



SOUTH AUSTRALIAN
EMPLOYMENT
TRIBUNAL

FORM A1 APPLICATION (Return to work)

This is the approved form for referring a *Return to Work Act 2014* matter to the South Australian Employment Tribunal—SAET

Version 2.1 - 1 July 2017

CASE REFERENCE
OFFICE USE ONLY

* Mandatory fields

Registry

Level 6, Riverside Centre
North Terrace, Adelaide, SA 5000
PO Box 3636, Rundle Mall SA 5001
T 08 8207 0999 \ F 08 8115 1380
E saet@sa.gov.au \ www.saet.sa.gov.au

PART 1

APPLICATION TYPE AND PARTIES

* 1.1 TYPE OF APPLICATION

- REVIEWABLE DECISION [S99]
 EXPEDITED DECISION [S113]
 SUITABLE EMPLOYMENT [S18(4)]

1.2 APPLICANT

Title Mr Ms Mrs Miss Dr Prof

* Surname

* First name(s)

* Applicant is the Worker Employer Other—please specify:

* Email address to receive notices

* Is the applicant represented No Yes—please provide details of the representative.

REPRESENTATIVE DETAILS

Legal Practice Number

Business name

Address Street

Suburb

State Postcode

Country

Contact person Title Mr Ms Mrs Miss Dr Prof

Surname

Given name

Job title

Email

Phone

Internal reference

1.3 RESPONDENT

* Name

* The respondent is the Compensating authority Employer Other—please specify:



> Attach separate page to this application if required.

* Mandatory fields

APPLICATION PARTICULARS

2.1 WORKER

Title Mr Ms Mrs Miss Dr Prof

* Surname

* First name

Initials

* Date of birth

* Occupation

* Address Street 1

Street 2

Suburb

State Postcode

Country

* Telephone

Mobile

* Email

* Is an interpreter required? No Yes, language/dialect

2.2 EMPLOYER

* Business name

* Address Street 1

Street 2

Suburb

State Postcode

Country

* Contact person Title Mr Ms Mrs Miss Dr Prof

Surname

First name

Job title

Email

Phone



> Attach separate page to this application if required.

* Mandatory fields

APPLICATION PARTICULARS CONTINUED...

2.3 COMPENSATING AUTHORITY

* Business name			
* Address	Street 1		
	Street 2		
	Suburb		
	State	Postcode	
	Country		
* Contact person	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof	
	Surname		
	First name		
	Job title		
	Email		
	Phone		

2.4 OTHER PARTY

Is there any other Party? No Yes—please provide details of other party.

* Business name			
Address	Street 1		
	Street 2		
	Suburb		
	State	Postcode	
	Country		
Contact person	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof	
	Surname		
	First name		
	Job title		
	Email		
	Phone		

APPLICATION PARTICULARS CONTINUED...

2.5 INJURY DETAILS

* Date of injury -or when you first became aware of the injury

D D M M Y Y Y Y

* Type of injury

Text area for describing the type of injury with a red pencil icon in the top left corner.

* Claim number

Text field for entering the claim number.

NEXT STEP

If your application is in relation to (refer to 1.1):

Table with 2 columns: Decision type and Next step. Rows include Reviewable decision [s99], Expedited decision [s113], and For the employer to provide suitable employment [s18(4)].



> Attach separate page to this application if required.

* Mandatory fields

REVIEWABLE DECISION [SECTION 99]

3.1 DECISION DETAILS

* Is a copy of the decision attached? Yes (a copy of decision must be provided)

* Who made the decision? Name
 Business name

* Date of the decision

* When did you receive the decision?

3.2 ARE YOU LODGING THIS APPLICATION WITHIN ONE MONTH OF RECEIVING THE DECISION?

Yes No—please provide justification for an extension of time. ⚙

* 3.3 WHY DO YOU SAY THE DECISION IS WRONG?

Explain your reasons in full.

* 3.4 WHAT COMPENSATION ARE YOU SEEKING?

Set out the type and extent of compensation sought.

REVIEWABLE DECISION [SECTION 99] CONTINUED...

* 3.5 WHAT INFORMATION WOULD YOU LIKE SAET TO CONSIDER?

Set out what information supports this application.

Form area for section 3.5 with a paperclip icon in the top left corner.

3.6 LIST AND ATTACH THE DOCUMENTS THAT YOU SAY SUPPORT THIS APPLICATION

You are required to attach all relevant documents that SAET should consider. Failure to attach such documents may affect how quickly your matter may be resolved.

Form area for section 3.6 with a paperclip icon in the top left corner.

* 3.7 IF THE REVIEWABLE DECISION HAS REDUCED OR DISCONTINUED YOUR WEEKLY PAYMENTS, DO YOU MAKE AN APPLICATION UNDER SECTION 48(9) FOR THE OPERATION OF THAT DECISION TO BE SUSPENDED?

No Yes

GO TO PART 6 LODGEMENT (page 9)



> Attach separate page to this application if required.

* Mandatory fields

EXPEDITED DECISION [section 113]

4.1 DATE OF CLAIM

* The date on which you requested a decision

D D M M Y Y Y Y

* 4.2 WHAT IS THE OUTCOME YOU ARE LOOKING FOR?

[Text area for outcome]

* 4.3 WHY DO YOU THINK THERE HAS BEEN UNDUE DELAY?

Explain your reasons in full.

[Text area for reasons]

* 4.4 DETAILS OF YOUR COMMUNICATIONS

Set out the details of all of the communications you have had in regards to the decision.

[Text area for communications]

4.5 LIST AND ATTACH THE DOCUMENTS THAT YOU SAY SUPPORT THIS APPLICATION

You are required to attach all relevant documents that SAET should consider. Failure to attach such documents may affect how quickly your matter may be resolved.

[Text area for documents]

SUITABLE EMPLOYMENT [section 18(4)]

* 5.1 WRITTEN NOTICE DETAILS

Is a copy of the written notice attached? Yes (a copy of your notice must be provided)
Date of your written notice DD, MM, YYYY, YYYY

* 5.2 ARE YOU APPLYING FOR AN EXTENSION OF TIME PURSUANT TO s18(4)?

No—please provide justification for extension of time.

Text input area for justification for extension of time.

* 5.3 WHAT IS THE SUITABLE EMPLOYMENT, THAT YOU ARE FIT TO PERFORM, THAT YOU SAY THE EMPLOYER SHOULD PROVIDE YOU?

Explain your reasons in full

Text input area for suitable employment details.

* 5.4 WHAT ARE YOUR RESTRICTIONS FOR WORK?

Set out your medical and other restrictions in detail.

Text input area for work restrictions details.

* 5.5 LIST AND ATTACH THE DOCUMENTS THAT YOU SAY SUPPORT THIS APPLICATION

You are required to attach all relevant documents that SAET should consider. Failure to attach such documents may affect how quickly your matter may be resolved.

Text input area for list of supporting documents.

LODGEMENT

ACKNOWLEDGEMENT

I understand and acknowledge that:

- ⊕ To the best of my knowledge, all information provided in this application is true and correct.
- ⊕ It is an offence under section 196 of the *Return to Work Act 2014* to dishonestly make a statement about a claim or make an application under the Act knowing it to be false or misleading.
- ⊕ I have attached all relevant supporting documents.
- ⊕ The information collected in the form will be used to assess the application and determine eligibility to initiate proceedings in SAET.
- ⊕ A copy of this application, and any of its attachments, may be sent to others who may have a direct interest in the proceedings, namely the employers, the worker and the Return to Work Corporation. The South Australian Employment Tribunal Act 2014 governs what information is available to be viewed publicly.

* Name of person making this application									
* Signature									
* Date	<table border="1" style="border-collapse: collapse; width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">D</td><td style="width: 12.5%;">D</td><td style="width: 12.5%;">M</td><td style="width: 12.5%;">M</td><td style="width: 12.5%;">Y</td><td style="width: 12.5%;">Y</td><td style="width: 12.5%;">Y</td><td style="width: 12.5%;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Ways to lodge this application

This form may be lodged at the South Australian Employment Tribunal by either:

- | | | |
|---|-------|----------------|
| @ | EMAIL | saet@sa.gov.au |
|---|-------|----------------|
- | | | |
|---|------|----------------------------------|
| ✉ | POST | PO Box 3636, Rundle Mall SA 5000 |
|---|------|----------------------------------|
- | | | |
|---|-----------|-------------------------------------------------------------------------------------------------------------------|
| 📍 | DELIVERED | The Registry, Level 6, Riverside Centre
North Terrace (50 metres west of Railway Station),
Adelaide SA 5000 |
|---|-----------|-------------------------------------------------------------------------------------------------------------------|

