Form A70

Application for exemption or revocation (Equal Opportunity Act)

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| **Case Number**(SAET use only) |  |

### About this form

* This is the approved form to apply for SAET to grant, renew or revoke an exemption from a provision of the Equal Opportunity Act 1984 (under section 92).
* Submitting an incomplete form (including any relevant supporting documents) may result in delays.

# Applicant details

|  |  |
| --- | --- |
| Title | [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other (specify): |
| First name |  | Last name |  |
| Date of birth |  |
| Occupation |  |
| Address Street 1 |  |
|  Street 2 |  |
|  Suburb |  | State |  |
|  Country |  | Postcode |  |
| Telephone |  | Mobile |  |
| Email |  |
| Is an interpreter required? | [ ]  No [ ]  Yes, language/dialect: |

# Exemption or Revocation details

### Type of exemption or revocation sought

|  |  |
| --- | --- |
| I apply for SAET to:(select one) | [ ]  grant a new unconditional exemption[ ]  renew an existing unconditional exemption[ ]  grant a new conditional exemption[ ]  renew an existing conditional exemption[ ]  revoke an existing exemption on breach of a condition |
| Specify the provision(s) of the Act that the exemption relates |  |
| This application is in relation to:(select one) | [ ]  a person, or a class of persons (specify below)[ ]  an activity, or class of activity (specify below)[ ]  circumstances of a specified nature (specify below) |
|  |  |

### Reasons for the exemption or revocation

Provide justification for the exemption or revocation (if required, attach additional pages or information that support your application)

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|  |

# LODGING YOUR COMPLETED FORM

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| Name of person lodging |  |
| Signature |  |
| Date |  |

Please lodge this form, together with any accompanying documents, with the South Australian Employment Tribunal:

Email: saet@sa.gov.au
Post: PO Box 3636, Rundle Mall, SA, 5000
In person: Level 6, Riverside Centre, North Terrace, Adelaide, 5000

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| **PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS** |