

APPLICATION FOR RELEASE FROM AGREEMENT

Section 85 *Fair Work Act 1994* (FW-15)

SOUTH
AUSTRALIAN
EMPLOYMENT
TRIBUNAL

Case number (SAET use only)

About this form

- This is the approved form to apply for SAET to release a person from an enterprise agreement or vary the terms of the agreement in a specified way under section 85 of the *Fair Work Act 1994*.
- 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 the:

- release of a person from, or vary the terms of, an agreement in consequence of industrial action (section 85(1) of the *Fair Work Act 1994*) (FW-15-01)
- omission or variation of a stand down provision within an agreement, or vary the terms of, an agreement in consequence of industrial action (section 85(2) of the *Fair Work Act 1994*) (FW-15-02)

2 OTHER PROCEEDINGS BEFORE SAET

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

If Yes, provide Case number

 No Yes

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 #1	
Respondent #2	
Respondent #3	
Respondent #4	
Respondent #5	
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 DETAILS OF THE APPLICATION

Agreement details

Name of the enterprise agreement that this application relates to

Date the agreement is due to expire

Circumstances and grounds

Describe the circumstances leading to the application and the grounds to be relied on (attach supporting attachment if required)

Details of release or variation

Set out the precise terms of the variation or release sought (attach supporting attachment if 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:

- Employer Union Employer Association Worker

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 *Other Parties*

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. Respondents

Respondent #1

The respondent #1 is the:

- Employer Union Employer Association Worker

Respondent #1 is an:

- Individual

- Organisation – specify Organisation legal name

Organisation trading name

Contact details

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

Job title

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"/>

Respondent #2

The respondent #2 is the:

- Employer Union Employer Association Worker

Respondent #2 is an:

- Individual

- Organisation – specify Organisation legal name

Organisation trading name

Contact details

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

Job title

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"/>

Respondent #3

The respondent #3 is the:

- Employer Union Employer Association Worker

Respondent #3 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)

Respondent #4

The respondent #4 is the:

- Employer Union Employer Association Worker

Respondent #4 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)

Respondent #5

The respondent #5 is the:

- Employer
- Union
- Employer Association
- Worker

Respondent #5 is an:

- Individual
- Organisation – specify

Organisation legal name
[Text Box]

Organisation trading name
[Text Box]

Contact details

Title [Text Box] Given name [Text Box] Family name [Text Box]

Job title [Text Box]

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

Suburb [Text Box] State [Text Box] Postcode [Text Box]

Phone [Text Box] Mobile [Text Box] Email (if provided, correspondence will be emailed) [Text Box]

C. Other party

Other party is an:

- Individual
- Organisation – specify

Organisation legal name
[Text Box]

Organisation trading name
[Text Box]

Contact details

Title [Text Box] Given name [Text Box] Family name [Text Box]

Job title [Text Box]

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

Suburb [Text Box] State [Text Box] Postcode [Text Box]

Phone [Text Box] Mobile [Text Box] Email (if provided, correspondence will be emailed) [Text Box]