Suburb Sydney
State or territory NSW **Postcode** 2000
Phone number 02 9229 7333 **Fax number**
Email address bruce.miles@fjc.net.au

The other party



These are the details of the other party in the 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 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?

AM2018/13

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 *Aged Care 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

Anna Maria Wade

Name Anna-Maria Wade

Date 19/03/2019

Capacity/Position Employee Relations Manager, Aged & Community Services Australia



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