



Case number (SAET use only)

About this form

- This is the approved form to apply to SAET for:
 - interpretation of an award or enterprise agreement (s8 *Fair Work Act 1994*); or
 - orders to remedy or restrain contraventions (s12 *Fair Work Act 1994*); or
 - regulation of industrial matters by Award (Part 3 *Fair Work Act 1994*).
- Form A19 should be used for applications in relation to *minimum standards* or the *State Wage Case*.
- 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:

- Interpretation of an award or enterprise agreement (section 8 of the *Fair Work Act 1994*) (FW-02)
- Orders to remedy or restrain contraventions (section 12 of the *Fair Work Act 1994*) (FW-05)
- Regulation of industrial matters by Award (Part 3 of the *Fair Work Act 1994*) (FW-16)
- Make, vary or rescind an award (section 90) (FW-16-01)
- Review an award (FW-16-02)

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' (available from www.saet.sa.gov.au) form for all other parties and submit with your application.

4 LEGISLATIVE FRAMEWORK

The relevant award, enterprise agreement, or legislation, is as follows:

- Award – specify name of Award

- Agreement – specify name of agreement

- Legislation – specify act title and section(s) in relation to the alleged contraventions

5 DETAILS OF THE APPLICATION

Relevant award/agreement clauses

Set out each clause of the award or agreement for which an interpretation is sought or which it is alleged is being contravened, or each clause of the award to be varied (attach supporting attachment if required)

Relevant facts

Set out the relevant facts relating to the application (attach supporting attachment if required)

Reasons

Reasons for making the application (attach supporting attachment if required)

Supporting attachments

Provide a brief description of any attachments supporting this application.

6 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:

- Employer Union Employer Association Worker Not Specified

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? <input type="checkbox"/> No <input type="checkbox"/> Yes – specify language / dialect	Do you have any other special requirements? <input type="checkbox"/> No <input type="checkbox"/> Yes – specify requirements
<input type="text"/>	<input type="text"/>

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:

- Employer Union Employer Association Worker Not Specified

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:

- Employer Union Employer Association Worker Not Specified

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)