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
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 Professional Staff 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?
[ ] 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 Community and Public Sector Union
Contact person Andrew Holland
Postal address Level 8, 160 Clarence Street
Suburb Sydney
State or territory NSW Postcode 2001
Phone number (02) 9220-0924 Fax number 02 9262 1623
Email address aholland@psa.asn.au

Name of union National Tertiary Education Union
Contact person Marea Wilson, NSW Branch
Postal address 1st floor, 120 Claredon Street
Suburb Southbank
State or territory and postcode | VIC 3006
---|---
Phone and fax number | Ph: 02 8066 6600  
                         | Fax: 02 8066 6677
Email address | mwilson@nteu.org.au

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   20 August 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