Form F16—Application for approval of an enterprise agreement

Fair Work Act 2009, s.185; Fair Work Commission Rules 2013, rule 24 and Schedule 1

This is an application to the Fair Work Commission for approval of an enterprise agreement in accordance with Part 2-4 of the Fair Work Act 2009.

The Applicant

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

Name of Applicant: University of Technology, Sydney
Contact person: Frank Strbik
Postal address: PO Box 123
Suburb: Broadway
State or territory: NSW
Postcode: 2007
Phone number: 02 9514 4509
Fax number: 02 9514 1327
Email address: Frank.strbik@uts.edu.au

Who is the Applicant?

[X] The employer (or one of the employers) to be covered by the agreement
[ ] An employee organisation that acted as a bargaining representative (e.g. a union)
[ ] A bargaining representative appointed by the employer
[ ] A bargaining representative appointed by an employee

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

Legal name of business: University of Technology, Sydney
Trading name of business: University of Technology, Sydney
ABN/ACN: 77 257 686 961
Contact person: Frank Strbik

Does the Applicant have a representative?

A representative is a person or business who is representing the Applicant. This might be a lawyer, an employer association or a union. There is no requirement to have a representative.

[ ] Yes—Provide representative's details below
[ X ] 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

1. The Agreement

1.1 What kind of agreement is the enterprise agreement?
[X] A single enterprise agreement
[ ] A multi-enterprise agreement

1.2 What is the name of the agreement (write the name exactly as it appears in the title clause of the agreement)?

University of Technology, Sydney Academic Staff Agreement 2014

1.3 Are you aware of any other agreement(s) that has been filed or dealt with by the Commission that has identical or substantially identical terms?
[ ] Yes
[X] No

If yes—Provide information to identify that agreement(s). If you can, include: the name of the identical agreement, the name of the employer covered by the identical agreement, the agreement ID number, the date of the Commission's decision and the name of the Commission Member who dealt with such agreement.

1.4 Was that agreement(s) approved with undertakings?
[ ] Yes
[ ] No
[ ] I don't know
2. The Employer

2.1 What is the industry of the employer(s)?

Higher Education

2.2 Is the Applicant the employer (or one of the employers) to be covered by the agreement?

[X] Yes—Go to question 2.3

[ ] No—Provide the name of the employer(s) below.

Name of business

ABN/ACN

Contact person

Postal address

Suburb

State or territory Postcode

Phone number Fax number

Email address

2.3 Will more than one employer be covered by the agreement?

[ ] Yes—Provide the name(s) of the other employers to be covered by the agreement.

[X] No—Go to question 3

Name of organisation

ABN/ACN

Contact person

Postal address

Suburb

State or territory Postcode

Phone number Fax number

Email address

Attach additional pages if necessary

3. Employer Bargaining Representatives

3.1 Did the employer(s) appoint a bargaining representative?

[ ] Yes—Go to question 3.2

[X] No—Go to question 4
3.2 If you answered yes to question 3.1—Provide the name(s) of the employer bargaining representative(s).

Name of organisation
ABN/ACN
Contact person
Postal address
Suburb
State or territory
Postcode
Phone number
Fax number
Email address

Attach additional pages if necessary

4. Union Bargaining Representatives

4.1 Were there any employee organisations (unions) involved in the agreement making process as bargaining representatives?

[X] Yes—Go to question 4.2

[ ] No—Go to question 5

4.2 If you answered yes to question 4.1—Provide the name(s) of the other union(s).

Name of union
Contact person
Postal address
Suburb
State or territory
Postcode
Phone number
Fax number
Email address

Attach additional pages if necessary

5. Employee Bargaining Representatives

5.1 Were there any employee bargaining representatives involved in the agreement making process?

[ ] Yes—Go to question 5.2

[X] No
5.2 If you answered yes to question 5.1—How many instruments of appointment signed by an employee(s) appointing a bargaining representative were given to the employer?

5.3 If you answered yes to question 5.1—Provide the name(s) of the employee bargaining representatives.

Name
Position/ relationship
Postal address
Suburb
State or territory
Postcode
Phone number
Fax number
Email address

Attach additional pages if necessary

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
Frank Strbik
Date
22 September 2014
Capacity/Position
Senior Workplace Relations Specialist

⚠️ Where this application 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