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The date of publication of this Gazette is 1 July 2009

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Australian Government
Attorney-General's Department
Office of Legislative Drafting and Publishing

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OLDP is a specialist professional drafter and the pre-eminent drafter of Commonwealth subordinate legislation.

OLDP strives to maintain and enhance its reputation as a centre of drafting excellence. OLDP produces legislative and administrative instruments of the highest standard through the innovative use of plain English, current technology and rigorous quality assurance procedures.

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OLDP's responsibilities

- drafting
- advising about drafting and interpreting instruments created under a statutory power
- maintaining the Federal Register of Legislative Instruments, registering legislative instruments and lodging registered instruments for tabling in Parliament
- preparing compilations of Acts and select legislative instruments

- providing ready public access to the law through ComLaw (www.comlaw.gov.au) and the Federal Register of Legislative instruments (www.frli.gov.au)
- ensuring that printed copies of Acts, select legislative instruments and related legislative material are available in 'as made' and compiled form

Other assistance

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- the requirements and procedures for lodgment, registration, disallowance and sunseting of legislative instruments
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Other OLDP services

OLDP can provide a range of other services on a billable basis, including:

- arranging gazettal and tabling of other OLDP drafted non-legislative instruments.
- preparing compilations of legislative and non-legislative instruments

How to contact us

First Assistant Secretary
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QUALITY OF YOUR PUBLICATION

To maximise the quality of notices, all copy must be typewritten or typeset using a laser printer. Handwritten material will generally not be accepted. Other material may be accepted, however, the Attorney-General's Department will take no responsibility for the quality of production of these notices.

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Copy for inclusion in this Gazette will be accepted by the Gazette Office until 10.00 am on Friday in the week before publication, unless an earlier closing time has been advised.

INQUIRIES

All inquiries should be directed to (02) 6141 4333.

General Information

GAZETTE INQUIRIES

Lodgment Inquiries: (02) 6141 4333

Subscriptions (Fax): (02) 6293 8388

Subscriptions (Tel): 1300 656 863

The **GOVERNMENT NOTICES GAZETTE** is published each Wednesday and contains a range of legislation and information about legislation as well as special information and government departments' notices. The Gazette is sold at \$6.40 each or on subscription for \$314.00 (50 issues). Prices are GST inclusive.

NOTICES FOR PUBLICATION and related correspondence can be lodged:

By hand: Gazette Office, 63 Denison Street, Deakin ACT 2600

By post: Gazette Office, Attorney General's Department, 3-5 National Circuit, Barton ACT 2600.

By fax: (02) 6282 5140

By e-mail: gazettes@ag.gov.au.

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All notices lodged for publication must be accompanied by a covering note clearly setting out requirements. For the purposes of publication, electronic copy is preferred. However, publication of hard copy notices can be arranged. Further information is provided below.

Publication of hard copy notices

Where a notice for publication includes a signature or other handwritten material that must appear in the published notice, a hard copy of the notice will be accepted for publication. The notice must be either an original or a good copy. Print should be confined to one side of the paper and sheets must be A4 size and numbered consecutively. Dates, proper names and signatures are to be shown clearly. An electronic copy of the notice should also be e-mailed to the Gazette Office.

Publication of electronic notices

Where a notice for publication is provided in electronic form it should be provided in Word, RTF (Rich Text Format) or searchable PDF format.

For further information contact the Gazette Office on (02) 6141 4333. Information is also available from the following Internet site: <http://www.ag.gov.au/GNGazette/>.

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All notices for publication must be lodged by the following times (except at holiday periods for which special advice of earlier closing times will be given).

All *Government Notices Gazette* copy: Friday at 10.00 am in the week prior to publication.

Special Gazette Notices: by 9.30 am on the day of publication.

Periodic Gazettes: as agreed but generally 7 working days prior to date of publication.

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Special Gazette notices:

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- outside normal business hours: \$396 per page for the first two pages and \$264 for each subsequent page.

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AVAILABILITY

The *Gazette* may be purchased by mail order (Tel. 1300 889 873, Fax (02) 6293 8388) from CanPrint Communications, 16 Nyrang Street, Fyshwick ACT 2609. Over the counter sales are available from CanPrint Communications at the address above.

Over the counter sales are also available from the following outlets:

Adelaide: Service SA Government Legislation Outlet
108 North Terrace
Adelaide SA 5000

Phone: 13 2324 Fax: (08) 8204 1909

Brisbane: Mail Order ONLY

CanPrint Communications

PO Box 7456

Canberra MC ACT 2610

Phone: 1300 889 873 Fax: (02) 6293 8388

Canberra: CanPrint Communications

16 Nyrang Street

Fyshwick ACT 2609

Phone: (02) 6295 4422 Fax: (02) 6293 8388

Hobart: Printing Authority of Tasmania

123 Collins Street

Hobart TAS 7000

Phone: 1800 030 940 Fax: (03) 6216 4294

Melbourne: Information Victoria

505 Little Collins Street

Melbourne VIC 3000

Phone: 1300 366 356 Fax: (03) 9603 9940

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Phone: 1300 889 873 Fax: (02) 6293 8388

GAZETTES

When a *Special Gazette* is issued outside normal business hours, a copy of the Gazette will be posted on a noticeboard at the front entrance of the Attorney-General's Department, 3-5 National Circuit, Barton ACT 2600. Copies will be available on the next business day from CanPrint Communications, 16 Nyrang Street, Fyshwick ACT 2609.

ALL REMITTANCES should be made available to: Collector of Public Moneys, Attorney-General's Department.

ISSUES OF PERIODIC GAZETTES

The following Periodic issues of the *Gazette* have been published.

The *Gazette* may be purchased by mail order from CanPrint Communications, 16 Nyrang Street, Fyshwick ACT 2609.
Over the counter sales are available from CanPrint Communications.

Gazette number	Date of Publication	Subject
<hr/>		
P 1	27 March 2009	<i>Great Barrier Reef Marine Park Act 1975</i> Particulars of Permissions Granted, Refused, Suspended, Reinstated, Revoked or Reconsidered for the Period 1.06.08 to 31.02.09 and not Previously Gazetted
		<i>Great Barrier Reef Marine Park Act 1975</i> Particulars of Permissions Granted, Refused, Suspended, Reinstated, Revoked or Reconsidered for the Period 1.12.07 to 31.12.07 and not Previously Gazetted
		<i>Great Barrier Reef Marine Park Act 1975</i> Particulars of Permissions Granted, Refused, Suspended, Reinstated, Revoked or Reconsidered for the Period 1.5.08 to 31.5.08 and not Previously Gazetted
		<i>Great Barrier Reef Marine Park Act 1975</i> Particulars of Permissions Granted, Refused, Suspended, Reinstated, Revoked or Reconsidered for the Period 1.3.09 to 31.3.09 and not Previously Gazetted

Department of the Senate

Notification of disallowance

IT IS HEREBY NOTIFIED for general information that the Senate on 25 June 2009 passed a resolution disallowing the Directions in relation to coercive powers, made under section 11 of the *Building and Construction Industry Improvement Act 2005* [F2009L02483].

HARRY EVANS
Clerk of the Senate

Government Departments

Attorney-General



ATTORNEY-GENERAL
THE HON ROBERT McCLELLAND MP

**Toilet Paper exported from the People's Republic of China Republic and
the Republic of Indonesia**

Customs Act 1901

Notice under paragraph 269ZZL(2)(b)

I, Robert McClelland, Attorney-General, have received a report from the Trade Measures Review Officer (the Review Officer) recommending that I direct the Chief Executive Officer (CEO) of the Australian Customs and Border Protection Service to reinvestigate all of the findings contained in *Trade Measures Report No 138 – Toilet Paper exported from the People's Republic of China and the Republic of Indonesia*.

The Review Officer found that normal values were incorrectly calculated in relation to a number of exporters; that even if there was dumping that it may not be causing material injury to the Australian industry producing like goods; and also that it was likely that the quantity of goods being dumped was negligible. The Review Officer further considered that not all the types of toilet paper encompassed by the investigation were like goods to the toilet paper imported into Australia.

I have accepted the recommendation of the Review Officer that all of the findings in Trade Measures Report No 138 be reinvestigated and have, in accordance with subsection 269ZZL(2) of the *Customs Act 1901*, directed the CEO to reinvestigate those findings and give me a report about the reinvestigation by 31 December 2009.

Interested persons may obtain a copy of the Review Officer's report by telephoning 02 61413369 during business hours in Canberra; by writing to the Trade Measures Review Officer, Attorney-General's Department, 3-5 National Circuit BARTON ACT 2600; by sending a fax to 02 61413486 or by emailing a request for a copy of the report to mark.zanker@ag.gov.au. The report will also be made available for download from the Attorney-General's Department website www.ag.gov.au.

A handwritten signature in blue ink, appearing to read 'R. McClelland'.

Robert McClelland

COMMONWEALTH OF AUSTRALIA
CUSTOMS ACT 1901

NOTICE OF RATES OF EXCHANGE - section 161J *CUSTOMS ACT 1901*

I, Mark Collidge, delegate of the Chief Executive Officer of Customs, hereby specify, pursuant to section 161J of the *Customs Act 1901*, that the amounts set out in Columns 3 to 9 hereunder are the ruling rates of exchange, on the dates specified, for the purposes of ascertaining the value of imported goods under the provisions of Division 2 of Part VIII of the *Customs Act 1901*.

SCHEDULE		(Foreign Currency = AUS \$1)						
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
		10/06/2009	11/06/2009	12/06/2009	13/06/2009	14/06/2009	15/06/2009	16/06/2009
	Currency							
Brazil	Real	1.5482	1.5621	1.572	1.593	1.593	1.593	1.5527
Canada	Dollar	0.8812	0.8869	0.893	0.902	0.902	0.902	0.9043
China, PR of	Yuan	5.3947	5.4932	5.5136	5.5792	5.5792	5.5792	5.5104
Denmark	Kroner	4.2284	4.2529	4.2892	4.3152	4.3152	4.3152	4.3026
European Union	Euro	0.568	0.5712	0.576	0.5794	0.5794	0.5794	0.5779
Fiji	Dollar	1.6488	1.6634	1.6744	1.6665	1.6665	1.6665	1.6455
Hong Kong	Dollar	6.1213	6.235	6.2583	6.3318	6.3318	6.3318	6.2511
India	Rupee	37.5463	38.0468	38.1752	38.7497	38.7497	38.7497	38.3619
Indonesia	Rupiah	7929	8067	8104	8240	8240	8240	8148
Israel	Shekel	3.1359	3.1546	3.169	3.1999	3.1999	3.1999	3.1901
Japan	Yen	77.56	78.38	79.14	79.85	79.85	79.85	79.35
Korea, Republic of	Won	990.03	1008.49	1010.42	1021.08	1021.08	1021.08	1013.63
Malaysia	Ringgit	2.7804	2.8287	2.8264	2.8636	2.8636	2.8636	2.8361
New Zealand	Dollar	1.2719	1.2765	1.2695	1.2676	1.2676	1.2676	1.2634
Norway	Kroner	5.0826	5.0791	5.1316	5.1456	5.1456	5.1456	5.1447
Pakistan	Rupee	63.61	64.83	64.86	65.9	65.9	65.9	65.36
Papua New Guinea	Kina	2.1576	2.1918	2.2	2.2259	2.2259	2.2259	2.1919
Philippines	Peso	37.57	38.17	38.38	38.8	38.8	38.8	38.66
Singapore	Dollar	1.1516	1.1672	1.172	1.1837	1.1837	1.1837	1.174
Solomon Islands	Dollar	6.3685	6.4871	6.5113	6.5879	6.5879	6.5879	6.5048
South Africa	Rand	6.4334	6.4836	6.5044	6.4993	6.4993	6.4993	6.4696
Sri Lanka	Rupee	90.67	92.36	92.7	93.79	93.79	93.79	92.65
Sweden	Krona	6.1887	6.1541	6.2076	6.2063	6.2063	6.2063	6.2344
Switzerland	Franc	0.8617	0.8665	0.8707	0.8749	0.8749	0.8749	0.8725
Taiwan Province	Dollar	25.95	26.29	26.41	26.69	26.69	26.69	26.46
Thailand	Baht	27.03	27.4	27.48	27.8	27.8	27.8	27.51
United Kingdom	Pound	0.492	0.4924	0.4927	0.4931	0.4931	0.4931	0.4921
USA	Dollar	0.7897	0.8044	0.8074	0.8169	0.8169	0.8169	0.8066

Mark Collidge
Delegate of the Chief Executive Officer of Customs
Canberra ACT
19/06/2009

COMMONWEALTH OF AUSTRALIA
CUSTOMS ACT 1901NOTICE OF RATES OF EXCHANGE - section 161J *CUSTOMS ACT 1901*

I, Mark Collidge, delegate of the Chief Executive Officer of Customs, hereby specify, pursuant to section 161J of the *Customs Act 1901*, that the amounts set out in Columns 3 to 9 hereunder are the ruling rates of exchange, on the dates specified, for the purposes of ascertaining the value of imported goods under the provisions of Division 2 of Part VIII of the *Customs Act 1901*.

SCHEDULE		(Foreign Currency = AUS \$1)						
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	Currency	17/06/2009	18/06/2009	19/06/2009	20/06/2009	21/06/2009	22/06/2009	23/06/2009
Brazil	Real	1.5448	1.5633	1.5628	1.5816	1.5816	1.5816	1.5814
Canada	Dollar	0.8967	0.8979	0.8992	0.9064	0.9064	0.9064	0.9097
China, PR of	Yuan	5.4118	5.4137	5.4225	5.4712	5.4712	5.4712	5.4716
Denmark	Kroner	4.2741	4.2598	4.2383	4.2805	4.2805	4.2805	4.2854
European Union	Euro	0.5737	0.5721	0.5693	0.5753	0.5753	0.5753	0.5754
Fiji	Dollar	1.6494	1.6477	1.6458	1.6681	1.6681	1.6681	1.6555
Hong Kong	Dollar	6.1398	6.1432	6.1526	6.2076	6.2076	6.2076	6.2087
India	Rupee	37.7523	37.8403	38.1027	38.5027	38.5027	38.5027	38.5369
Indonesia	Rupiah	8046	8091	8130	8349	8349	8349	8276
Israel	Shekel	3.1279	3.1195	3.1415	3.1641	3.1641	3.1641	3.1582
Japan	Yen	76.8	76.47	75.99	77.33	77.33	77.33	76.87
Korea, Republic of	Won	997.43	996.42	1001.04	1012.12	1012.12	1012.12	1016.34
Malaysia	Ringgit	2.7977	2.7961	2.8023	2.8311	2.8311	2.8311	2.834
New Zealand	Dollar	1.2571	1.2577	1.2548	1.2521	1.2521	1.2521	1.25
Norway	Kroner	5.1292	5.0822	5.055	5.1169	5.1169	5.1169	5.1373
Pakistan	Rupee	63.73	64.1	64.19	64.65	64.65	64.65	64.91
Papua New Guinea	Kina	2.1498	2.1482	2.1486	2.1649	2.1649	2.1649	2.1593
Philippines	Peso	38.22	38.24	38.36	38.74	38.74	38.74	38.67
Singapore	Dollar	1.1566	1.1564	1.1541	1.1657	1.1657	1.1657	1.1668
Solomon Islands	Dollar	6.3887	6.3927	6.4024	6.4597	6.4597	6.4597	6.4605
South Africa	Rand	6.409	6.387	6.388	6.5164	6.5164	6.5164	6.4853
Sri Lanka	Rupee	90.98	91.03	91.16	91.99	91.99	91.99	92.02
Sweden	Krona	6.2237	6.205	6.2308	6.3214	6.3214	6.3214	6.3502
Switzerland	Franc	0.8639	0.8618	0.8578	0.8688	0.8688	0.8688	0.8667
Taiwan Province	Dollar	26.06	26.03	26.09	26.3	26.3	26.3	26.31
Thailand	Baht	27.03	27.03	27.06	27.31	27.31	27.31	27.31
United Kingdom	Pound	0.486	0.4831	0.4846	0.4899	0.4899	0.4899	0.486
USA	Dollar	0.7922	0.7927	0.7939	0.801	0.801	0.801	0.8011

Mark Collidge
 Delegate of the Chief Executive Officer of Customs
 Canberra ACT
 23/06/2009

Broadband, Communications and the Digital Economy

AUSTRALIAN COMMUNICATIONS AND MEDIA AUTHORITY

Telecommunications Act 1997

Subsection 56(1)

CARRIER LICENCE

I, Robert Johnston, delegate of the Australian Communications and Media Authority, acting under subsection 56(1) of the Telecommunications Act 1997, grant a carrier licence to GoldNet Pty Ltd, ACN 127 052 493.

Dated the

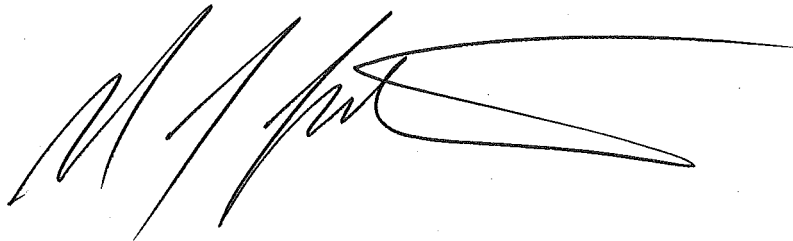
19th

day of

JUNE

2009

Signed

A handwritten signature in black ink, appearing to be 'R Johnston', written over a horizontal line.

Delegate of the Australian Communications and Media Authority

NOTES - CONDITIONS OF CARRIER LICENCES

Under the *Telecommunications Act 1997* ('the Act') carrier licences are subject to conditions as follows:

- (a) Section 61 of the Act provides that a carrier licence is subject to conditions specified in Schedule 1 to the Act.
- (b) Section 62 of the Act provides that a carrier licence is subject to the condition set out in section 152AZ of the *Trade Practices Act 1974*.
- (c) Section 63 of the Act provides that a carrier licence may be subject to any conditions declared by the Minister administering the Act including:
 - (i) conditions, in addition to those referred to under sections 61 and 62 of the Act, applying to all carrier licences; and
 - (ii) conditions applying to specified carrier licences (the licences can be specified by name, by class or in any other way).

Education, Employment and Workplace Relations

COMMONWEALTH OF AUSTRALIA

Workplace Relations Act 1996

Notice under paragraph 363(4)(b) – Workplace Authority Director must remove prohibited content from agreement

I, Penny Weir, Acting Workplace Authority Director, acting under paragraph 363(4)(b) of the *Workplace Relations Act 1996*, give notice that the following variation to remove prohibited content has been made to the *Inghams Enterprises Pty Ltd – South Australia Collective Workplace Agreement 2006*, a union collective agreement (the Agreement).

The variation is as follows:

Clause 7.5 Public Holidays:

- (1) The days on which New Year's Day, Australia Day, Good Friday, the day after Good Friday, Easter Monday, Anzac Day, Adelaide Cup Day, Queen's Birthday, Labour Day, Christmas Day and Proclamation Day are observed, and any other day which by Act of Parliament or proclamation may be created a public holiday or maybe substituted for any of such holidays, shall be public holidays.
- (2) Employees on a weekly contract of hiring who are not required to work on any of the public holidays mentioned in subclause (1) of this clause shall not lose wages due to the occurrence of any such public holiday.
- (3) Employees who are required to work shall be paid at the rate of double time and one half for all time worked.
- (4) The Company and employees recognise that the chicken processing industry's customers are becoming more demanding and as a result it may be necessary for employees to work on public holidays subject to the following:
 - (a) where a public holiday falls on a day which could result in the plant being closed for a period of four days including Saturday and Sunday i.e. Easter and Christmas, the employees may be required to work on one of those public holidays in each four day period. The Public Holidays that may be worked are: Easter Monday, Proclamation Day or Christmas Day Holiday where the day specified is other than 25th December.
 - (b) where it has been established that employees are required to work in accordance with subclause (4) (a) the company will call for volunteers in the first instance. Only if there are insufficient volunteers with the appropriate skills will the Company require employees with the skills to work. Employees will be given at least 28 days notice of any requirement to work.
- (5) An employee required to work in accordance with this clause and who does not work as rostered shall establish to the satisfaction of the company they had a reasonable excuse for the absence. In the case of illness or injury a medical certificate will be required.
- ~~(4) Where an employee is absent from employment on the working day before or the working day after a public holiday without reasonable excuse or without consent of the Company, the employee shall not be entitled to payment for such holiday.~~

- (5) Any employee who is absent from work on any of the days listed in sub-clause (4) without the consent of the Company, shall not be entitled to payment for such day or days on which they are absent.

A handwritten signature in black ink, appearing to read 'Penny Weir', with a stylized, cursive script.

Penny Weir
Acting Workplace Authority Director

25 June 2009

COMMONWEALTH OF AUSTRALIA

*Workplace Relations Act 1996 as preserved by the
Fair Work (Transitional Provisions and Consequential Amendments) Act 2009*

Notice under paragraphs 337(4)(d), 344(3), 346P(3) and 346X(3): Lodging of workplace agreements and variations to pass the no-disadvantage test with the Workplace Authority Director

I, PENNY WEIR, Acting Workplace Authority Director, acting in accordance with paragraphs 337(4)(d), 344(3), 346P(3) and 346X(3) of the *Workplace Relations Act 1996* as preserved by the *Fair Work (Transitional Provisions & Consequential Amendments) Act 2009* (the preserved Act), hereby GIVE NOTICE, as set out hereunder, of the requirements for the form of the:

- 1. The information statement to be used in relation to an Individual transitional employment agreement for the purposes of paragraph 337(4)(d) of the preserved Act;**

Declarations to be used when lodging an:

- 2. Individual transitional employment agreement for the purposes of paragraph 344(2)(b) of the preserved Act; and**
 - 3. Variation for the purposes of paragraph 346P(2)(b) or a variation or undertaking for the purposes of paragraph 346X(2)(b) of the preserved Act, in response to a decision that a workplace agreement does not pass the no-disadvantage test.**
- (1) When giving employees the information statement under paragraph 337(4)(d) use INFORMATION STATEMENT FOR EMPLOYEES – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT as set out immediately below:**

Information Statement for Employees

Individual transitional employment agreement

This information statement gives you important information you need to know about your individual transitional employment agreement (ITEA).

You should read it carefully. If you have any questions about any of this information, you should call the Fair Work Infoline on **13 13 94** or visit www.workplaceauthority.gov.au

What is an ITEA?

An ITEA is a special transitional instrument which is available for limited use during transition to a new workplace relations system. It is an individual written agreement between you and your employer setting out the terms and conditions of your employment. These include things like how much you are paid, your hours of work, and other things relating to your job. It will be assessed against the no-disadvantage test to ensure that your ITEA does not disadvantage you against an applicable collective instrument, or an applicable award.

What does an ITEA do?

- It replaces any award, workplace agreement or other industrial instrument that would have otherwise applied to you.
- It overrides employment conditions created by state or territory laws, if your ITEA deals with those conditions, except
- it does not override state or territory laws covering occupational health and safety, workers' compensation or certain laws dealing with training arrangements, child labour, equal employment opportunity and discrimination.

Who can make an ITEA?

Both the employer and the employee must be eligible to make an ITEA. In order to be eligible:

Your employer must, as at 1 December 2007, have employed at least one person whose employment was covered by:

- an Australian workplace agreement (AWA),
- a pre-reform AWA,
- a preserved individual state agreement,
- or a Victorian employment agreement.

(Note: Your employer must also be in one of the categories of employers who can make a valid workplace agreement under the *Workplace Relations Act 1996*. For more information on this go to www.workplaceauthority.gov.au)

AND:

You are either:

- an employee who started your current period of employment with your employer no more than 14 days before the ITEA was signed (called a **new employee**). You can be considered a new employee regardless of whether you have been previously employed by the employer.

(Note: You cannot make an ITEA where you are an existing employee and your employer terminates your employment in order to re-employ you on an ITEA.)

- a current employee employed under an ITEA, an AWA, a pre-reform AWA, a preserved individual state agreement or a Victorian employment agreement. This includes casual employees. It also generally includes employees employed by a new employer following the transmission of a business (called an **existing employee**).

What steps are involved in making an ITEA?

Step 1

You should discuss the content of your ITEA with your employer. You can also discuss your ITEA with anyone you want to. You can also ask someone to help you talk to your employer about making, varying or terminating your ITEA. This person is called a bargaining agent. You have to appoint your bargaining agent in writing and give a copy of the letter to your employer. Your employer can appoint a bargaining agent too. Once a bargaining agent has been appointed in writing and the other party has been provided with a written copy of that appointment, an employer or an employee can not refuse to recognise that bargaining agent.

A bargaining agent can be a friend, relative, union representative, solicitor or any other person whose advice you trust.

Bankrupts, people under the age of 18 and some others can not be appointed as bargaining agents.

If you have any questions, you can call the Fair Work Infoline on **13 13 94**, or visit www.workplaceauthority.gov.au



Australian Government

Workplace Authority



Step 2

Before you sign your ITEA your employer must:

- Give you a copy of this information statement and a copy of your ITEA
- Give you at least seven days to read and think about this information statement and your ITEA before your ITEA is approved
- If your ITEA includes the terms from another workplace agreement or an award, then the employer should give you access to that document in writing for at least seven days.

After you have been given all of the above documents, you can tell your employer that you want to waive the full seven days, if you feel that you do not need to consider the documents any further. You must do this in writing and the waiver must be signed and dated by you.

Step 3

Your ITEA is approved when both you and your employer sign and date the ITEA, and your signatures are witnessed. If you are under the age of 18, an appropriate adult, such as your parent or guardian, must also sign and date your ITEA and have their signature witnessed.

Step 4

Your employer must lodge a declaration and a copy of your signed ITEA with the Workplace Authority within 14 days of it being signed (as outlined in Step 3 above). Your ITEA must be correctly signed, dated and witnessed so that it can be validly lodged. Your employer must give you a copy of the lodged ITEA as soon as they can after it is lodged. The Workplace Authority will send you a receipt stating the date of lodgement.

Step 5

The Workplace Authority will then assess your ITEA for the no-disadvantage test (see below) and you will be advised of the outcome.

Do I have to sign an ITEA?

If you are an existing employee you cannot be forced to sign an ITEA in order to keep your current job. This includes where there has been a transmission of your employer's business to a new employer.

What is the no-disadvantage test?

The no-disadvantage test ensures that your ITEA does not, on balance, reduce your overall terms and conditions of employment. This generally involves a comparison between the terms of the ITEA and the terms of the relevant collective instrument or award.

The Workplace Authority will assess each lodged ITEA against the no-disadvantage test. If you and your employer varied your ITEA's terms by making an ITEA variation agreement before 1 July 2009, the Workplace Authority will assess your variation agreement against the no-disadvantage test.

Your employer will be asked to provide information when they lodge the ITEA to assist the Workplace Authority to perform the no-disadvantage test. You can ask your employer to provide you with a copy of this information or you can contact the Workplace Infoline to get a copy of the information lodged with your agreement. You may also be contacted by the Workplace Authority for extra information to help with completing the test.

Once completed, the Workplace Authority will write to you and your employer to let you know whether or not your ITEA has passed the no-disadvantage test.

When does an ITEA start operating?

An ITEA will only operate if it was signed and dated by both the employee and the employer and those signatures were witnessed. If the employee is under the age of 18, an appropriate adult must also sign and date the ITEA and have their signature witnessed.

Also, an ITEA will only operate if both the employer and the employee are eligible to make an ITEA.

The actual date on which an ITEA starts operating depends on whether you are a new employee or an existing employee.

If you are a **new employee**, your ITEA starts to operate when your employer lodges a signed copy of it along with a declaration form with the Workplace Authority. You will be sent a letter from the Workplace Authority telling you when this has happened.

If you are an **existing employee**, your ITEA will not start operating unless the Workplace Authority sends you a letter advising you that the ITEA has passed the no-disadvantage test. Your ITEA starts to operate on the seventh day after the date of this letter. Until your ITEA starts to operate your employment will be covered by the industrial instruments that currently apply to your employment.



Information Statement for Employees – Individual transitional employment agreement

The old rules under the *Workplace Relations Act 1996* stopped operating on 1 July 2009. Your ITEA becomes what is called a "transitional instrument" under the new *Fair Work Act 2009* on that day. There are new rules for varying or terminating your ITEA. If you would like to know more about these rules contact us on Fair Work Infoline 13 13 94.

What if my ITEA does not pass the no-disadvantage test?

If your ITEA does not pass the no-disadvantage test the notice provided to you by the Workplace Authority will contain further information regarding the process to be followed if you and your employer agree to vary your ITEA so that it passes the no-disadvantage test. This will require you and your employer to lodge an ITEA variation agreement with the Workplace Authority. The Workplace Authority will assess your ITEA as varied by the variation agreement against the no-disadvantage test and will advise you in writing of the outcome.

You and your employer will have 37 days from the date of the notice telling you that your ITEA does not pass the no-disadvantage test to lodge a variation agreement to pass the no-disadvantage test.

If you are a **new employee** and the agreement as varied passes the no-disadvantage test, your ITEA will continue to operate as varied. If your ITEA as varied does not pass the no-disadvantage test the ITEA will stop operating and you may be entitled to compensation. You will be advised if this occurs.

If you are an **existing employee** and your ITEA does not pass the no-disadvantage test, your ITEA will not start to operate. If you and your employer vary your ITEA so that the varied agreement passes the no-disadvantage test, then your varied ITEA will start operating on the seventh day after the date of issue of a letter from the Workplace Authority advising you that the varied agreement has passed the no-disadvantage test.

Your employer cannot dismiss you, or threaten to dismiss you, because your ITEA does not pass the no-disadvantage test.

When does an ITEA stop operating?

Your ITEA stops operating if it is:

- terminated, or
- replaced by another ITEA, or
- if you are a new employee and your ITEA does not pass the no-disadvantage test and it isn't varied in the required time period so that it passes the test. You will be advised if this occurs.

All ITEAs have what is called a nominal expiry date. The nominal expiry date of your ITEA will be 31 December 2009, or an earlier date set out in your ITEA.

If your ITEA passes its nominal expiry date, and a new ITEA is not made, your existing employment conditions under your ITEA continue to apply. However, the fact that the nominal expiry date is passed allows you to terminate your ITEA yourself.

From 1 July 2009 your ITEA will operate as a "transitional instrument" under the new *Fair Work Act 2009*. There are new rules for terminating your ITEA. If you would like to know more about these rules contact the Fair Work Infoline on 13 13 94.

Other important information

What is the Australian Fair Pay and Conditions Standard?

Your employer must comply with the minimum terms and conditions in the Australian Fair Pay and Conditions Standard (the Standard) at all times, including when your ITEA is in operation. The five key employment conditions in the Standard are:

1. Guaranteed basic rates of pay and guaranteed casual loadings

A Federal Minimum Wage or guaranteed basic rate of pay under an applicable Australian Pay and Classification Scale. For casual employees on workplace agreements, a casual loading of 20% is guaranteed.

2. Hours of work

Maximum ordinary hours of work limited to 38 hours per week (which can be averaged over a period of up to twelve months) and reasonable additional hours.

3. Annual leave

Four weeks paid annual leave per year (five weeks for some continuous shiftwork employees), except for casual workers. Up to two weeks of this leave can be cashed out at the employee's written election where their workplace agreement allows it.*

4. Personal leave

Ten days paid personal/carer's leave per year and two days paid compassionate leave for each relevant occasion, except for casual workers.* Where this paid personal leave has been used up, two days unpaid carer's leave for each carer's leave occasion. This unpaid leave is available to casuals.

5. Unpaid parental leave

For all employees other than certain casual employees, up to 52 weeks unpaid parental leave.

* The conditions set out above are based on a full-time employee working up to 38 hours per week and apply on a pro-rata basis according to the hours worked by the employee.

Any clause in your ITEA that seeks to exclude an entitlement provided for by the Standard will be of no effect and cannot be enforced.

If you have any concerns that you are not being provided with the minimum conditions provided for by the Standard, please contact the Fair Work Infoline on 13 13 94.

Is there anything that should not be included in my agreement?

Yes. **Prohibited content** cannot be included in an ITEA. Any prohibited content in an ITEA has no effect and cannot be enforced. Employers can be fined if they recklessly lodge an ITEA that contains prohibited content.

For more detailed information about what terms contain prohibited content please visit www.workplaceauthority.gov.au

Why are ITEAs for some Victorian employees different?

If you work in Victoria and your employer is not a 'constitutional corporation' (for example, they are not a company) your ITEA must contain guarantees of minimum wage rates and casual loadings. If it doesn't, the ITEA will have no effect.

Are my personal details kept private?

The Workplace Authority treats the privacy of individuals' personal information very seriously. The Workplace Authority asks your employer to provide certain information about you, such as your name and address. This information is used to send you a receipt acknowledging your employer's lodgement and to send you letters about your ITEA. It may also be used to get your feedback on the services provided by the Workplace Authority.

Where required by law personal information may also be used to provide information to the Minister, government agencies or departments.

Information Statement for Employees – **Individual transitional employment agreement**

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Community language information

English

This information was issued by the Workplace Authority and is about workplace agreements. If you cannot speak English and need to understand this information, please call the Fair Work InfoLine 13 13 94 through the Translating and Interpreting Service on 13 14 50.

Arabic

هذه المعلومات مستندة عن سلطة مكان العمل (Workplace Authority)، وهي حول الاتفاق في مكان العمل. إذا كنت لا تفهم اللغة الإنجليزية ويحتاج إلى فهم هذه المعلومات، يرجى الاتصال على خط المعلومات «فير ورك» (Fair Work) 13 13 94 عن طريق خدمة الترجمة الفورية والتفاهة على الرقم 13 14 50.

Chinese

这是由劳资管理局 (Workplace Authority) 发布的、关于劳资协议的信息。如果您不会讲英语而又需要了解此信息，请拨打 13 14 50 通过翻译与口译服务致电公平工作信息专线 (Fair Work InfoLine) 13 13 94。

Croatian

Ove je informacije izdala Uprava za radna mjesta (Workplace Authority), a u vezi sporazuma na radnom mjestu. Ako trebate razumjeti ove informacije, a ne govorite engleski, možemo nazvati Informativnu službu za pravodobnost na poslu (Fair Work InfoLine) na 13 13 94 preko Službe prevoditelja i tumača na 13 14 50.

Farsi

این معلومات توسط اداره تنظیم کتده شرایط محل کار (Authority Place Work) ارائه شده و اثر داریه موافقت نامه هائی مربوط به محل کار می باشد. اگر شما به زبان انگلیسی حرف زده نمی تونید و می خواهید این معلومات را بدانید به تلیفون 13 13 94 به فارسی متوالی ساختن شرایط کار (Fair Work) از طریق خدمات ترجمه ای که توسط تلیفون به شمار 13 14 50 میسر است تماس بگیرید.

Filipino

Ang Impormasyong ito ay inilathala/pinatapos ng "Workplace Authority" (Nanangalaha sa Lugar-ng-Pinaglalababuhuan) at tungkol ito sa mga kasunduan sa lugar- ng-pinaglalababuhuan. Kung hindi kayo nakapagsasa'ta ng Ingles at ka'angang maintindihan ang impormasyong ito, mangyaring tawagan ang pang-impormasyong imya ng Parehas sa Trabaho (Fair Work InfoLine) sa 13 13 94 sa pamamagitan ng Serbisyo ng Tagasalinwika (Translating and Interpreting Service) sa 13 14 50.

Greek

Αυτές οι πληροφορίες εστάλησαν από την Αρχή Εργασιακών Χώρων (Workplace Authority) και αφορούν τις συμβάσεις εργασιακών χώρων. Αν δεν μπορείτε να μιλήσετε Αγγλικά και χρειάζεστε να καταλάβετε αυτές τις πληροφορίες, τηλεφωνήστε στη Γραμμή Πληροφοριών Δίκαιης Εργασίας (Fair Work InfoLine) 13 13 94 μέσω της Υπηρεσίας Μεταφραστικών και Αερμηνευτικών στο 13 14 50.

Indonesian

Informasi tentang kesepakatan tempat kerja ini dikeluarkan oleh Workplace Authority (Otoritas Tempat Kerja). Jika Anda tidak berbahasa Inggris dan perlu untuk memahami informasi ini, silakan menelepon Fair Work InfoLine (telepon informasi Kerja yang Adil) di 13 13 94 lewat Translating and Interpreting Service (ayanan terjemahan dan bantuan juru bahasa) di on 13 14 50.

Italian

Queste informazioni sono state fornite dalla Workplace Authority e si riferiscono ad accordi nei posti di lavoro. Se non parlate l'inglese ed avete bisogno di comprendere tali informazioni potete chiamare il Fair Work InfoLine 13 13 94 tramite il Translating and Interpreting Service (servizio interpreti) al numero 13 14 50.

Khmer

ព័ត៌មាននេះត្រូវបានចេញផ្សព្វផ្សាយដោយ អាជ្ញាធរទទួលបន្ទុកនៅកន្លែងធ្វើការ (Workplace Authority) និងព័ត៌មានអំពីបណ្តាភិប្បក្រមព្រឹត្តិការណ៍នានានៅកន្លែងធ្វើការ។ ប្រសិនបើលោកអ្នកមិនអាចនិយាយភាសាអង់គ្លេសបានទេ និងលោកអ្នកកន្លែងធ្វើការត្រឹមត្រូវ (Fair Work) លេខ 13 13 94 តាមរយៈសេវាបកប្រែសរសេរ និងបកប្រែផ្ទាល់មាត់ លេខ 13 14 50.

Korean

본 정보는 작업장 감독 위원회(Workplace Authority)에서 제공한 것으로 고용 계약에 관한 것입니다. 영어를 말하지 못하나 이 정보에 대해 이해할 필요가 있을 시에는 통번역 서비스(Translating and Interpreting Service) 번호13 14 50를 이용하여 공정 고용 정보 전화 (Fair Work InfoLine) 13 13 94로 전화주시기 바랍니다.

Lao

ព័ត៌មាននេះត្រូវបានចេញផ្សព្វផ្សាយដោយ អាជ្ញាធរទទួលបន្ទុកនៅកន្លែងធ្វើការ (Workplace Authority) និងព័ត៌មានអំពីបណ្តាភិប្បក្រមព្រឹត្តិការណ៍នានានៅកន្លែងធ្វើការ។ ប្រសិនបើលោកអ្នកមិនអាចនិយាយភាសាអង់គ្លេសបានទេ និងលោកអ្នកកន្លែងធ្វើការត្រឹមត្រូវ (Fair Work) លេខ 13 13 94 តាមរយៈសេវាបកប្រែសរសេរ និងបកប្រែផ្ទាល់មាត់ លេខ 13 14 50.

Macedonian

Ove je informacije izdala Uprava za radna mjesta (Workplace Authority), a u vezi sporazuma na radnom mjestu. Ako ne govorite engleski jezik i imate potrebu da vam razjasne informacije, ne zaboravite telefonirati na Informativnu službu za "Pravodobnost na poslu" (Fair Work InfoLine) na 13 13 94 preko Službe prevoditelja i tumača (Translating and Interpreting Service) na 13 14 50.

Malay

Maklumat ini dikeluarkan oleh Penguasa Tempat Kerja (Workplace Authority) dan adalah mengenai perjanjian-pejanjian tempat kerja. Jika anda tidak boleh bertutur dalam Bahasa Inggeris dan perlu memahami maklumat ini, sila telefon Talian Maklumat Kerja Patut (Fair Work) 13 13 94 melalui Perkhidmatan Terjemahan dan Tafsiran di talian 13 14 50.

Polish

Informacja ta została opublikowana przez Workplace Authority i dotyczy umów o pracę. Jeśli nie mówisz po angielsku a potrzebna ci ta informacja, zadzwoń do Fair Work InfoLine na 13 13 94 za pośrednictwem Usług Tłumaczy pod numerem 13 14 50.

Portuguese

Esta informação foi emitida pela Workplace Authority (Autoridade para as Condições de Trabalho) e trata dos acordos laborais. Se você não puder falar Inglês e necessita da compreender esta informação, queira ligar para a Fair Work InfoLine (Linha Informativa de Trabalho Justo) no 13 13 94 por intermédio do Translating and Interpreting Service (Serviço de Tradução e Interpretes) no 13 14 50.

Russian

Эта информация была опубликована Управлением по трудовым отношениям (Workplace Authority) и касается трудовых соглашений. Если вы не говорите по-английски и вам нужна помощь с этой информацией, звоните в справочный отдел по вопросам Справедливых рабочих отношений (Fair Work) по телефону 13 13 94 через Службу перевода, телефон 13 14 50.

Samoan

O lena faamatalaga sa tuuina mai e le Workplace Authority (Pulega o Nofoga faiga/uega) ma e uga i faagaiga i nofoaga faiga/uega. Afai e le tautala ia Igili ma e le manao ia e malamalama i lena faamatalaga, faamolemole valaau i le Fair Work InfoLine (Laina mo faamalamalama a Gaeuga Talaleuga/lele) i le 13 13 94 o auala atu i le Translating and Interpreting Service (Auaunaga o Faamatalaupua ma Faafitupua) i le 13 14 50.

Serbian

Ove informacije je izdala Uprava za radne mjeste (Workplace Authority) i tiču se sporazuma o radu. Ako ne govorite srpski a trebate vam ove informacije, molimo da pozovete informativnu službu "Pravednost na radu" (Fair Work InfoLine) 13 13 94, preko Preradivačke službe (Translating and Interpreting Service) na broju 13 14 50.

Spanish

La presente información fue expedida por la Workplace Authority (Autoridad de Trabajo) y brinda información sobre los convenios laborales. Si usted no habla inglés y necesita entender esta información, srvasa favor al Servicio de Traducción e Interpretación al 13 14 50, para que la interpreten con la Fair Work InfoLine, cuyo número es el 13 13 94.

Swahili

Habari hi inatolewa na Workplace Authority na ni kuhusu kuelewana kazini. Ikiwa hauwezi kuongea Kifaransa na unahitaji kuelewa habari hi, tafadhali piga simu ya Fair Work InfoLine 13 13 94 kupitia huduma ya kutafsiri na ukafanani kwa namba ya simu 13 14 50.

Thai

ข้อมูลนี้ถูกเผยแพร่จาก องค์กร (Workplace Authority) และเป็นเรื่องเกี่ยวกับการจ้างงานและข้อตกลงจ้างงาน. ถ้าคุณไม่พูดภาษาอังกฤษและต้องการเข้าใจข้อมูลนี้ โปรดโทรศัพท์ไปที่องค์การงานและค่าจ้าง 13 13 94 แล้วขอให้เราช่วยคุณใน Thai หรือ อังกฤษ (Fair Work) หมายเลข 13 14 50.

Tongan

Koa fakamatala eni 'oku 'oatu ia 'ehe Ma'umafai 'ehe Fetu'u Ngausi'anga (Workplace Authority) pea 'oku kau kha ngaahi akepau 'oe fetu'u ngausi'anga. Kapau 'oku 'ikai tel-e lava 'o lea 'Inglesi pea fiamai i ke mahino 'ae fakamatala, fakati lea kha Fea Uefa (Fair Work) 'info lahi 131394 'o fou 'ehe taha ngaue leu mo fakatonu lea 'ehe 131450.

Turkish

Bu bilgiler İşyeri Dairesi (Workplace Authority) tarafından yayınlanmış olup işyeri sözleşmelerine ilişkin, İngilizce konuşamayanlar ve bu bilgileri anlamaz gerektirorsa, lütfen 13 14 50 numara ile telefonla Yazı ve Sözlü Tercüme Servisi aracılığıyla 13 13 94'ten Dünüş İş Bilgilendirme Hattı'na arayın.

Vietnamese

Thông tin này được Workplace Authority đưa ra, liên quan đến các thỏa thuận ở nơi làm việc. Nếu quý vị không nói được Tiếng Anh và cần hiểu thông tin này, hãy gọi đường dây thông tin Việt làm Công bằng Fair Work InfoLine 13 13 94, qua Dịch vụ Thông dịch và Dịch thuật, số 13 14 50.





- (2) When lodging a copy or copies for an Individual transitional employment agreement(s) use **EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT** as set out immediately below:



Australian Government
Workplace Authority

EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT

Read these instructions before completing the form:

1. Use this form to lodge an individual transitional employment agreement(s) (ITEA) only.
2. An ITEA can only be made if the following requirements are met (see our website for more information regarding these requirements):
 - On 1 December 2007, the employer employed at least one person under an Australian workplace agreement (AWA), a preserved individual state agreement or a Victorian employment agreement; and
 - The employee to be covered by the ITEA:
 - is a new employee who did not commence that employment more than 14 days before the ITEA was made and had not previously been employed by the employer; or
 - is a new employee who did not commence that employment more than 14 days before the ITEA was made and had previously been employed by the employer (not being employment that had ceased for reasons including that the employer would re-employ the person under an ITEA); or
 - is an existing employee whose employment is covered by an AWA, a preserved individual state agreement or a Victorian employment agreement.
3. Do **not** use this form to lodge an agreement varying or terminating an ITEA or to lodge a collective agreement. You need to use different forms to lodge other kinds of agreements.

4. Use a black pen and print clearly in BLOCK LETTERS. Put a cross in the relevant boxes. Do not use whiteout or covering stickers.
5. To lodge your ITEA(s):
 - i. Make, sign and date the declaration at the start of the form. (Knowingly making a false declaration is a serious offence.)
 - ii. Answer the questions on the form.
 - iii. Attach a copy of the **signed** ITEA(s) to the declaration. It must show the signatures of the parties and witnesses and the date the parties signed.

If you are lodging one ITEA:

 1. *Employer Declaration Form – Individual transitional employment agreement*
 2. Individual transitional employment agreement for the employee.

If you are lodging ITEAs for a number of employees the documents should be placed in the following order ensuring that the signed individual transitional employment agreement and matching *Employer Declaration Form – Individual transitional employment agreement Part C: Employee details* for the relevant employee are placed together:

 1. *Employer Declaration Form – Individual transitional employment agreement* (one copy for the batch of employees).
 2. Individual transitional employment agreement for the first employee.
 3. *Employer Declaration Form – Individual transitional employment agreement Part C: Employee details* (for second employee).
 4. Individual transitional employment agreement for the second employee (and so on).
 - iv. Mail the documents to this address:

Workplace Authority
Locked Bag 4000
Matraville NSW 2036
6. Your ITEA(s) must be lodged with the Workplace Authority within 14 days of being signed by both parties.
7. Your ITEA will be subject to the no-disadvantage test. You will be sent a letter about whether your agreement passes the no-disadvantage test.
8. Your ITEA(s) starts to operate:
 - For **new employees** only, on the day of receipt by the Workplace Authority; or
 - For **existing employees**, on the seventh day after the date of the letter from the Workplace Authority saying the agreement has passed the no-disadvantage test.
9. If you receive a letter saying that your ITEA has not passed the no-disadvantage test, the letter will also contain information on how the ITEA can be varied to pass the no-disadvantage test.
10. A copy of the lodged ITEA must be given to the employee as soon as possible after lodging the agreement.
11. You and the employee(s) will be sent Declaration Receipts. Each ITEA lodged will be given a unique Agreement number.
12. If you have any questions or need assistance, you can call the Fair Work Infoline on 13 13 94 between 8:00am and 7:00pm Monday to Friday.
13. Record the date on which you posted this completed form to the address above:

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14. Record the number of ITEA(s) you are lodging:

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15. Tear off this page and retain for your records. This page is not required by the Workplace Authority.

EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT

The employer makes this declaration and completes the declaration form when lodging an individual transitional employment agreement.

The employer's declaration applies to the individual transitional employment agreement for each employee party identified in the declaration form. The declaration form includes Part A: Employer's declaration, Part B: Employer details and Part C: Employee details.

The employer makes this declaration and completes the declaration form under caution that the provision of any information or document to the Workplace Authority the employer knows to be false or misleading is a serious offence under the *Criminal Code Act 1995*. The maximum penalty is 12 months imprisonment.

Part A: Employer's declaration

The employer party to the individual transitional employment agreement lodged declares that: *(Please mark boxes with 'X' to indicate)*

- ☐ the information provided in the declaration form is true and correct to the best of the employer's knowledge.
- ☐ the agreement being lodged is an individual transitional employment agreement because:
 - as at 1 December 2007 the employer employed at least one person whose employment was covered by an Australian workplace agreement, a pre-reform Australian workplace agreement, a preserved individual state agreement or a Victorian employment agreement; and
 - the person covered by the individual transitional employment agreement is either:
 - a new employee who did not commence that employment more than 14 days before the ITEA was made and had not previously been employed by the employer; or
 - a new employee who did not commence that employment more than 14 days before the ITEA was made and had previously been employed by the employer (not being employment that had ceased for reasons including that the employer would re-employ the person under an ITEA); or
 - an existing employee whose employment is covered by an individual transitional employment agreement, an Australian workplace agreement, a pre-reform Australian workplace agreement or a Victorian employment agreement.
- ☐ the agreement being lodged is a signed copy of the individual transitional employment agreement.
- ☐ the individual transitional employment agreement was approved before lodgement because:
 - the individual transitional employment agreement was signed and dated by both the employer and employee and the signatures were witnessed; and
 - if the employee was under the age of 18, an appropriate adult (such as a parent or guardian, but not the employer) also signed the individual transitional employment agreement and that signature was witnessed.
- ☐ the individual transitional employment agreement was lodged within 14 days after it was approved.
- ☐ the employer has complied with the relevant preserved provisions of Part 8 of the *Workplace Relations Act 1996*, by:
 - giving the employee the written individual transitional employment agreement or ready access to it, for at least seven days before the individual transitional employment agreement was signed by both parties (unless the seven day period was waived in writing by the employee); and
 - where the individual transitional employment agreement refers to terms from another workplace agreement or award, giving the employee ready access to that other workplace agreement or award in writing, for at least seven days before the individual transitional employment agreement was signed by both parties (unless the seven day period was waived in writing by the employee); and
 - giving the employee the Workplace Authority's *Information Statement for Employees (individual transitional employment agreement)* at least seven days before the individual transitional employment agreement was signed by both parties (unless the seven day period was waived in writing by the employee); and
 - recognising an employee's bargaining agent (if the employee has appointed a bargaining agent in writing and provided a copy of that appointment to the employer).



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01060901

Phone: 13 13 94 Website: www.workplaceauthority.gov.au

EDF-ITEA-0609 (1 of 7)

EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT

Name of person making the declaration

Family name or surname

[illegible]

Given name(s)

[illegible]

I am: (mark appropriate box with an 'X')

☐ the employer, or ☐ a bargaining agent appointed by the employer and given authority to make this declaration.

Signature

--

Date of declaration

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PRIVACY STATEMENT

The Workplace Authority treats the privacy of an individual's personal information seriously. Personal information is any information that would identify a natural person.

Any personal information provided by you in the declaration form will only be used or disclosed for the purposes of sending correspondence about your agreement, providing information to the Minister and conducting research related to the Workplace Authority's promotional, educational, advice and assistance functions under the saved provisions of the *Workplace Relations Act 1996* (the Act). This information may also be disclosed to Fair Work Inspectors.



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EMPLOYER DECLARATION FORM
– INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT

Part B: Employer details

Please provide information about the employer who is a party to the individual transitional employment agreement.
All questions must be answered.

1. What is your Australian Business Number (ABN)?
2. What is your legal name?
3. What is your trading name? (only complete if different to the legal name in question 2)
4. What is your address? (for the purpose of correspondence related to the agreement)

Suburb State Postcode
5. What is your email address?
6. What is your preferred method of contact for correspondence? (mark one box with an 'X') Mail ☐ Email ☐
7. Are you a member of an employer association/organisation? (mark one box with an 'X')
☐ No – go to question 8
☐ Yes – What is the name of the employer association?

Has your membership been maintained continuously since before 27 March 2006?
☐ No
☐ Yes
8. Did you employ staff in the state(s) or territory(ies) where the agreement will operate before 27 March 2006?
☐ No
☐ Yes



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EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT

9. Which of the following best describes the industry in which you operate? (mark one box with an 'X')

- | | | |
|---|--|---|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Mining | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Other services |
| <input type="checkbox"/> Administrative and support services | <input type="checkbox"/> Information media and telecommunications | |
| <input type="checkbox"/> Financial and insurance services | <input type="checkbox"/> Accommodation and food services | |
| <input type="checkbox"/> Electricity, gas, water and waste services | <input type="checkbox"/> Health care and social assistance | |
| <input type="checkbox"/> Arts and recreation services | <input type="checkbox"/> Public administration and safety | |
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Professional, scientific and technical services | |
| <input type="checkbox"/> Agriculture, forestry and fishing | <input type="checkbox"/> Rental, hiring and real estate services | |
| <input type="checkbox"/> Transport, postal and warehousing | | |

10. How many employees are employed? (include full-time, part-time and casual employees)

- | | |
|--|--|
| <input type="checkbox"/> Less than 20 employees | <input type="checkbox"/> Between 20 and 99 employees |
| <input type="checkbox"/> Between 100 and 499 employees | <input type="checkbox"/> More than 500 employees |

11. What employment sector do you belong to?

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> Private | <input type="checkbox"/> Public (government-related employment) | <input type="checkbox"/> Not for profit |
|----------------------------------|---|---|

12. Please provide contact details for the employer representative to whom we should direct our enquiries in relation to the lodgement:

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
Family name or surname	<input type="text"/>			
Given name	<input type="text"/>			
Email address	<input type="text"/>			
Phone number (include area code)	<input type="text"/>			
Mobile number	<input type="text"/>			



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01060904

Phone: 13 13 94 Website: www.workplaceauthority.gov.au

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EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT

Part C: Employee details

Please provide information about the employee who is a party to the individual transitional employment agreement. A copy of the employee's signed individual transitional employment agreement is to be attached to this form. All questions must be answered where applicable.

A separate Part C section must be completed for each employee in the lodgement and a copy of the relevant signed individual transitional employment agreement.

1. Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms
Family name or surname
Given name
2. What is the employee's home address? *(for the purpose of correspondence related to the agreement)*

Suburb State Postcode
3. What is the employee's home phone number? *(include area code)*
What is the employee's mobile phone number?
4. Did the employee commence employment with the employer more than 14 days before the individual transitional employment agreement was signed and dated by both parties (regardless of whether the employee had previously been employed by the employer)?
☐ No
☐ Yes
5. Is the employee:
Paid a junior rate of pay? ☐ No ☐ Yes
Working under a supported wage system? ☐ No ☐ Yes
On a recognised apprenticeship or traineeship? ☐ No ☐ Yes
An outworker? ☐ No ☐ Yes
If Yes, you may be contacted to provide additional information.
6. Where is the employee's worksite located? State Postcode
7. What is the employee's employment status? *(mark one box with an 'X')*
☐ Full-time ☐ Part-time ☐ Casual



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01060905

Phone: 13 13 94 Website: www.workplaceauthority.gov.au

EDF-ITEA-0509 (5 of 7)

EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT

The no-disadvantage test

The no-disadvantage test ensures that a workplace agreement does not reduce the overall terms and conditions of employment of the employee whose employment is subject to the agreement when compared with the appropriate reference instrument. Please provide the following information about this individual transitional employment agreement and the employee who will be covered by it.

8. Is there a collective instrument that would normally apply to the employer and the kind of work to be performed by the employee?

☐ No☐ Yes

If Yes, please provide the name of the collective/enterprise agreement and where applicable, the reference number or agreement number. (Alternatively, you may attach a copy of the collective agreement).

[illegible][illegible]

(note: a relevant collective instrument could be an enterprise agreement, a collective agreement (made on or after 27 March 2006), a pre-reform certified agreement (made before 27 March 2006), an old IR agreement, a preserved collective state agreement, a workplace determination, or a section 170MX Award. For more information call the Fair Work Infoline on 13 13 94.)

9. Is there an award that would normally apply to the employer and the kind of work to be performed by the employee?

☐ No☐ Yes

If Yes, please provide the name of the award(s) and where applicable, the reference number

[illegible][illegible]

A relevant award includes a common rule in operation in Victoria, a transitional Victorian reference award, a transitional award (other than a Victorian reference award) or a notional agreement preserving state awards. For more information call the Fair Work Infoline on 13 13 94.

10. Have you applied to the Workplace Authority for the designation of an award(s)?

☐ No☐ Yes -- Reference Number[illegible]

11. Has there been a transmission of business within the last 12 months?

☐ No

☐ Yes – Please provide the previous employer's ABN.

[illegible]

Please provide the previous employer's name.

[illegible]

(Please refer to our website for information on transmission of business. If there has been a transmission of business and the employee is a transferring employee, you may be contacted for further information).



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*01060906

Phone: 13 13 94 Website: www.paroleauthority.vic.gov.au

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EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT

12. If the employee is under 21 years of age, what is their date of birth?

13. What is the employee's job classification?

[illegible]

14. What are the main duties for this job?

[illegible]

15. Please indicate in the table below the usual working hours of the employee (You may be contacted for further information)

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Will the employee work Shift Work?

- ☐ No
☐ Yes

Will the employee work Public Holidays?

- ☐ No
- ☐ Yes — Average days per year



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- (3) (a) The employer uses the declaration form relevant to the type of variation agreement or undertaking annexed to the declaration form as set out in item two below.
- (b) The declaration forms that relate to the type of variation agreement or undertaking are as follows:

- * When lodging a copy or copies of a variation or variations for an Individual transitional employment agreement(s) use **EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST** as set out immediately below



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EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Read these instructions before completing the form:

1. Use this form to lodge an individual transitional employment agreement (ITEA) variation agreement(s) that is made because the ITEA did not pass the no-disadvantage test only.
2. Do not use this form to lodge an ITEA variation agreement that is **not** made in response to the no-disadvantage test.
3. Do not use this form to lodge an ITEA, an agreement terminating an ITEA, or a variation to a collective agreement. You need to use different forms to lodge other kinds of agreements.
4. Use a black pen and print clearly in BLOCK LETTERS. Put a cross in the relevant boxes. Do not use whiteout or covering stickers.
5. To lodge your ITEA variation agreement(s):
 - i. Make, sign and date the declaration at the start of the form. (Knowingly making a false declaration is a serious offence.)
 - ii. Answer the questions on the form. The Agreement number for the ITEA being varied must be provided. Refer to the Declaration Receipt issued when the individual transitional employment agreement was lodged.
 - iii. Attach a copy of the ITEA variation agreement(s) in the following manner:

If you are lodging one ITEA variation agreement:

1. *Employer Declaration Form – Individual transitional employment agreement variation agreement- made in response to the no-disadvantage test*
2. ITEA variation agreement for the employee.

If you are lodging ITEA variation agreements for a number of employees, the documents should be placed in the following order ensuring that the ITEA variation agreement and matching *Employer Declaration Form – Individual transitional employment agreement variation agreement – made in response to the no-disadvantage test Part C: Employee details* for the relevant employee are placed together:

1. *Employer Declaration Form – Individual transitional employment agreement variation agreement– made in response to the no-disadvantage test* (one copy for the batch of employees which includes the details for the first employee)
2. ITEA variation agreement for the first employee
3. *Employer Declaration Form – Individual transitional employment agreement variation agreement – made in response to the no-disadvantage test Part C: Employee details* (for second employee)
4. ITEA variation agreement for second employee (and so on).

- iv. Mail the documents to this address:

Workplace Authority
Locked Bag 4000
Matraville NSW 2036

6. Your ITEA variation agreement(s) that is made in response to the no-disadvantage test must be lodged with the Workplace Authority within 30 days, commencing on the seventh day after the date of the letter telling you the ITEA did not pass the no-disadvantage test.
7. You and the employee(s) will be sent a letter acknowledging receipt of the variation agreement.
8. Your ITEA as varied by the variation agreement will be subject to the no-disadvantage test. You will be sent a further letter telling you whether or not your agreement as varied passes the no-disadvantage test.
 - If you receive a letter telling you your ITEA as varied in response to the no-disadvantage test passes, your agreement as varied will start to operate:
 - For ITEAs that were made with new employees and are in operation: on the day of lodgement – ie the day the Workplace Authority receives the variation agreement; or
 - For ITEAs that were made with existing employees and are not yet in operation: on the seventh day after the date of issue specified in the letter.
 - If you receive a letter telling you your ITEA as varied in response to the no-disadvantage test does not pass, then:
 - For ITEAs that were made with new employees and are in operation: the ITEA will stop operating on the seventh day after the date of that letter; or
 - For ITEAs that were made with existing employees and are not in operation: the ITEA does not come into operation because it does not pass the no-disadvantage test.
9. If you have any questions or need assistance, you can call the Fair Work Infoline on 13 13 94 between 8:00am and 7:00pm Monday to Friday.
10. Record the date on which you posted this completed form to the address above:

--	--	--	--	--	--
11. Record the number of ITEA variation agreement(s) you are lodging:

--	--	--	--	--	--
12. Tear off this page and retain for your records. This page is not required by the Workplace Authority.

**EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT
VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST**

The employer makes this declaration and completes the declaration form when lodging an agreement varying an individual transitional employment agreement because the individual transitional employment agreement did not pass the no-disadvantage test.

The employer's declaration applies to the individual transitional employment agreement variation agreement for each employee party identified in the declaration form. The declaration form includes Part A: Employer's declaration, Part B: Employer details and Part C: Employee details.

The employer makes this declaration and completes the declaration form under caution that the provision of any information or document to the Workplace Authority the employer knows to be false or misleading is a serious offence under the *Criminal Code Act 1995*. The maximum penalty is 12 months imprisonment.

Part A: Employer's declaration

The employer party to the individual transitional employment agreement variation agreement lodged declares that: *(Please mark boxes with 'X' to indicate)*

- ☐ The information provided in the declaration form is true and correct to the best of the employer's knowledge.
- ☐ The agreement being lodged is a copy of the signed individual transitional employment agreement variation agreement.
- ☐ The agreement has been signed by the employer and the employee who will be subject to the agreement.
- ☐ The variation agreement has been made because the individual transitional employment agreement did not pass the no-disadvantage test.
- ☐ The individual transitional employment agreement variation agreement was approved before lodgement because:
- the individual transitional employment agreement variation agreement was signed and dated by both the employer and employee and the signatures were witnessed; and
 - if the employee was under the age of 18, an appropriate adult (such as a parent or guardian, but not the employer) also signed the individual transitional employment agreement variation agreement and that signature was witnessed.
- ☐ The employer has recognised an employee's bargaining agent (if one was appointed in writing and a copy of that appointment was provided to the employer).
- ☐ the individual transitional employment agreement variation agreement was lodged with the Workplace Authority within 30 days commencing on the seventh day after the date of issue specified in the notice advising that the individual transitional employment agreement did not pass the no-disadvantage test.

Name of person making the declaration

Family name or surname

Given name(s)

I am: *(mark appropriate box with an 'X')*

- ☐ the employer, or
- ☐ an agent appointed by the employer and given authority to make this declaration.

Signature

Date of declaration

PRIVACY STATEMENT

The Workplace Authority treats the privacy of an individual's personal information seriously. Personal information is any information that would identify a natural person.

Any personal information provided by you in the declaration form will only be used or disclosed for the purposes of sending correspondence about your agreement, providing information to the Minister and conducting research related to the Workplace Authority's promotional, educational, advice and assistance functions under the saved provisions of the *Workplace Relations Act 1996* (the Act). This information may also be disclosed to Fair Work Inspectors.



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EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT
VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Part B: Agreement and employer details

Please provide information about the employer who is a party to the individual transitional employment agreement variation agreement. All questions must be answered.

1. What is your Australian Business Number (ABN)?
2. What is your legal name?
3. What is your trading name? (only complete if different to the legal name in question 2)
4. What is your address? (for the purpose of correspondence related to the agreement)

Suburb State Postcode
5. What is your email address?
6. What is your preferred method of contact for correspondence? (mark one box with an 'X') Mail ☐ Email ☐
7. Which of the following best describes the industry in which you operate? (mark one box with an 'X')

<input type="checkbox"/> Construction	<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Retail trade	<input type="checkbox"/> Wholesale trade	<input type="checkbox"/> Other services
<input type="checkbox"/> Administrative and support services	<input type="checkbox"/> Information media and telecommunications	
<input type="checkbox"/> Financial and insurance services	<input type="checkbox"/> Accommodation and food services	
<input type="checkbox"/> Electricity, gas, water and waste services	<input type="checkbox"/> Health care and social assistance	
<input type="checkbox"/> Arts and recreation services	<input type="checkbox"/> Public administration and safety	
<input type="checkbox"/> Education and training	<input type="checkbox"/> Professional, scientific and technical services	
<input type="checkbox"/> Agriculture, forestry and fishing	<input type="checkbox"/> Rental, hiring and real estate services	
<input type="checkbox"/> Transport, postal and warehousing		

What is the primary activity of the business? (e.g. music retailer, plumbing contractor, steel fabricator)



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27060802

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EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

8. How many employees are employed? (include full-time, part-time and casual employees)

- ☐ Less than 20 employees
 ☐ Between 20 and 99 employees
☐ Between 100 and 499 employees
 ☐ More than 500 employees

9. What employment sector do you belong to?

- ☐ Private
 ☐ Public (government-related employment)
 ☐ Not for profit

10. Please provide contact details for the employer representative to whom we should direct our enquiries in relation to the lodgement:

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Family name or surname

Given name

Email address

Phone number (include area code)

Mobile number



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Phone: 13 13 94 Website: www.workplaceauthority.gov.au

EDF-ITEVA-NOT-0609 (3 of 9)

EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT
VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Part C: Employee details

Please provide information about the employee who is a party to the individual transitional employment agreement variation agreement. A copy of the employee's individual transitional employment agreement variation agreement is to be attached to this form. All questions must be answered where applicable.

A separate Part C section must be completed for each employee in the lodgement and a copy of the relevant individual transitional employment agreement variation agreement attached.

1. What is the Agreement number of the agreement being varied? (refer to the Declaration Receipt Issued by the Workplace Authority)

[illegible]

2. Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

[illegible][illegible]

3. What is the employee's home address? (for the purpose of correspondence related to the agreement)

[illegible][illegible]

Suburb State Postcode

4. What is the employee's home phone number? (include area code)

[illegible]

What is the employee's mobile phone number?

[illegible]

5. Is the employee:

Paid a junior rate of pay?

☐ No ☐ Yes

Working under a supported wage system?

☐ No ☐ Yes

On a recognised apprenticeship or traineeship?

☐ No ☐ Yes

An outworker?

☐ No ☐ Yes

If Yes, you may be contacted to provide additional information.

6. Where is the employee's worksite located?

State		
-------	--	--

Postcode

--	--	--	--

7. What is the employee's employment status? (mark one box with an 'X')

☐ Full-time ☐ Part-time ☐ Casual

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EMPLOYER DECLARATION FORM – INDIVIDUAL TRANSITIONAL EMPLOYMENT AGREEMENT
VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

The no-disadvantage test

The no-disadvantage test ensures that a workplace agreement does not reduce employees' overall terms and conditions of employment when compared with the appropriate industrial agreement or award. Please provide the following information about this individual transitional employment agreement variation agreement and the employee who will be covered by it.

Only complete this section if the information you provided when the individual transitional employment agreement was lodged has changed.

8. What is the employee's job classification?

[illegible]

9. What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the usual working hours of the employees in this classification.
You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Will the employee work Shift Work?

- ☐ No
☐ Yes

Will the employee work Public Holidays?

- ☐ No
- ☐ Yes – How many days per year



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- **When lodging a copy of a variation for an Employee collective agreement use EMPLOYER DECLARATION FORM – EMPLOYEE COLLECTIVE AGREEMENT VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST as set out immediately below**



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EMPLOYER DECLARATION FORM

– EMPLOYEE COLLECTIVE AGREEMENT VARIATION

AGREEMENT – MADE IN RESPONSE TO THE

NO-DISADVANTAGE TEST

Read these instructions before completing the form:

1. Use this form to lodge a variation to an employee collective agreement that was made because your employee collective agreement did not pass the no-disadvantage test only.
2. Do not use this form to lodge a variation to an employee collective agreement that is **not** made in response to the no-disadvantage test.
3. Do not use this form to lodge an employee collective agreement, to terminate an employee collective agreement, to lodge a variation to a union collective agreement or to lodge a variation to an individual transitional employment agreement. You need to use different forms to lodge other kinds of agreements.
4. Use a black pen and print clearly in BLOCK LETTERS. Answer all the questions. Put a cross in the relevant boxes. Do not use whiteout or covering stickers.
5. To lodge your employee collective agreement variation agreement:
 - i. Make, sign and date the declaration at the start of the form. (Knowingly making a false declaration is a serious offence.)
 - ii. Answer the questions on the form. The Agreement number for the employee collective agreement being varied must be provided. Refer to the Declaration Receipt issued by the Workplace Authority when the employee collective agreement was lodged.
 - iii. Attach a copy of the employee collective agreement variation agreement.
 - iv. Mail the documents to this address:
Workplace Authority
Locked Bag 4000
Matraville NSW 2036
6. Your variation agreement(s) that is made in response to the no-disadvantage test must be lodged with the Workplace Authority within 30 days, commencing on the seventh day after the date of the letter telling you the agreement did not pass the no-disadvantage test.
7. You will be sent a letter acknowledging receipt of the variation agreement.
8. The no-disadvantage test will be applied to your employee collective agreement as varied by the variation agreement. You will be sent a further letter telling you whether or not your agreement as varied passes the no-disadvantage test.
 - If you receive a letter saying that your employee collective agreement as varied in response to the no-disadvantage test passes, your agreement as varied will start to operate on the seventh day after the date of issue specified in that letter.
 - If you receive a letter saying that your employee collective agreement as varied in response to the no-disadvantage test does not pass, your agreement will not come into operation because it does not pass the no-disadvantage test.
9. If you have any questions or need assistance, you can call the Fair Work Infoline on 13 13 94 between 8:00am and 7:00pm Monday to Friday.
10. Record the date on which you posted this completed form to the address above:

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11. Tear off this page and retain for your records. This page is not required by the Workplace Authority.

EMPLOYER DECLARATION FORM – EMPLOYEE COLLECTIVE AGREEMENT VARIATION AGREEMENT - MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

The employer makes this declaration and completes the declaration form when lodging an agreement varying an employee collective agreement because the employee collective agreement did not pass the no-disadvantage test.
The employer's declaration applies to the employee collective agreement named in the declaration form. The declaration form includes Part A: Employer's declaration, Part B: Agreement and employer details and Part C: The no-disadvantage test.
The employer makes this declaration and completes the declaration form under caution that the provision of any information or document to the Workplace Authority the employer knows to be false or misleading is a serious offence under the *Criminal Code Act 1995*. The maximum penalty is 12 months imprisonment.

Part A: Employer's declaration

The employer party to the agreement lodged declares that: *(Please mark boxes with 'X' to indicate)*

- ☐ The information in the declaration form is true and correct to the best of the employer's knowledge.
- ☐ The agreement being lodged is a copy of a signed agreement varying an employee collective agreement.
- ☐ The agreement has been signed by the employer and a representative or bargaining agent of the employees who will be subject to the agreement
- ☐ The variation agreement has been made because the employee collective agreement did not pass the no-disadvantage test.
- ☐ The variation agreement was approved before lodgement because:
- all employees employed at the time and subject to the employee collective agreement and/or who will be subject to the employee collective agreement as varied were given a reasonable opportunity to decide if they wanted to approve the agreement; and
 - either there was a decision made by a vote where a majority of the employees who cast a valid vote approved the variation, or
 - otherwise a majority of employees employed at the time and subject to the employee collective agreement or will be subject to the employee collective agreement as varied decided they wanted to approve the variation.

Name of person making the declaration

Family name or surname

Given name(s)

I am: *(mark appropriate box with an 'X')*

- ☐ the employer, or ☐ an agent appointed by the employer and given authority to make this declaration.

Signature

Date of declaration

PRIVACY STATEMENT

The Workplace Authority treats the privacy of an individual's personal information seriously. Personal information is any information that would identify a natural person.

Any personal information provided by you in the declaration form will only be used or disclosed for the purposes of sending correspondence about your agreement, providing information to the Minister and conducting research related to the Workplace Authority's promotional, educational, advice and assistance functions under the saved provisions of the *Workplace Relations Act 1996* (the Act). This information may also be disclosed to Fair Work Inspectors.



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Phone: 13 13 94 Website: www.workplaceauthority.gov.au

EDF-ECVA-NTF-0909 (1 of 6)

**EMPLOYER DECLARATION FORM – EMPLOYEE COLLECTIVE AGREEMENT VARIATION
AGREEMENT - MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST****Part B: Agreement and employer details**

Please provide information about the employee collective agreement variation agreement and the employer. All questions must be answered.

1. What is the Agreement number of the agreement being varied? (refer to the Declaration Receipt Issued by the Workplace Authority)

2. What is your Australian Business Number (ABN)?

3. What is your legal name?

4. What is your trading name? (only complete if different to the legal name in question 3)

5. What is your address? (for the purpose of correspondence related to the agreement)

Suburb State Postcode

6. What is your email address?

7. What is your preferred method of contact for correspondence? (mark one box with an 'X') Mail ☐ Email ☐

8. Which of the following best describes the industry in which you operate? (mark one box with an 'X')

- | | | |
|---|--|---|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Mining | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Other services |
| <input type="checkbox"/> Administrative and support services | <input type="checkbox"/> Information media and telecommunications | |
| <input type="checkbox"/> Financial and insurance services | <input type="checkbox"/> Accommodation and food services | |
| <input type="checkbox"/> Electricity, gas, water and waste services | <input type="checkbox"/> Health care and social assistance | |
| <input type="checkbox"/> Arts and recreation services | <input type="checkbox"/> Public administration and safety | |
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Professional, scientific and technical services | |
| <input type="checkbox"/> Agriculture, forestry and fishing | <input type="checkbox"/> Rental, hiring and real estate services | |
| <input type="checkbox"/> Transport, postal and warehousing | | |

What is the primary activity of the business? (e.g. music retailer, plumbing contractor, steel fabricator)



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EDF-ECVA-NOT-0609 (2 of 8)

EMPLOYER DECLARATION FORM – EMPLOYEE COLLECTIVE AGREEMENT VARIATION
AGREEMENT - MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

9. How many employees are employed? (include full-time, part-time and casual employees)

- ☐ Less than 20 employees ☐ Between 20 and 99 employees
☐ Between 100 and 499 employees ☐ More than 500 employees

10. What employment sector do you belong to?

- ☐ Private ☐ Public (government-related employment) ☐ Not for profit

11. Please provide contact details for the employer representative to whom we should direct our enquiries in relation to the lodgement:

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Family name or surname

Given name

Email address

Phone number (include area code)

Mobile number



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Phone: 13 13 94 Website: www.workplaceauthority.gov.au

EDF-ECVA-NDF-0609 (3 of 8)

EMPLOYER DECLARATION FORM – EMPLOYEE COLLECTIVE AGREEMENT VARIATION
AGREEMENT - MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Part C: The no-disadvantage test

The no-disadvantage test ensures that a workplace agreement does not reduce employees' overall terms and conditions of employment when compared with the appropriate industrial agreement or award.

Please provide the following information about this employee collective agreement variation agreement and the employees who will be covered by it. A copy of the employee collective agreement variation agreement is to be attached to this form.

Only complete this section if the information you provided when the employee collective agreement was lodged has changed.

1. Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes — How many days per year



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Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes — How many days per year



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EMPLOYER DECLARATION FORM – EMPLOYEE COLLECTIVE AGREEMENT VARIATION
AGREEMENT - MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes — How many days per year



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EMPLOYER DECLARATION FORM – EMPLOYEE COLLECTIVE AGREEMENT VARIATION
AGREEMENT - MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes → How many days per year



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- When lodging a copy of a variation for a Union collective agreement use **EMPLOYER DECLARATION FORM – UNION COLLECTIVE AGREEMENT VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST** as set out immediately below



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EMPLOYER DECLARATION FORM – UNION COLLECTIVE AGREEMENT VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Read these instructions before completing the form:

1. Use this form to lodge a variation to a union collective agreement that was made because your union collective agreement did not pass the no-disadvantage test only.
2. Do not use this form to lodge a variation to a union collective agreement that is not made in response to the no-disadvantage test.
3. Do not use this form to lodge a union collective agreement, to terminate a union collective agreement, to lodge a variation to an employee collective agreement, or to lodge a variation to an individual transitional employment agreement. You need to use different forms to lodge other kinds of agreements.
4. Use a black pen and print clearly in BLOCK LETTERS. Put a cross in the relevant boxes. Do not use whiteout or covering stickers.
5. To lodge your union collective agreement variation agreement:
 - i. Make, sign and date the declaration at the start of the form. (Knowingly making a false declaration is a serious offence.)
 - ii. Answer the questions on the form. The Agreement number for the union collective agreement being varied must be provided. Refer to the Declaration Receipt issued by the Workplace Authority when the union collective agreement was lodged.
 - iii. Attach a copy of the union collective agreement variation agreement.
 - iv. Mail the documents to this address:
Workplace Authority
Locked Bag 4000
Matraville NSW 2036
6. Your variation agreement(s) that is made in response to the no-disadvantage test must be lodged with the Workplace Authority within 30 days, commencing on the seventh day after the date of the letter telling you the agreement did not pass the no-disadvantage test.
7. You and the employee organisation(s) party to the union collective agreement variation agreement will be sent a letter acknowledging receipt of the variation agreement.
8. The no-disadvantage test will be applied to your union collective agreement as varied by the variation agreement. You will be sent a further letter telling you whether or not your agreement as varied passes the no-disadvantage test.
 - If you receive a letter saying that your union collective agreement as varied in response to the no-disadvantage test passes, your agreement as varied will start to operate on the seventh day after the date of issue specified in that letter.
 - If you receive a letter saying that your union collective agreement as varied in response to the no-disadvantage test does not pass, your agreement will not come into operation because it does not pass the no-disadvantage test.
9. You and the employee organisation(s) party to the union collective agreement variation agreement will be sent Declaration Receipts.
10. If you have any questions or need assistance, you can call the Fair Work Infoline on 13 13 94 between 8:00am and 7:00pm Monday to Friday.
11. Record the date on which you posted this completed form to the address above:

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12. Tear off this page and retain for your records. This page is not required by the Workplace Authority.

EMPLOYER DECLARATION FORM – UNION COLLECTIVE AGREEMENT VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

The employer makes this declaration and completes the declaration form when lodging an agreement varying a union collective agreement because the union collective agreement did not pass the no-disadvantage test.

The employer's declaration applies to the union collective agreement named in the declaration form. The declaration form includes Part A: Employer's declaration, Part B: Agreement and employer details, Part C: Employee organisation details, and Part D: The no-disadvantage test.

The employer makes this declaration and completes the declaration form under caution that the provision of any information or document to the Workplace Authority the employer knows to be false or misleading is a serious offence under the *Criminal Code Act 1995*. The maximum penalty is 12 months imprisonment.

Part A: Employer's declaration

The employer party to the agreement lodged declares that: (Please mark boxes with 'X' to indicate)

- ☐ The information in the declaration form is true and correct to the best of the employer's knowledge.
- ☐ The agreement being lodged is a copy of a signed agreement varying a union collective agreement.
- ☐ The agreement has been signed by the employer and the organisation or organisations of employees who will be subject to the agreement.
- ☐ The variation agreement has been made because the union collective agreement did not pass the no-disadvantage test.
- ☐ The variation agreement was approved before lodgement because:
- all employees employed at the time whose employment is subject to the union collective agreement and/or who will be subject to the union collective agreement as varied were given a reasonable opportunity to decide if they wanted to approve the variation; and
 - either there was a decision made by a vote where a majority of the employees who cast a valid vote approved the variation, or
 - otherwise a majority of employees employed at the time whose employment is subject to the union collective agreement or will be subject to the union collective agreement as varied decided they wanted to approve the variation.

Name of person making the declaration

Family name or surname

Given name(s)

I am: (mark appropriate box with an 'X')

☐ the employer, or ☐ an agent appointed by the employer and given authority to make this declaration.

Signature

Date of declaration

PRIVACY STATEMENT

The Workplace Authority treats the privacy of an individual's personal information seriously. Personal Information is any information that would identify a natural person.

Any personal information provided by you in the declaration form will only be used or disclosed for the purposes of sending correspondence about your agreement, providing information to the Minister and conducting research related to the Workplace Authority's promotional, educational, advice and assistance functions under the saved provisions of the *Workplace Relations Act 1996* (the Act). This information may also be disclosed to Fair Work Inspectors.



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EDF-UCVA-NDT0609 (1 of 9)

**EMPLOYER DECLARATION FORM – UNION COLLECTIVE AGREEMENT VARIATION
AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST****Part B: Agreement and employer details**

Please provide information about the union collective agreement variation agreement and the employer. All questions must be answered.

1. What is the Agreement number of the agreement being varied? (refer to the Declaration Receipt issued by the Workplace Authority)

2. What is your Australian Business Number (ABN)?

3. What is your legal name?

4. What is your trading name? (only complete if different to the legal name in question 3)

5. What is your address? (for the purpose of correspondence related to the agreement)

Suburb State Postcode

6. What is your email address?

7. What is your preferred method of contact for correspondence? (mark one box with an 'X') Mail ☐ Email ☐

8. Which of the following best describes the industry in which you operate? (mark one box with an 'X')

- | | | |
|---|--|---|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Mining | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Other services |
| <input type="checkbox"/> Administrative and support services | <input type="checkbox"/> Information media and telecommunications | |
| <input type="checkbox"/> Financial and insurance services | <input type="checkbox"/> Accommodation and food services | |
| <input type="checkbox"/> Electricity, gas, water and waste services | <input type="checkbox"/> Health care and social assistance | |
| <input type="checkbox"/> Arts and recreation services | <input type="checkbox"/> Public administration and safety | |
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Professional, scientific and technical services | |
| <input type="checkbox"/> Agriculture, forestry and fishing | <input type="checkbox"/> Rental, hiring and real estate services | |
| <input type="checkbox"/> Transport, postal and warehousing | | |

What is the primary activity of the business? (e.g. music retailer, plumbing contractor, steel fabricator)



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EMPLOYER DECLARATION FORM – UNION COLLECTIVE AGREEMENT VARIATION
AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

9. How many employees are employed? (include full-time, part-time and casual employees)

- ☐ Less than 20 employees ☐ Between 20 and 99 employees
☐ Between 100 and 499 employees ☐ More than 500 employees

10. What employment sector do you belong to?

- ☐ Private ☐ Public (government-related employment) ☐ Not for profit

11. Please provide contact details for the employer representative to whom we should direct our enquiries in relation to the lodgement:

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Family name or surname

Given name

Email address

Phone number (include area code)

Mobile number



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Phone: 13 13 94 Website: www.workplaceauthority.gov.au

EDF-UCVA-NDT-0609 (3 of 9)

EMPLOYER DECLARATION FORM – UNION COLLECTIVE AGREEMENT VARIATION
AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Part C: Employee organisation details

Please provide information about the employee organisation(s) party to the union collective variation agreement. All questions must be answered.

An Employee Declaration Form – Union collective agreement variation agreement – made in response to the no-disadvantage test Part C: Employee organisation details (EDF-UCVAC-NDT-0508) must be completed for each employee organisation that is a party to the agreement.

1. What is your legal name?

[illegible]

2. What is your address? (for the purpose of correspondence related to the agreement)

[illegible]

Suburb State Postcode

3. **Contact details for the employee organisation representative to whom we should direct our enquiries in relation to the lodgement:**

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

[illegible][illegible]

Email address

Phone number (include area code)

[illegible]

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EMPLOYER DECLARATION FORM – UNION COLLECTIVE AGREEMENT VARIATION
AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Part D: The no-disadvantage test

The no-disadvantage test ensures that a workplace agreement does not reduce employees' overall terms and conditions of employment when compared with the appropriate industrial agreement or award.

Please provide the following information about this union collective agreement variation agreement and the employees who will be covered by it. A copy of the union collective agreement variation agreement is to be attached to this form.

Only complete this section if the information you provided when the union collective agreement was lodged has changed.

1. Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes – How many days per year



Australian Government
Workplace Authority



33060905

EMPLOYER DECLARATION FORM – UNION COLLECTIVE AGREEMENT VARIATION
AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes — How many days per year



Australian Government
Workplace Authority



*33060906

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes — How many days per year

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Australian Government
Workplace Authority



33060907

EMPLOYER DECLARATION FORM – UNION COLLECTIVE AGREEMENT VARIATION
AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes -- How many days per year:



Australian Government
Workplace Authority



33060908

Phone: 13 13 94 Website: www.workplaceauthenticity.gov.au

EDF-UCYA-NDT-0609 (8 of 9)

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

[illegible][illegible]

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

☐ No
☐ Yes

☐ No

☐ Yes — How many days per year



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33060909

- When lodging a copy of a variation for a Union greenfields agreement use **EMPLOYER DECLARATION FORM – UNION GREENFIELDS AGREEMENT VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST** as set out immediately below



Australian Government
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EMPLOYER DECLARATION FORM – UNION GREENFIELDS AGREEMENT VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Read these instructions before completing the form:

1. Use this form to lodge a union greenfields agreement variation agreement that was made because your union greenfields agreement did not pass the no-disadvantage test only.
2. Do not use this form to lodge a variation to a union greenfields agreement that is not made in response to the no-disadvantage test.
3. Do not use this form to lodge a union greenfields agreement, to terminate a union greenfields agreement, to lodge a variation to an employer greenfields agreement, or to lodge a variation to an individual transitional employment agreement. You need to use different forms to lodge other kinds of agreements.
4. Use a black pen and print clearly in BLOCK LETTERS. Put a cross in the relevant boxes. Do not use whiteout or covering stickers.
5. To lodge your union greenfields agreement variation agreement:
 - i. Make, sign and date the declaration at the start of the form. (Knowingly making a false declaration is a serious offence.)
 - ii. Answer the questions on the form. The Agreement number for the union greenfields agreement being varied must be provided. Refer to the Declaration Receipt issued by the Workplace Authority when the union greenfields agreement was lodged.
 - iii. Attach a copy of the union greenfields agreement variation agreement.
 - iv. Mail the documents to this address:
Workplace Authority
Locked Bag 4000
Matraville NSW 2036
6. Your union greenfields agreement variation agreement that is made in response to the no-disadvantage test must be lodged with the Workplace Authority within 30 days, commencing on the seventh day after the date of the letter telling you that the agreement did not pass the no-disadvantage test.
7. Your union greenfields agreement variation agreement starts to operate on the day of lodgement – i.e. the day the Workplace Authority receives the variation agreement.
8. You and the employee organisation(s) party to the union greenfields agreement variation agreement will be sent a letter acknowledging receipt of the variation agreement.
9. The no-disadvantage test will be applied to your union greenfields agreement as varied by the variation agreement. You will be sent a further letter telling you whether or not your agreement as varied passes the no-disadvantage test.
 - If you receive a letter saying that your union greenfields agreement as varied in response to the no-disadvantage test passes, your agreement as varied will continue to operate from the day of lodgement – ie the day the Workplace Authority received the variation agreement.
 - If you receive a letter saying that your union greenfields agreement as varied in response to the no-disadvantage test does not pass, the agreement will stop operating on the seventh day after the date of that letter.
10. If you have any questions or need assistance, you can call the Fair Work Infoline on 13 13 94 between 8:00am and 7:00pm Monday to Friday.
11. Record the date on which you posted this completed form to the address above:

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12. Tear off this page and retain for your records. This page is not required by the Workplace Authority.

EDF-UGVA-NDT-0609 (1 of 9)

Part B: Agreement and employer details

1. What is the Agreement number of the agreement being varied? (refer to the Declaration Receipt issued by the Workplace Authority)

[illegible][illegible][illegible][illegible][illegible]

Suburb

State

Postcode:

[illegible][illegible]Mail ☐Email

<input type="checkbox"/> Construction	<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Retail trade	<input type="checkbox"/> Wholesale trade	<input type="checkbox"/> Other services
<input type="checkbox"/> Administrative and support services	<input type="checkbox"/> Information media and telecommunications	
<input type="checkbox"/> Financial and insurance services	<input type="checkbox"/> Accommodation and food services	
<input type="checkbox"/> Electricity, gas, water and waste services	<input type="checkbox"/> Health care and social assistance	
<input type="checkbox"/> Arts and recreation services	<input type="checkbox"/> Public administration and safety	
<input type="checkbox"/> Education and training	<input type="checkbox"/> Professional, scientific and technical services	
<input type="checkbox"/> Agriculture, forestry and fishing	<input type="checkbox"/> Rental, hiring and real estate services	
<input type="checkbox"/> Transport, postal and warehousing		

[illegible]

Figure 13.13.94 Website: www.workplaceauthority.gov.au



31060902

EMPLOYER DECLARATION FORM – UNION GREENFIELDS AGREEMENT VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

9. How many employees are employed? (include full-time, part-time and casual employees)

- ☐ Less than 20 employees
 ☐ Between 20 and 99 employees
☐ Between 100 and 499 employees
 ☐ More than 500 employees

10. What employment sector do you belong to?

- ☐ Private
 ☐ Public (government-related employment)
 ☐ Not for profit

11. Please provide contact details for the employer representative to whom we should direct our enquiries in relation to the lodgement:

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Family name or surname

Given name

Email address

Phone number (include area code)

Mobile number



Australian Government
Workplace Authority



31060903

Phone: 13 13 94 Website: www.workplaceauthority.gov.au

EDF-UGWA-NDT-0609 (3 of 9)

EDF-UGVA-NDT-0609 (4 of 9)

EMPLOYER DECLARATION FORM – UNION GREENFIELDS AGREEMENT
VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Part D: The no-disadvantage test

The no-disadvantage test ensures that a workplace agreement does not reduce employees' overall terms and conditions of employment when compared with the appropriate industrial instrument or award.

Please provide the following information about this union greenfields agreement variation agreement and the employees who will be covered by it. A copy of the union greenfields agreement variation agreement is to be attached to this form.

Only complete this section if the information you provided when the union greenfields agreement was lodged has changed.

1. Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes – How many days per year



Australian Government
Workplace Authority



31060905

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
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Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes – How many days per year



Australian Government
Workplace Authority



31060906

EMPLOYER DECLARATION FORM – UNION GREENFIELDS AGREEMENT
VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes – How many days per year



Australian Government
Workplace Authority



31060907

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

[illegible][illegible]

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

☐ No
☒ Yes

☐ No

☐ Yes – How many days per year



Australian Government
Workplace Authority



31060908

Phone: +3 13 94 Website: www.mrplacelibrary.gov.au

EDF-UGVA-NDT-0609 (8 of 9)

EMPLOYER DECLARATION FORM – UNION GREENFIELDS AGREEMENT
VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes – How many days per year



Australian Government
Workplace Authority



31060909

Phone: 13 13 94 Website: www.workplaceauthority.gov.au

EDF-UGVA-NDT-0809 (9 of 9)

- **When lodging a copy of a variation for an Employer greenfields agreement use EMPLOYER DECLARATION FORM – EMPLOYER GREENFIELDS AGREEMENT VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST as set out immediately below**



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EMPLOYER DECLARATION FORM – EMPLOYER GREENFIELDS AGREEMENT VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Read these instructions before completing the form:

1. Use this form to lodge a variation to an employer greenfields agreement that was made because your employer greenfields agreement did not pass the no-disadvantage test.
2. Do not use this form to lodge a variation to an employer greenfields agreement that is **not** made in response to the no-disadvantage test.
3. Do **not** use this form to lodge an employer greenfields agreement, to terminate an employer greenfields agreement, or to lodge a variation to a union greenfields agreement or to lodge a variation to an individual transitional employment agreement. You need to use different forms to lodge other kinds of agreements.
4. Use a black pen and print clearly in BLOCK LETTERS. Put a cross in the relevant boxes. Do not use whiteout or covering stickers.
5. To lodge your employer greenfields agreement variation agreement:
 - i. Make, sign and date the declaration at the start of the form. (Knowingly making a false declaration is a serious offence.)
 - ii. Answer the questions on the form. The Agreement number for the employer greenfields agreement being varied must be provided. Refer to the Declaration Receipt issued by the Workplace Authority when the greenfields agreement was lodged.
 - iii. Attach a copy of the employer greenfields agreement variation agreement.
 - iv. Mail the documents to this address:
Workplace Authority
Locked Bag 4000
Matraville NSW 2036
6. Your employer greenfields agreement variation agreement that is made in response to the no-disadvantage test must be lodged with the Workplace Authority within 30 days, commencing on the seventh day after the date of the letter telling you that the agreement did not pass the no-disadvantage test.
7. Your employer greenfields agreement variation agreement starts to operate on the day of lodgement - i.e. receipt - at the address above.
8. You will be sent a letter acknowledging receipt of the variation agreement.
9. The no-disadvantage test will be applied to your employer greenfields agreement as varied by the variation agreement. You will be sent a further letter telling you whether or not your agreement as varied passes the no-disadvantage test.
 - If you receive a letter saying that your employer greenfields agreement as varied in response to the no-disadvantage test passes, your agreement as varied will continue to operate from the day of lodgement - i.e. the day the Workplace Authority received the variation agreement.
 - If you receive a letter saying that your employer greenfields agreement as varied in response to the no-disadvantage test does not pass, the agreement will stop operating on the seventh day after the date of that letter.
9. If you have any questions or need assistance, you can call the Fair Work Infoline on 13 13 94 between 8:00am and 7:00pm Monday to Friday.
10. Record the date on which you posted this completed form to the address above:

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11. Tear off this page and retain for your records. This page is not required by the Workplace Authority.

EMPLOYER DECLARATION FORM – EMPLOYER GREENFIELDS AGREEMENT
VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

The employer makes this declaration and completes the declaration form when lodging an agreement varying an employer greenfields agreement because the employer greenfields agreement did not pass the no-disadvantage test.

The employer's declaration applies to the employer greenfields agreement named in the declaration form. The declaration form includes Part A: Employer's declaration, Part B: Agreement and employer details and Part C: The no-disadvantage test.

The employer makes this declaration and completes the declaration form under caution that the provision of any information or document to the Workplace Authority the employer knows to be false or misleading is a serious offence under the *Criminal Code Act 1995*. The maximum penalty is 12 months imprisonment.

Part A: Employer's declaration

The employer party to the agreement lodged declares that: (Please mark boxes with 'X' to indicate)

- ☐ The information in the declaration form is true and correct to the best of the employer's knowledge.
- ☐ The agreement being lodged is a copy of a signed agreement varying an employer greenfields agreement.
- ☐ The agreement has been signed by the employer and, if there are employees bound by the agreement, a representative or bargaining agent of the employees who will be subject to the agreement.
- ☐ The variation agreement has been made because the employer greenfields agreement did not pass the no-disadvantage test.
- ☐ The variation agreement was approved before lodgement because:
- employees employed at the time whose employment is subject to the employer greenfields agreement and/or who will be subject to the employer greenfields agreement as varied, were given a reasonable opportunity to decide if they wanted to approve the variation; and
 - either there was a decision made by a vote where a majority of the employees who cast a valid vote approved the variation, or
 - otherwise a majority of employees employed at the time whose employment is subject to the employer greenfields agreement or will be subject to the employer greenfields agreement as varied decided they wanted to approve the variation.
- ☐ The variation agreement was lodged within 30 days commencing on the seventh day after the date of issue of the notice advising that the employer greenfields agreement did not pass the no-disadvantage test.

Name of person making the declaration

Family name or surname

[illegible]

Given name(s)

[illegible]

I am: (mark appropriate box with an 'X')

- ☐ the employer, or
- ☐ an agent appointed by the employer and given authority to make this declaration.

Signature

[illegible]

Date of declaration

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PRIVACY STATEMENT

The Workplace Authority treats the privacy of an individual's personal information seriously. Personal information is any information that would identify a natural person.

Any personal information provided by you in the declaration form will only be used or disclosed for the purposes of sending correspondence about your agreement, providing information to the Minister and conducting research related to the Workplace Authority's promotional, educational, advice and assistance functions under the saved provisions of the *Workplace Relations Act 1996* (the Act). This information may also be disclosed to Fair Work Inspectors.



Australian Government
Workplace Authority



30060901

EMPLOYER DECLARATION FORM – EMPLOYER GREENFIELDS AGREEMENT
VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Part B: Agreement and employer details

Please provide information about the employer greenfields agreement variation agreement and the employer. All questions must be answered.

1. What is the Agreement number of the agreement being varied? (refer to the Declaration Receipt Issued by the Workplace Authority)

[illegible]

2. What is your Australian Business Number (ABN)?

[illegible]

3. What is your legal name?

[illegible]

4. What is your trading name? (only complete if different to the legal name in question 3)

[illegible]

5. What is your address? (for the purpose of correspondence related to the agreement)

[illegible][illegible]

6. What is your email address?

[illegible]

7. What is your preferred method of contact for correspondence? (mark one box with an 'X')

Mail ☐ Email ☐

8. Which of the following best describes the industry in which you operate? (mark one box with an 'X')

- | | | |
|---|--|---|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Mining | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Other services |
| <input type="checkbox"/> Administrative and support services | <input type="checkbox"/> Information media and telecommunications | |
| <input type="checkbox"/> Financial and insurance services | <input type="checkbox"/> Accommodation and food services | |
| <input type="checkbox"/> Electricity, gas, water and waste services | <input type="checkbox"/> Health care and social assistance | |
| <input type="checkbox"/> Arts and recreation services | <input type="checkbox"/> Public administration and safety | |
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Professional, scientific and technical services | |
| <input type="checkbox"/> Agriculture, forestry and fishing | <input type="checkbox"/> Rental, hiring and real estate services | |
| <input type="checkbox"/> Transport, postal and warehousing | | |

What is the primary activity of the business? (e.g. music retailer, plumbing contractor, steel fabricator)

[illegible]

Australian Government
Workplace Authority



30060902

EMPLOYER DECLARATION FORM – EMPLOYER GREENFIELDS AGREEMENT
VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

9. How many employees are employed? (include full-time, part-time and casual employees)

☐ Less than 20 employees☐ Between 20 and 99 employees☐ Between 100 and 499 employees

☐ More than 500 employees

10. What employment sector do you belong to?

☐ Private

☐ Public (government-related employment)☐ Not for profit

11. Please provide contact details for the employer representative to whom we should direct our enquiries in relation to the lodgement:

Title

Mr

☐ Mrs

☐ Miss

☐ Ms

Family name or surname

[illegible]

Given name

[illegible]

Email address

[illegible]

Phone number (include area code)

[illegible]

Mobile number

[illegible]

Australian Government
Workplace Authority



30060903

EMPLOYER DECLARATION FORM – EMPLOYER GREENFIELDS AGREEMENT
VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Part C: The no-disadvantage test

The no-disadvantage test ensures that a workplace agreement does not reduce employees' overall terms and conditions of employment when compared with the appropriate industrial agreement or award.

Please provide the following information about this employer greenfields agreement variation agreement and the employees who will be covered by it. A copy of the employer greenfields agreement variation agreement is to be attached to this form.

Only complete this section if the information you provided when the employer greenfields agreement was lodged has changed.

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes – How many days per year



Australian Government
Workplace Authority



30060904

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>

Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes — How many days per year

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Australian Government
Workplace Authority



30060905

EMPLOYER DECLARATION FORM – EMPLOYER GREENFIELDS AGREEMENT
VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes – How many days per year



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30060906

Phone: 13 13 94 Website: www.workplaceauthority.gov.au

EDF-EGVA-NDT-0609 (6 of 8)

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

☐ No
☐ Yes

☐ No
☐ Yes — How many days per year

--	--



Australian Government
Workplace Authority



30060907

EMPLOYER DECLARATION FORM – EMPLOYER GREENFIELDS AGREEMENT
VARIATION AGREEMENT – MADE IN RESPONSE TO THE NO-DISADVANTAGE TEST

Please provide the following information for each job classification covered by the agreement. If you need more space, please attach additional pages.

Job classification name

[illegible]

What are the main tasks and duties for this job?

[illegible]

Please indicate in the table below the expected usual working hours of the employees in this classification. You may be contacted to provide additional information.

	Start time	Finish time	Length of breaks (minutes)
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saturday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sunday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Will the employees work Shift Work?

- ☐ No
☐ Yes

Will the employees work Public Holidays?

- ☐ No
- ☐ Yes – How many days per year



Australian Government
Workplace Authority



30060908

Phone: 13 13 94 Website: www.workplaceauthority.gov.au

EDF-EGVA-NDT-0509 (8 of 8)

- **When lodging a copy of an undertaking for an Employer greenfields agreement use EMPLOYER DECLARATION FORM – UNDERTAKING TO VARY AN EMPLOYER GREENFIELDS AGREEMENT IN RESPONSE TO THE NO-DISADVANTAGE TEST as set out immediately below**

The employer makes this declaration when lodging an undertaking to vary an employer greenfields agreement in response to a no-disadvantage test assessment.

The employer's declaration applies to the undertaking to vary the employer greenfields agreement identified in the undertaking.

The employer makes this declaration and gives the undertaking under caution that the provision of any information or document to the Workplace Authority the employer knows to be false or misleading is a serious offence under the *Criminal Code Act 1995*. The maximum penalty is 12 months imprisonment.

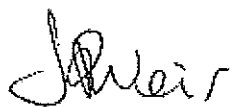
The employer party to the employer greenfields agreement which is varied by the undertaking lodged declares that:

PART B: EMPLOYER DETAILS

[illegible][illegible][illegible]

Phone: 13 13 94 Website: www.workplaceauthority.gov.au

EDF-EGAU-0609 (2 of 2)

A handwritten signature in black ink, appearing to read 'Penny Weir'.

Penny Weir
Acting Workplace Authority Director

25 June 2009

Environment, Water, Heritage and the Arts



Commonwealth of Australia

Environment Protection and Biodiversity Conservation Act 1999 (the Act)

Notice of making threat abatement plans under section 278 of the Act

I, PETER ROBERT GARRETT, Minister for the Environment, Heritage and the Arts hereby give notice that I have reviewed the Threat Abatement Plan for Dieback Caused by the Root-rot Fungus *Phytophthora cinnamomi* (2001), (the Plan) under section 279 of the Act and have decided to vary that Plan by replacing the Plan with the following:

- (a) Threat Abatement Plan for disease in natural ecosystems caused by *Phytophthora cinnamomi*. (2009)

The revised Plan referred to above came into force on 17 June 2009. The Plan is available electronically at:

<http://www.environment.gov.au/biodiversity/threatened/tap-approved.html>

or from the Department of the Environment, Water, Heritage and the Arts Community Information Unit (ciu@environment.gov.au), or on 1800 803 772.



THE WATER EFFICIENCY LABELLING AND STANDARDS REGULATOR

NOTICE UNDER SUBSECTION 28(1) OF THE WATER EFFICIENCY LABELLING AND STANDARDS ACT 2005

I, Dianne Deane, pursuant to section 25 of the *Water Efficiency Labelling and Standards Act 2005* (the WELS Act), register the following WELS product(s) under subsection 28(1) of the WELS Act. WELS registrations are subject to the conditions set out in subsections 4.5, 4.6 and 4.7 of *AS/ANZ 6400:2005 Water efficient Products – Rating and labelling*.

Registered WELS products

Brand Name	Product Type	Family Name / Product Name / Model Reference	Registration Number
IGI	Tap and tap outlet set	Addition to Family Name: Mixers Mili Height Adjustable S/L Sink Mixer Curved (GD16204), Mili Height Adjustable S/L Sink Mixer Square (GD16203), Mili S/L Sink Mixer Curve with Filtered Water Port (GD16208), Mili S/L Sink Mixer Sq with Filtered Water Port (GD16207), Mirada Basin Mixer Horizontal Swivel (MBMHC), Mirada Square Basin Mixer (MBMSQC), Mirada Square Sink Mixer (MSMSQC), Teema Basin Mixer Extended (GD15102), Teema Basin Mixer Fixed (GD15101)	R000220G
BOSCH	Dishwashers	Family Name: GV600-3-14 SGI53E15AU, SGS55E12AU, SGS65M08AU, SGU55E15AU, SGV53E03AU	R001849
LINKWARE	Tap only	Addition to Family Name: PULL OUT SINK MIXER Helena Spray Mixer, danELLE Spray Mixer	R000164A
DANIELA	Dishwashers	Family Name: Daniela DDW103CS	R001850
GUO YUAN	Showers	Addition to Family Name: SHOWERS GUO 3 LEO ALCOVE SET, LEO BATH/SHR DIVERter, LEO TROMBONE SET, OXFORD ALCOVE SET, OXFORD BATH/SGHR DIVERter, OXFORD TROMBONE SET	R000444P
BRODWARE	Tap and tap outlet set	Addition to Family Name: Five Star tap equipment C11.xx, C12.xx, C12.xx, C13.xx, C14.xx, C17.xx, C17.xx, C19.xx, C19.xx	R000380B
MARBLETREND/ MBI	Toilet suite	Family Name: Fresh/Carra Fresh/Genova	R001851
GLOBO	Toilet suite	Addition to Family Name: Globo 6/3 Prima PR003, Space Concept 66 SA004, Space Concept 67 SA003, Space Stone 68 SS003	R001841A
SPEED QUEEN	Clothes Washing Machine	Family Name: FRONT LOADERS AFN50+, ATE50+, ATG50+	R001852
MANIA NATIONAL	Showers	Addition to Family Name: Shower sets Anti Vandel showrCt 1821, Economy Shower setCT3403c, Shower set CT 3307C, Square Handle showerCT4505C, Square handle showerCT4505, Swan NeckballjointshowerCT3305C, Swan neck Ball joint Shower CT1806C, Twin head Shower CT1804C	R000047A
DORF CLARK IND	Showers	Family Name: CD-CA-3S-GNT392 Caroma -, Caroma -, Caroma - Track, Caroma - Track, Caroma - Track (Rail)	R001853
DORF CLARK IND	Showers	Family Name: CD-DO-3S-GNT392 Dorf -, Dorf - (Rail), Dorf - Arc, Dorf - Arc (Rail), Dorf - Arc SHOWER SYSTEM, Dorf - Jovian, Dorf - Jovian (Rail), Dorf - Jovian SHOWER SYSTEM, Dorf - Minko, Dorf - Minko, Dorf - Minko SHOWER SYSTEM	R001854

Brand Name	Product Type	Family Name / Product Name / Model Reference	Registration Number
DORF CLARK IND	Showers	Family Name: CD-CA-3S-CV15FR-456 Caroma -, Caroma - Track	R001855
DORF CLARK IND	Showers	Family Name: CD-DO-3S-CV15FR-456 Dorf -, Dorf – Arc, Dorf – Jovian, Dorf - Minko	R001856
GAGGENAU	Dishwashers	Family Name: Type SD6P1G DF240-161, DF241-161, DF460-161, DF461-161, DI460-131, DI461-131	R001857
MANIA NATIONAL	Showers	Family Name: 2 star Showers	R001858



Delegate of the Water Efficiency Labelling and Standards Regulator
01 July 2009

DEPARTMENT OF THE ENVIRONMENT, WATER, HERITAGE AND THE ARTS

Environment Protection and Biodiversity Conservation Act 1999

For further information see referrals list at <http://www.environment.gov.au/epbc/notices> and type in the reference number in the Search box

ACTIONS DETERMINED AS REQUIRING APPROVAL (*EPBC Act s.75*)

Reference	Title	Controlling Provisions	Date
2009/4898	SunWater/Natural resources management/Mt Rose Station, approx 45km north-east of Taroom/QLD/Translocation Trial for the Boggomoss Snail	<ul style="list-style-type: none"> Listed threatened species and communities (sections 18 & 18A) 	17-JUN-2009
2009/4897	Australian Rail Track Corporation/Transport - land/Main Northern Railway between Maitland Junction and Minimbah/NSW/Upgrade of approx 32km of Main Northern Railway, including construction of 3rd track	<ul style="list-style-type: none"> Listed threatened species and communities (sections 18 & 18A) Commonwealth action (section 28) 	18-JUN-2009
2009/4904	Gladstone Ports Corporation Ltd/Transport - water/Approx 525km north of Brisbane & 100km south of Rockhampton/QLD/Port of Gladstone Western Basin Strategic Dredging and Disposal Project	<ul style="list-style-type: none"> World Heritage properties (section 12 & 15A) National Heritage places (section 15B & 15C) Listed threatened species and communities (sections 18 & 18A) Listed migratory species (sections 20 & 20A) 	18-JUN-2009
2009/4906	BHP Billiton Yeelirrie Development Company Pty Ltd/Mining/Shire of Wiluna/WA/Yeelirrie Uranium Mine	<ul style="list-style-type: none"> Listed threatened species and communities (sections 18 & 18A) Listed migratory species (sections 20 & 20A) Nuclear actions (sections 21 & 22A) 	19-JUN-2009
2008/4376	South Gippsland Shire Council/Natural resources management/Toora Boat Ramp channel in Corner Inlet 3 km from Toora/VIC/Maintenance Dredging of Toora Boat Ramp Channel	<ul style="list-style-type: none"> Listed threatened species and communities (sections 18 & 18A) Listed migratory species (sections 20 & 20A) Wetlands of international importance (sections 16 & 17B) 	22-JUN-2009

ACTIONS DETERMINED AS NOT REQUIRING APPROVAL (*EPBC Act s.75*)

Reference	Title	Date
2009/4908	Pleasant Grove Pty Ltd/Residential development/Lot 1-5 Bluerise Cove, Falcon, Mandurah/WA/Re-zoning of Land for Future Residential Development Purposes	19-JUN-2009
2009/4721	Merrifield Corporation Pty Ltd/Commercial development/Donnybrook Road, Mickleham/VIC/Merrifield Central Industrial and Commercial Subdivision	22-JUN-2009
2009/4786	Boulder Steel Limited/Manufacturing/Aldoga Precinct of the Gladstone State Development Area/QLD/Gladstone Steel Making Facility	23-JUN-2009

* Actions which are not controlled actions provided they are undertaken in a particular manner. Further information on provision and manner specified is available from www.environment.gov.au/epbc/notices

ASSESSMENT APPROACH (*EPBC Act s.87*)

Reference	Title	Assessment Approach	Date
2009/4898	SunWater/Natural resources management/Mt Rose Station, approx 45km north-east of Taroom/QLD/Translocation Trial for the Boggomoss Snail	Assessment preliminary documentation	17-JUN-2009
2008/4376	South Gippsland Shire Council/Natural resources management/Toora Boat Ramp channel in Corner Inlet 3 km from Toora/VIC/Maintenance Dredging of Toora Boat Ramp Channel	Assessment preliminary documentation	22-JUN-2009

* If the Assessment Approach is an Accredited Assessment Process the process must also be identified

DECISION ON APPROVAL (*EPBC Act s.133*)

Reference	Title	Approval Decision	Date
2008/4173	Water Corporation/Water management and use/Lots 32, 33 and part Lot 8 Tarato Rd, Binningup/WA/Southern Seawater Desalination Project	Approved with conditions	24-JUN-2009
2008/4638	Peet Limited/Residential development/Alkimos, 40 km N-W of Perth/WA/Proposed Urban Development of Lots 1005 & 1006	Approved with conditions	11-JUN- 2009

Some public notifications on the Internet and in the Gazette relating to the processing of referrals for approval under Chapter 4 of the *Environment Protection and Biodiversity Conservation Act 1999* may occasionally be missed in processing by the Department of the Environment, Water, Heritage and the Arts, or may not meet timeframes for notification. The Department of the Environment, Water, Heritage and the Arts has implemented systems and ongoing quality assurance procedures to minimise any risk of missing a notification within the required timeframe. Where a missed notification is identified the practice will be to notify these even though the timeframe for notification has lapsed. This will ensure that the history of notifications for each referral is available to the public. The Department of the Environment, Water, Heritage and the Arts regrets any inconvenience that may be caused by a missed notification. Please note that late notifications have not affected subsequent processing of referrals or assessments and they do not affect decisions made.

Finance and Deregulation



REGISTER OF POLITICAL PARTIES

Notice of change to the Register of Political Parties

As delegate of the Australian Electoral Commission and pursuant to the provisions of Part XI of the *Commonwealth Electoral Act 1918*, on 25 June 2009 I approved an application from the National Party of Australia (WA) Inc to replace its registered officer in the Register of Political Parties with the following person:

Colin James Holt
57 Jacobina Way
FORRESTFIELD WA 6058

Sue Sayer
Director, Funding and Disclosure
Delegate of the Australian Electoral Commission

Foreign Affairs and Trade

EXPORT MARKET DEVELOPMENT GRANTS ACT 1997

Determination (2/2009)


Determination of the payout factor for grant year 2007-08

I, Michael Vickers, Acting General Manager, Business Policy & Programs, Australian Trade Commission, pursuant to section 69 of the *Export Market Development Grants Act 1997*, determine the payout factor for grant year 2007-08 to be one point zero (1.0)

Signed:


Michael Vickers

Dated:


22/6/2009

Health and Ageing



Australian Government
Department of Health and Ageing
Therapeutic Goods Administration

COMMONWEALTH OF AUSTRALIA

THERAPEUTIC GOODS ACT 1989

SECTION 14 AND 14A NOTICE

I, a delegate of the Secretary of the Department of Health and Ageing for the purposes of sections 14, 14A and 15 of the *Therapeutic Goods Act 1989* (“*the Act*”), hereby give my consent, pursuant to sections 14 and 14A of the Act for Roche Products Pty Ltd, 4-10 Inman Road, PO Box 255, Dee Why, NSW, 2099 to supply ACTEMRA (tocilizumab) 400mg/20mL injection concentrated vial (AUST R 149402) with a Batch No. of B0007 with labels which do not comply with the requirements of Therapeutic Goods Order No 69 - “General Requirements for Labels for Medicines”.

Pursuant to section 15(1) of the Act, my consent is subject to the following conditions:

1. The drug product will be supplied with the Far East labels for the product with appropriate oversticker, as detailed in company's letter dated 10 June 2009.
2. The overstickered drug product drug will also be supplied together with the Australian package insert in a sealed plastic bag, as detailed in company's letter dated 10 June 2009.
3. The exemption is to apply to 500 units from batch B0007 of tocilizumab (ACTEMRA) 400mg/20mL injection concentrated vial, as detailed in company's letter dated 10 June 2009.

Supply of this product is subject to the standard conditions applying to the supply of goods registered in the Australian Register of Therapeutic Goods.

(signed by)
Chong Loh
Delegate of the Secretary
Office of Laboratories and Scientific Services

Friday, 19 June 2009



Australian Government
Department of Health and Ageing
Therapeutic Goods Administration

THERAPEUTIC GOODS ACT 1989

SECTION 14 NOTICE

On 25 June 2009 the delegate of the Secretary of the Department of Health and Ageing for the purposes of subsection 14 and 14A of the *Therapeutic Goods Act 1989* (“the Act”) gave her consent for Pharm-Austral Pty Limited, 1 Cook Street HAWTHORN VIC 3122 to supply Gamunex –Normal Immunoglobulin (Human) 2.5g/25mL intravenous solution (AUST R 117237) with container labelling that does not comply with subclauses 3(2)g, 3(2)j, 3(2)k (3(14)) and 3(2)l of the *Therapeutic Goods Order 69*.

The conditions for this consent under section 15(1) of the Act are:

- 1 The exemption applies only for the Gamunex 25mL presentation (Gamunex – Normal Immunoglobulin (Human) 2.5g/25mL intravenous solution (AUST R 117237)).

Supply of this product is also subject to the standard conditions applying to the supply of goods registered in the Australian Register of Therapeutic Goods.

Infrastructure, Transport, Regional Development and Local Government

Form 6

Permit for unlicensed ship - continuing (regulation 6)

No: 6493

Navigation Act 1912

PERMIT FOR UNLICENSED SHIP - CONTINUING

I, Michael Sutton, in exercise of the power delegated to me by the Minister under section 9 of the Navigation Act 1912, grant, under section 286 of the Act, permission for the ship specified in this permit to carry passengers or cargo or both between the ports specified, subject to any conditions set out on this permit.

This permit remains in force from 22/06/2009 to 14/09/2009

Details about ship

Name of ship: Jupiter Leader

Port of registry: Singapore

IMO No. of ship: 9402756

Name of Owner: Topaz Sea Carriers PTE LTD

Name of ports for which permit issued

From Brisbane to Fremantle. From Port Kembla to Fremantle. From Melbourne to Fremantle. From Adelaide to Fremantle.

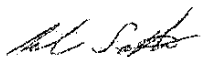
Permit conditions

1. That the Department is notified, within 14 days after every sailing, of the date of the voyage and the cargo carried by the ship.
2. This permit is issued on condition that the ship named in the permit leaves Australia and travels to a port outside Australia at least once in any three (3) month period.
3. General Cargo; may only be carried.
4. This permit is issued on condition that the ISSC is renewed prior to the expiry date.
5. The cargo may only be carried from the ports outlined in the section 'Name of ports for which permit issued'.
6. If there is a change in schedule the Department must be advised before the vessel sails.
7. This permit is issued on condition that the ship named in the permit complies with all the standards of safety and marine environment protection of international conventions and agreements to which Australia is party.
8. This permit must be produced to Customs for clearance at each port of loading or discharge, prior to taking on board or discharging any cargo or passengers carried under permit.
9. This permit is subject to the condition that coastal cargo is carried by the permit holder only if:
 - (a) there is no licensed ship available for that carriage; or
 - (b) the service offered by an available licensed ship is, in the opinion of the Minister or the Minister's delegate, not adequate for the proposed carriage; and in the opinion of the Minister's delegate, it is in the public interest for the permit holder to carry the coastal cargo.
10. The permit holder must check the availability of relevant licensed vessels on routes serviced by licensed operators with those operators before accepting coastal cargo for those routes, and before each sailing must send to the Department documentary evidence that it has done so.

Contact details of relevant licensed operators are available on request from the Department.

Signature of delegate:

Date: 22 June 2009



Form 6**Permit for unlicensed ship - continuing**
(regulation 6)

No: 6478

*Navigation Act 1912***PERMIT FOR UNLICENSED SHIP - CONTINUING**

I, Michael Sutton, in exercise of the power delegated to me by the Minister under section 9 of the Navigation Act 1912, grant, under section 286 of the Act, permission for the ship specified in this permit to carry passengers or cargo or both between the ports specified, subject to any conditions set out on this permit.

This permit remains in force from 24/06/2009 to 23/09/2009

Details about ship

Name of ship: COSCO FUZHOU

Port of registry: Hong Kong

IMO No. of ship: 9403009

Name of Owner: SEASPAN CORPORATION

Name of ports for which permit issued

From Melbourne to Brisbane.

Permit conditions

1. That the Department is notified, within 14 days after every sailing, of the date of the voyage and the cargo carried by the ship.
2. This permit is issued on condition that the ship named in the permit leaves Australia and travels to a port outside Australia at least once in any three (3) month period.
3. General Cargo; may only be carried.
4. The cargo may only be carried from the ports outlined in the section 'Name of ports for which permit issued'.
5. If there is a change in schedule the Department must be advised before the vessel sails.
6. This permit is issued on condition that the ship named in the permit complies with all the standards of safety and marine environment protection of international conventions and agreements to which Australia is party.
7. This permit must be produced to Customs for clearance at each port of loading or discharge, prior to taking on board or discharging any cargo or passengers carried under permit.
8. This permit is subject to the condition that coastal cargo is carried by the permit holder only if:
 - (a) there is no licensed ship available for that carriage; or
 - (b) the service offered by an available licensed ship is, in the opinion of the Minister or the Minister's delegate, not adequate for the proposed carriage; and in the opinion of the Minister's delegate, it is in the public interest for the permit holder to carry the coastal cargo.
9. The permit holder must check the availability of relevant licensed vessels on routes serviced by licensed operators with those operators before accepting coastal cargo for those routes, and before each sailing must send to the Department documentary evidence that it has done so. Contact details of relevant licensed operators are available on request from the Department.

Signature of delegate:

Date: 23 June 2009



Form 6 Permit for unlicensed ship - continuing (regulation 6)

No: 6270

Navigation Act 1912

PERMIT FOR UNLICENSED SHIP - CONTINUING

I, Michael Sutton, in exercise of the power delegated to me by the Minister under section 9 of the Navigation Act 1912, grant, under section 286 of the Act, permission for the ship specified in this permit to carry passengers or cargo or both between the ports specified, subject to any conditions set out on this permit.

This permit remains in force from 20/07/2009 to 19/10/2009

Details about ship

Name of ship: Orion

Port of registry: Nassau

IMO No. of ship: 9273076

Name of Owner: Explorer Maritime Ltd

Name of ports for which permit issued

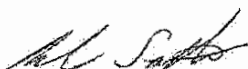
From Cape Leveque to Lacepedes Islands. From Lacepedes Islands to Broome. From Broome to Lacepedes Islands. From Lacepedes Islands to Cape Leveque. From Cape Leveque to Talbot Bay. From Talbot Bay to Montgomery Reef. From Montgomery Reef to Raft Point. From Raft Point to Hunter River. From Hunter River to Bigge Island. From Bigge Island to Vansittart Bay. From Vansittart Bay to King George River. From King George River to Darwin. From Darwin to King George River. From King George River to Vansittart Bay. From Vansittart Bay to Kuri Bay. From Kuri Bay to Bigge Island. From Bigge Island to Hunter River. From Hunter River to Montgomery Reef. From Montgomery Reef to Raft Point. From Raft Point to Talbot Bay. From Talbot Bay to Cape Leveque. From Darwin to Port Essington. From Port Essington to Broome. From Broome to King George River to Melville Island.

Permit conditions

1. That the Department is notified, within 14 days after every sailing, of the date of the voyage and the cargo carried by the ship.
2. This permit is issued on condition that the ship named in the permit leaves Australia and travels to a port outside Australia at least once in any three (3) month period.
3. Passengers; may only be carried.
4. The cargo may only be carried from the ports outlined in the section 'Name of ports for which permit issued'.
5. If there is a change in schedule the Department must be advised before the vessel sails.
6. This permit is issued on condition that the ship named in the permit complies with all the standards of safety and marine environment protection of international conventions and agreements to which Australia is party.
7. This permit must be produced to Customs for clearance at each port of loading or discharge, prior to taking on board or discharging any cargo or passengers carried under permit.
8. This permit is subject to the condition that coastal cargo is carried by the permit holder only if:
 - (a) there is no licensed ship available for that carriage; or
 - (b) the service offered by an available licensed ship is, in the opinion of the Minister or the Minister's delegate, not adequate for the proposed carriage; and in the opinion of the Minister's delegate, it is in the public interest for the permit holder to carry the coastal cargo.
9. The permit holder must check the availability of relevant licensed vessels on routes serviced by licensed operators with those operators before accepting coastal cargo for those routes, and before each sailing must send to the Department documentary evidence that it has done so.
- Contact details of relevant licensed operators are available on request from the Department.

Signature of delegate:

Date: 18 June, 2009



Resources, Energy and Tourism

COMMONWEALTH OF AUSTRALIA***Offshore Petroleum and Greenhouse Gas Storage Act 2006*****FIFTH RENEWAL OF EXPLORATION PERMIT FOR PETROLEUM AC/P4**

The renewal of exploration permit for petroleum AC/P4 has been granted to:

OMV Timor Sea Pty Ltd
Cosmo Oil Co., Ltd
Nippon Oil Exploration (Australia) Pty Ltd

In respect of the blocks described hereunder, to have effect for a period of 5 years from 24 June 2009.

DESCRIPTION OF BLOCKS

The reference hereunder is to the name of the map sheet of the 1:1,000,000 series prepared and published for the purposes of the *Offshore Petroleum and Greenhouse Gas Storage Act 2006* and to the numbers of graticular sections shown thereon.

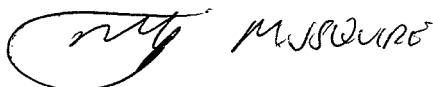
Map Sheet SC 51 (TIMOR)**Block Numbers**

2731	2874	3231
3375	3376	3377

Assessed to contain 8 whole blocks.

Dated this 24th day of June 2009.

Made under the *Offshore Petroleum and Greenhouse Gas Storage Act 2006* of the Commonwealth of Australia.



DELEGATE OF THE JOINT AUTHORITY FOR THE OFFSHORE AREA OF THE
EXTERNAL TERRITORY OF ASHMORE AND CARTIER ISLANDS

Pursuant to the Instrument of Delegation dated 25 August 2008

COMMONWEALTH OF AUSTRALIA

Offshore Petroleum and Greenhouse Gas Storage Act 2006

SECOND RENEWAL OF EXPLORATION PERMIT FOR PETROLEUM AC/P17

The renewal of exploration permit for petroleum AC/P17 has been granted to:

OMV Timor Sea Pty Ltd
Cosmo Oil Ashmore Ltd
Cosmo Oil Co., Ltd

In respect of the blocks described hereunder, to have effect for a period of 5 years from 24 June 2009.

DESCRIPTION OF BLOCKS

The reference hereunder is to the name of the map sheet of the 1:1,000,000 series prepared and published for the purposes of the *Offshore Petroleum and Greenhouse Gas Storage Act 2006* and to the numbers of graticular sections shown thereon.

Map Sheet SC 51 (TIMOR)

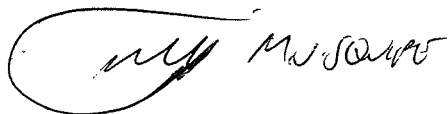
Block Numbers

3228	3229	3300	3372 (part)
------	------	------	-------------

Assessed to contain 3 whole blocks and 1 part block.

Dated this 24th day of June 2009.

Made under the *Offshore Petroleum and Greenhouse Gas Storage Act 2006* of the Commonwealth of Australia.



DELEGATE OF THE JOINT AUTHORITY FOR THE OFFSHORE AREA OF THE
EXTERNAL TERRITORY OF ASHMORE AND CARTIER ISLANDS

Pursuant to the Instrument of Delegation dated 25 August 2008

COMMONWEALTH OF AUSTRALIA***Offshore Petroleum and Greenhouse Gas Storage Act 2006*****FIRST RENEWAL OF EXPLORATION PERMIT FOR PETROLEUM AC/P32**

The renewal of exploration permit for petroleum AC/P32 has been granted to:

PTTEP Australasia (Ashmore Cartier) Pty Ltd
Bounty Oil & Gas NL
Cosmo Energy Exploration & Development Ltd
Bharat PetroResources Ltd

In respect of the blocks described hereunder, to have effect for a period of 5 years from 24 June 2009.

DESCRIPTION OF BLOCKS

The reference hereunder is to the name of the map sheet of the 1:1,000,000 series prepared and published for the purposes of the *Offshore Petroleum and Greenhouse Gas Storage Act 2006* and to the numbers of graticular sections shown thereon.

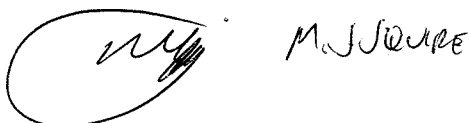
Map Sheet SD 51 (Brunswick Bay)**Block Numbers**

344	345	416	417	488
489				

Assessed to contain 6 whole blocks.

Dated this 24th day of June 2009.

Made under the *Offshore Petroleum and Greenhouse Gas Storage Act 2006* of the Commonwealth of Australia.



DELEGATE OF THE JOINT AUTHORITY FOR THE OFFSHORE AREA OF THE
EXTERNAL TERRITORY OF ASHMORE AND CARTIER ISLANDS

Pursuant to the Instrument of Delegation dated 25 August 2008

Treasury



Australian Government
Australian Taxation Office

NOTICE OF DISQUALIFICATION *Superannuation Industry (Supervision) Act 1993*

To:
Mrs Ingrid J Tuendemann
C/- John Gasson & Co
PO Box 119
BINGARA NSW 2404

I, Marina Dolevski, a delegate of the Commissioner of Taxation, give you notice as required by subsection 126A(6) of the *Superannuation Industry (Supervision) Act 1993* (SIS Act), that I have made a decision to disqualify you from being a trustee or a responsible officer of a body corporate that is a trustee, investment manager or custodian, of a superannuation entity.

I have disqualified you under subsection 126A(1) of the SIS Act as I am satisfied that you have contravened the SIS Act on one or more occasions and the seriousness of the contraventions provides grounds for disqualifying you.

The disqualification order takes effect on the day on which this notice is made.
Dated: 26 June 2009

Marina Dolevski
Assistant Commissioner of Taxation

Note 1:

In accordance with subsection 126A(7) of the SIS Act, particulars of this disqualification notice will be published in the Gazette.

Note 2:

In accordance with subsection 126A(5) of the SIS Act, we may revoke this disqualification order on our own initiative or on written application made by you.

Note 3:

In accordance with section 344 of the SIS Act, if you are a person who is affected by this decision and you are dissatisfied with it, you may ask the Commissioner to reconsider this decision. Such a request must be made in writing within 21 days of the day on which you received notice of the decision and must also give the reasons for making the request.



Australian Government
Australian Taxation Office

NOTICE OF DISQUALIFICATION
Superannuation Industry (Supervision) Act 1993

To:
Mr Mark Tuendemann
C/- John Gasson & Co
PO Box 119
BINGARA NSW 2404

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Marina Dolevski
Assistant Commissioner of Taxation

Note 1:

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COMMISSIONER OF TAXATION

The Commissioner of Taxation, Michael D'Ascenzo, gives notice of the following Rulings, copies of which can be obtained from Branches of the Australian Taxation Office or at <http://law.ato.gov.au>.

NOTICE OF RULINGS		
Ruling Number	Subject	Brief Description
TD 2009/14	Income tax: is a taxpayer entitled to an income tax deduction under subsection 70B(2) of the <i>Income Tax Assessment Act 1936</i> where a Stapled Security of the kind described in Taxpayer Alert TA 2008/1 is sold at a loss or upon the occurrence of an Assignment Event?	This Determination concludes that a taxpayer is not entitled to an income tax deduction under subsection 70B(2) of the <i>Income Tax Assessment Act 1936</i> upon the sale of the Stapled Security at a loss or upon the occurrence of an Assignment Event. This Determination applies to years of income commencing both before and after its date of issue.
TD 2009/16	Income tax: what is the benchmark interest rate applicable for the year of income that commenced on 1 July 2009 for the purposes of Division 7A of Part III of the <i>Income Tax Assessment Act 1936</i> and how is it used?	This Determination concludes that for the income year that commenced on 1 July 2009, the benchmark interest rate for the purposes of sections 109N and 109E of the <i>Income Tax Assessment Act 1936</i> is 5.75% per annum. This Determination applies to the income year commencing on 1 July 2009.

NOTICE OF WITHDRAWALS		
Ruling Number	Subject	Brief Description
TD 93/82	Income tax: is roll-over relief available under section 160ZZK of the <i>Income Tax Assessment Act 1936</i> where a taxpayer is forced to dispose of an asset due to an adverse change in the taxpayer's financial circumstances?	TD 93/82 is withdrawn with effect from today. TD 93/82 explained that the disposal of an asset due to an adverse change to a taxpayer's financial circumstances is not an 'involuntary disposal' for the purposes of the roll-over in section 160ZZK of the <i>Income Tax Assessment Act 1936</i> . It was rewritten as Subdivision 124-B of the <i>Income Tax Assessment Act 1997</i> which outlines the events giving rise to a roll-over. As the law in respect of this issue is now clear, the Ruling is not necessary and is therefore withdrawn.
SGR 94/4	Superannuation guarantee: ordinary time earnings	SGR 94/4 is withdrawn with effect from today. SGR 94/4 explained what 'ordinary time earnings' were as defined in subsection 6(1) of the <i>Superannuation Guarantee (Administration) Act 1992</i> . This Ruling is withdrawn as the issue has been expanded and clarified by SGR 2009/2.
SGR 94/5	Superannuation guarantee: salary or wages	SGR 94/5 is withdrawn with effect from today. SGR 94/5 explained the meaning of the words 'salary or wages' in the <i>Superannuation Guarantee (Administration) Act 1992</i> . This Ruling is withdrawn as the issue has been expanded and clarified by SGR 2009/2.

NOTICE OF ADDENDUM		
Ruling Number	Subject	Brief Description
GSTR 2006/9	Goods and services tax: supplies	This Addendum amends Goods and Services Tax Ruling GSTR 2006/9 to: clarify the scope of, and reasons for, Proposition 10 as discussed in the Ruling; revise the Commissioner's view relating to the vesting of land in a government authority under statute; and clarify the existing Commissioner's view in relation to tripartite arrangements, in particular third party payer arrangements by providing three further examples of supplies in this context.



Revocation of authorisation to carry on insurance business

Insurance Act 1973

TO: Cavell Insurance Company Limited ARBN 003 217 730 (the insurer)
Level 9, 220 George St, Sydney NSW 2000

SINCE

- A. the insurer is authorised under subsection 12(2) of the *Insurance Act 1973* (the Act), to carry on insurance business in Australia (the Authorisation); and
- B. the insurer has asked APRA to revoke the Authorisation; and
- C. I am satisfied that:
 - (i) the insurer has no liabilities in respect of insurance business carried on by it in Australia; and
 - (ii) revoking the Authorisation would not be contrary to the national interest.

I, Wayne Byres, a delegate of APRA, under subsection 16(1) of the Act, REVOKE the Authorisation.

This Revocation takes effect on the date it is signed.

Dated 19/06/2009

[Signed]

Wayne Byres
Executive General Manager
Diversified Institutions Division

Interpretation

Document ID: 171115

In this Notice

APRA means the Australian Prudential Regulation Authority.

insurance business has the meaning given in section 3 of the Act.

Note 1 Under subsection 16(2) of the Act, if APRA revokes a general insurer's authorisation, APRA must give written notice to the insurer and ensure that notice of the revocation is published in the *Gazette*. By virtue

of subsection 16(3) of the Act, a revocation is not invalid merely because of a failure to comply with subsection 16(2) of the Act.

Public Notices

SHIPPING REGISTRATION ACT 1981

NOTICE OF INTENTION TO APPLY FOR REGISTRATION

Notice is hereby given of the intention of Douglas Allan Barry and Clare Barry of 295 Carella Street, Howrah, Tasmania to apply, after the expiration of the period of thirty days commencing on the date of publication of this notice, for the registration under the abovenamed Act of the ship particulars of which are set out below. Objections to the registration of the ship in the name of the abovementioned person, by persons claiming a legal proprietary right in respect of the ship, should, together with any relevant documents that will verify the claim be delivered to the Registrar of Ships at the Australian Shipping Registration Office, Level 2 Allan Woods Building, 25 Constitution Avenue, Canberra City ACT 2601 or sent by properly prepaid post to the Registrar of Ships at the Australian Maritime Safety Authority, GPO Box 2181, Canberra City ACT 2601, before the expiry of the period referred to above.

Particulars of Ship

Present name: Swordfish

Former name: Silky

Present whereabouts: Darwin, Northern Territory

Length: 11.6 Metres

Principal material of construction: GRP

Type of ship: Yacht

Gazette Notice

NOTICE BY A FINANCIAL INSTITUTION SPECIFYING A PLACE AS A DESIGNATED EXHIBITION PLACE FOR THE PURPOSES OF THE CHEQUES ACT 1986

TAKE NOTICE that **The Uniting Church (NSW) Trust Association Limited (UCTAL)**
ABN 89 725 654 787 Trading as Uniting Financial Services (UFS) hereby specifies:

(a) Level 3, 222 Pitt Street Sydney NSW 2000 as a designated exhibition place for the purposes of subsection 62(9)(b)(ii) of the Cheques Act 1986 in relation to the following classes of cheques:

All Cheques that the APCS Regulations and Procedures allow to be presented by means other than exhibition.

(b) The days and times specified in the APCS Regulations and Procedures (schedule 11, Rule 1.6) are specified as the times when the financial institution will be open for business at that designated place; and

(c) Exhibition will be the means by which communications may be made to the financial institution at that designated exhibition place.

THIS NOTICE has effect on and from day of Gazettal.

Publication of this notice was authorised by Cathy Tunbridge – Chief Operating Officer, UFS on 22 June 2009.

Gazette Notice

NOTICE BY A FINANCIAL INSTITUTION SPECIFYING A PLACE AS A DESIGNATED PLACE FOR THE PURPOSES OF THE CHEQUES ACT 1986

TAKE NOTICE that **The Uniting Church (NSW) Trust Association Limited (UCTAL)** **ABN 89 725 654 787 Trading as Uniting Financial Services (UFS)** hereby specifies:

(a) 1 King Street Concord West NSW 2138, being the data centre address of UFS's Clearing Representative, as a designated place for the purposes of subsection 62(1)(c)(ii) of the Cheques Act 1986 in relation to the following classes of cheques:

All Cheques that the APCS Regulations and Procedures allow to be presented by means other than exhibition.

(b) The days and times specified in the APCS Regulations and Procedures (schedule 11, Rule 1.6) are specified as the times when the financial institution will be open for business at that designated place; and

(c) The means specified in the APCS Regulations and Procedures are specified as the means by which communications may be made to the financial institution at that designated place.

THIS NOTICE has effect on and from day of Gazettal.

Publication of this notice was authorised by Cathy Tunbridge – Chief Operating Officer, Uniting Financial Services on 23 June 2009.



**Commonwealth
of Australia**

Gazette

No. S107, Sunday, 21 June 2009
Published by the Commonwealth of Australia

SPECIAL



**Government House
CANBERRA ACT 2600
21 June 2009**

MIDWINTER'S DAY 2009 HONOURS LIST

The Governor-General is pleased to announce the following award:

AUSTRALIAN ANTARCTIC MEDAL

Mr David Ernest PULLINGER

390 Penna Road, Penna Tas 7171

For outstanding service in support of Australian Antarctic expeditions.

By Her Excellency's Command

Stephen Brady

Official Secretary to
the Governor-General

THE AUSTRALIAN ANTARCTIC MEDAL

(21 June 2009)

Mr David Ernest PULLINGER

390 Penna Road, Penna Tas 7171

For outstanding service in support of Australian Antarctic expeditions.

Occupation In Antarctica:

Helicopter Pilot

Service in Antarctica:

16 expeditions for the Australian Antarctic program and expeditions with the Italian, German and Japanese Antarctic programs.

Mr Pullinger has made an outstanding contribution to Australia's efforts in Antarctica as a helicopter pilot. He has tremendous experience and skill, and he has applied these with energy and dedication in supporting scientific and operational tasks in Antarctica.

As chief pilot on a number of challenging projects, Mr Pullinger has had responsibility for the overall planning and safety of helicopter support. His contribution to the planning and efficient execution of scientific operations during deep field glaciological programs in the Prince Charles Mountains has been a key factor in the success of these projects. Mr Pullinger has an outstanding safety record and is diligent in reinforcing the safety requirements of any operation.

He has developed innovative approaches to highly challenging aviation requirements. His contribution to the planning and efficient execution of scientific operations and his willingness to discuss and consider new and innovative ways of achieving the challenging requirements of scientific operations have been central to the success of many Antarctic science projects.

Through careful planning and trialling of new techniques, Mr Pullinger has developed safe and effective methods to transport difficult and potentially dangerous loads in typically capricious Antarctic conditions.

Mr Pullinger has made a unique and significant contribution to Australia's Antarctic program. He has delivered outstanding aviation support with professionalism, dedication, innovation and uncompromising standards. His unique insight, innovative thinking, and overall commitment to the safe delivery of Australia's Antarctic program set him apart as an outstanding Antarctic expeditioner.

Phone No: Home (03)6265 1363



Public Service Act 1999

**Order to Establish Safe Work Australia
as an Executive Agency**

I, QUENTIN BRYCE, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, under section 65 of the *Public Service Act 1999*:

- (a) establish Safe Work Australia as an Executive Agency;
- (b) allocate the name Safe Work Australia to the Executive Agency;
- (c) allocate the name Chief Executive Officer to the Head of the Executive Agency;
- (d) identify the Minister for Employment and Workplace Relations as the Minister responsible for the Executive Agency; and
- (e) specify that the functions of Safe Work Australia be as follows:
 - (i) to develop national policy relating to Occupational Health and Safety (OHS) and workers' compensation;
 - (ii) to prepare a model Act and model regulations relating to OHS and, if necessary, revise them:
 - (a) for approval by the Workplace Relations Ministers' Council (the Ministerial Council); and
 - (b) for adoption as laws of the Commonwealth, each of the States and each of the Territories;

- (iii) to prepare model codes of practice relating to OHS and, if necessary, revise them:
 - (a) for approval by the Ministerial Council; and
 - (b) for adoption as codes of practice of the Commonwealth, each of the States and each of the Territories and made under laws of those jurisdictions that adopt the approved model OHS legislation;
- (iv) to prepare other material relating to OHS and, if necessary, revise that material;
- (v) to develop a policy, for approval by the Ministerial Council, dealing with the compliance and enforcement of the Australian laws that adopt the approved model OHS legislation, to ensure that a nationally consistent approach is taken to compliance and enforcement;
- (vi) to monitor the adoption by the Commonwealth, States and Territories of:
 - (a) the approved model OHS legislation as a law of those jurisdictions; and
 - (b) the approved model OHS codes of practice as codes of practice of those jurisdictions; and
 - (c) the approved OHS compliance and enforcement policy as a policy of those jurisdictions;
- (vii) to collect, analyse and publish data or other information relating to OHS and workers' compensation in order to inform the development or evaluation of policies in relation to those matters;
- (viii) to conduct and publish research relating to OHS and workers' compensation in order to inform the development or evaluation of policies in relation to those matters;
- (ix) to revise and further develop the National OHS Strategy 2002-2012 released by the Ministerial Council on 24 May 2002, as amended from time to time;
- (x) to develop and promote national strategies to raise awareness of OHS and workers' compensation;

- (xi) to develop proposals relating to:
 - (a) harmonising workers' compensation arrangements across the Commonwealth, States and Territories; and
 - (b) national workers' compensation arrangements for employers with workers in more than one of those jurisdictions;
- (xii) to advise the Ministerial Council on matters relating to OHS or workers' compensation;
- (xiii) to liaise with other countries or international organisations on matters relating to OHS or workers' compensation;
- (xiv) to support the work of the Safe Work Australia Council; and
- (xv) to undertake other relevant tasks as the Minister may require from time to time.

This Order will commence on 1 July 2009.

Dated **18 JUN 2009**

Quentin Bryce
Governor-General

By Her Excellency's Command



Prime Minister



Australian Government
Attorney General's Department

Obtaining copies of Commonwealth Acts and Legislative Instruments

Copies of Commonwealth Acts, Legislative Instruments and related legislative material can be purchased at the following locations or ordered online or by mail or telephone.

Over the counter

Copies are available for sale or order at:

		Telephone	Facsimile
Adelaide	Service SA Government Legislation Outlet 108 North Terrace, Adelaide SA 5000	13 2324	(08) 8204 1909
Brisbane	Contact CanPrint Information Services	1300 889 873	(02) 6293 8388
Canberra	CanPrint Communications 16 Nyrang Street, Fyshwick ACT 2609	1300 889 873	(02) 6293 8388
Hobart	Printing Authority of Tasmania 123 Collins Street, Hobart TAS 7000	1800 030 940	(03) 6216 4294
Melbourne	Information Victoria 505 Little Collins Street, Melbourne VIC 3000	1300 366 356	(03) 9603 9940
Perth	Contact CanPrint Information Services	1300 889 873	(02) 6293 8388
Sydney	Contact CanPrint Information Services	1300 889 873	(02) 6293 8388

Other resellers:

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Mail order sales can be arranged by writing to:

CanPrint Information Services
PO Box 7456
Canberra MC ACT 2610

or by faxing to

(02) 6293 8333.

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Online sales and enquiries are available from: <http://www.canprint.com.au/>

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