



Case number (SAET use only)

About this form

- This is the approved initiating application form when no initiating application form is prescribed. This is the approved form for the applications below.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

1 TYPE OF APPLICATION

This application relates to:

Fair Work Act 1994 (SA)

- Application for Registrar to inquire (registered agent) (s27(1)) (FW-07a)
- Appeal of Registrar's decision (registered agent) (s27(4)) (FW-08)
- Minimum standard (Division 2) (FW-09)
- Adoption of principles affecting determination of remuneration and working conditions (s100(1)) (FW-17)
- Exemption from employment conditions (s112) (FW-19)
- Conscientious objection (s118) (FW-21)
- Compliance with rules of Association (s127) (FW-24)
- De-registration of a State Association (s130) (FW-25)
- De-registration of a Federal Association (s135) (FW-27)
- Unreasonable conduct prolonging dispute (s138(3)) (FW-28)
- Sequestration order (s146) (FW-29)
- Review of inspector compliance notices (s219D) (FW-30)

Fair Work Act 2009 (Commonwealth)

- Review of inspector compliance notices (s717) (FW-30c)

South Australian Employment Tribunal Act 2014

- Declaratory Judgement (s26A) (SAET-07)
- Workers Compensation Act 1971 (SAET-08)

Technical and Further Education Act 1975

- Reviewable decision (TFE-01)

Industrial Referral Agreements Act 1986

- Referral of matter to SAET by agreement (s3(1)(a)) (IRA-01)
- Referral agreement dispute (s3(1)(b)) (IRA-02)

Long Service Leave Act 1987

- Exemption (s9) (LSL-01)
- Review of an Inspector's notice (s12(2)) (LSL-02)

Construction Industry Long Service Leave Act 1987

- Review of Board Decision (s34) (CILSL-01)

Other legislation

- Other – specify legislative provision

2 OTHER PROCEEDINGS BEFORE SAET

Are there any other proceedings before SAET involving the same parties to this application?

- No Yes – provide (one of) the SAET Case number(s)

3 PARTIES (SUMMARY) *DO NOT COMPLETE*

This section will auto-populate with details you provide in [Attachment 1 - Parties \(Detail\)](#) (enclosed at the end of this form) which must be completed prior to lodgement.

Name (Party type)	Contact's last name
Applicant	
Representative (if applicable)	
Respondent	
Other party	

If there are more parties to this application than this form provides for, please also complete an 'A10 – Details of Additional Party' form (available from www.saet.sa.gov.au) for all other parties and submit with your application.

4 DETAILS OF APPLICATION

4.1 Details of the decision (if applicable)

Does your application related to a reviewable decision?

Yes No – [go to the next section](#)

Is a copy of the decision attached to this application?

Yes No – provide reason(s) why not

Date of the decision

Date you received notification of the decision

If relevant, are you lodging this application within the prescribed legislated timeframe?

Yes No – set out in detail the reasons why an extension should be granted

What parts of the decision are the subject of your application?

4.2 Grounds

Specify the grounds and reasons in support of this application. Attach any separate documents to this application as required.

4.3 Outcome / Orders sought

Set out orders sought in successively numbered paragraphs. A request for a stay of operation, where appropriate, may be included in this application. Alternatively the application may be made separately by lodging an Application for Directions. Attach any separate documents to this application as required.

Supporting attachments

Provide a brief description of any attachments supporting this application.

5 LODGING YOUR COMPLETED FORM

By lodging this application, I declare that:

- I am the applicant or I am legally authorised to lodge this application
- To the best of my knowledge, all information provided in this application is true and correct
- I will attach all relevant supporting documents to this application form
- I understand that the information provided will be used to determine eligibility to initiate proceedings
- I understand that a copy of this application, and any supporting documents, may be sent to others who may have a direct interest in the proceedings. The *South Australian Employment Tribunal Act 2014* governs what information is available to be viewed publicly.

Name of person lodging the application

Signature (if submitting in hardcopy)

Date

Please lodge this form with the South Australian Employment Tribunal:

Email (preferred) **saet@sa.gov.au**

Post PO Box 3636, Rundle Mall, SA, 5000

In person Level 6, Riverside Centre, North Terrace, Adelaide, 5000

Ensure you complete Attachment 1: Party (Detail) enclosed over the page

ATTACHMENT 1 - PARTIES (DETAIL)

A. Applicant

Are you (the applicant) the:

- Worker Employer Union Employer Association Compensating Authority Not specified
 Guardian Dependant Registered Agent Regulator

Are you (the applicant) an individual or lodging on behalf of an organisation?

Individual

Organisation – specify Organisation legal name

Organisation trading name

Contact details

Title	Given name	Other given names	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Job title	Date of birth (individual parties only)
<input type="text"/>	<input type="text"/>

Unit number	Street number	Street name / PO Box	Street type (eg Street, Road, Drive)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Mobile	Email (if provided, correspondence will be emailed)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require an interpreter?

- No Yes – specify language / dialect

Do you have any other special requirements?

- No Yes – specify requirements

Applicant representative details

Are you (the applicant) represented?

- Yes No – go to **B. Respondent**

Type of representative

- Legal Employer association Union Advocate

Is the representative an individual or acting on behalf of a representative organisation?

Individual

Organisation – specify Representative organisation name

Representative contact details

Title	Given name	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Unit number	Street number	Street name / PO Box	Street type (eg Street, Road, Drive)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Mobile	Email (if provided, correspondence will be emailed)
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Respondent

Respondent is the:

- Worker Employer Union Employer Association Compensating Authority Not specified
- Guardian Dependant Registered Agent Regulator

Respondent is an:

Individual

Organisation – specify Organisation legal name

Organisation trading name

Contact details

Title Given name Family name

Job title

Unit number Street number Street name / PO Box Street type (eg Street, Road, Drive)

Suburb State Postcode

Phone Mobile Email (if provided, correspondence will be emailed)

C. Other party

Other party is the:

- Other Party No other party

Other party is an:

Individual

Organisation – specify Organisation legal name

Organisation trading name

Contact details

Title Given name Family name

Job title

Unit number Street number Street name / PO Box Street type (eg Street, Road, Drive)

Suburb State Postcode

Phone Mobile Email (if provided, correspondence will be emailed)