

Form F48 – Application for directions on procedure

Fair Work Commission Rules 2013, Rule 7

This is an application to the Fair Work Commission for directions about procedure in relation to a matter in accordance with the [Fair Work Act 2009](#).

The Applicant



These are the details of the person who is making this application. The applicant for directions on procedure may be different from the applicant in the matter before the Commission.

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	Level 1, 112 Wellington Parade		
Suburb	East Melbourne		
State or territory	VIC	Postcode	3002
Phone number		Fax number	
Email address			

If the Applicant is a company or organisation

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

Legal name of Applicant	Australian Retailers Association
Applicant's trading name or registered business name	ARA

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Applicant's ACN (if a company)	
Applicant's ABN (if applicable)	ABN 99 064 713 718
Contact person	Mr Paul Zahra CEO, Australian Retailers Association T: 61 03 8660 3306 Email: Paul Zahra < policy@retail.org.au >

Does the Applicant need an interpreter?



If you have trouble accessing this information, please contact us. We can arrange to provide it in another format. You can find information about [help for non-English speakers](#) on our website.

Yes – Specify language

No

Does the Applicant require any special assistance at the hearing or conference (eg a hearing loop)?

Yes – Please specify the assistance required

No

Does the Applicant have a representative?



A representative is a person or organisation who is representing the Applicant. This might be a lawyer or paid agent, a union or employer organisation, or a family member or friend. 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 organisation who is representing the Applicant (if any).

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Name of person	Shea Wilding		
Firm, organisation or company	Corrs Chambers Westgarth		
Postal address	Level 25, 567 Collins Street		
Suburb	Melbourne		
State or territory	VIC	Postcode	3000
Phone number	9672 3537	Fax number	
Email address	shea.wilding@corrs.com.au		

Is the Applicant's representative a lawyer or paid agent?

Yes

No

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			

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If the other party is an organisation

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. Preliminary

1.1 Are you seeking directions for an existing matter?

Yes – Go to 1.2

No – Go to 1.3

1.2 What is the name and matter number for the matter?

1.3 What is the type of matter that you want to initiate?

Briefly, provide the details of the type of matter.

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This application for directions on procedure relates to the Form F46 also filed today by the Australian Retailers Association (**ARA**). The Form F46 is an application by the ARA for the Fair Work Commission (**Commission**) to make a determination varying the *General Retail Industry Award 2020*. Further details of the matter are set out in the Form F46.

2. Reasons for seeking directions

2.1 Why are you applying to the Commission for directions?

[X] The procedure is not prescribed by the FW Act, the Fair Work Commission Rules, the regulations or any other Act or regulations. Provide details below.

[] You are in doubt about the proper procedure to follow. Provide details below.

The procedure in relation to service is not prescribed by the *Fair Work Act 2009* (Cth) (**FW Act**), the Fair Work Commission Rules (**Rules**), the *Fair Work Regulations 2009* (Cth) (**FW Regulations**) or any other Act or regulations.

Further, rule 49 of the Rules provides that following the making of an application to vary a modern award under Division 5 of Part 2-3 of Chapter 2 the FW Act, the applicant (the ARA) must apply to the Commission under rule 7 for directions about the procedure to be followed in relation to service of the application.

As the FW Act, the FW Regulations, the Rules and other Acts and regulations are silent on the procedure to be followed in respect of evidence and submissions to be filed by the Applicant and other parties in response to this matter, the ARA also seeks the listing of the matter for a directions hearing so that directions can be made in respect of these matters.

3. Proposed directions.

Set out your proposed directions you are seeking, if any (optional).

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The ARA is seeking directions from the Commission regarding service of the F46 application, including in respect of the parties to be served.

The ARA also seeks that the matter be listed for a directions hearing as soon as possible to provide for timetabling in respect of evidence and submissions to be filed by the Applicant and other parties in response to the application.

The ARA proposes that the Commission make directions to the following effect:

1. *Service of the Form 46 Application filed by the Australian Retailers Association will be taken to have occurred by the Australian Retailers Association sending the Form 46 Application by email to the following parties by Friday 9 February 2024:*
 - a. *The Shop, Distributive and Allied Employees' Association;*
 - b. *Australian Industry Group;*
 - c. *Australian Chamber of Commerce and Industry;*
 - d. *The National Retailers Association; and*
 - e. *Master Grocers Association.*

2. *The matter be listed for a directions hearing before a member of the Commission on one of 19 or 23 February 2024.*

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	<i>Shea Wilding</i>
Name	Shea Wilding
Date	6.02.2024
Capacity/Position	Senior Associate, Corrs Chambers Westgarth (Representative for the Applicant)



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