

APPLICATION UNDER THE WORK HEALTH AND SAFETY ACT

Work Health and Safety Act 2012



SOUTH AUSTRALIAN
EMPLOYMENT
TRIBUNAL

Case number (SAET use only)

About this form

- This is the approved form to apply for SAET in relation to the undermentioned applications under the *Work Health and Safety Act 2012*.
- Where this application is in relation to an external review of a decision, or in relation to an improvement notice, prohibition notice or non-disturbance notice, a copy of the decision or notice should be attached.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

1 TYPE OF APPLICATION

Select the description of your application. Note the legislative provisions under the *Work Health and Safety Act 2012* and, if applicable, the timeframe in which an application must be lodged by.

Description of application (<i>Work Health and Safety Act 2012</i> reference):	Application must be lodged within:
<input type="checkbox"/> An order in relation to discriminatory or coercive conduct (s112) (WHS-02)	Not more than 1 year after cause of action accrued.
<input type="checkbox"/> An injunction for noncompliance with an improvement notice, prohibition notice or non-disturbance notice (s215) (WHS-07)	Not applicable.
<input type="checkbox"/> Application for external review of a decision (s229) (WHS-08)	If the decision was to forfeit a thing, within 28 days; or in the case of any other decision, within 14 days — after the day on which the decision first came to the applicant's notice.
<input type="checkbox"/> Proceedings for contravention of a WHS civil penalty provision (s255) (WHS-10)	Within 2 years.

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 1	
Other Party 2	

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 DECISION OR NOTICE DETAILS *(complete if relevant)*

In relation to an external review of a decision, or in relation to an improvement notice, prohibition notice or non-disturbance notice, is a copy of the decision or notice attached to this application?

Yes No – provide reason(s) why not

Date of the decision / notice

Date you received notification of the decision / notice

5 EXTENSION OF TIME *(complete if required)*

Are you lodging this application within the prescribed timeframe (refer to Section 1 of this form)?

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

6 REASON FOR APPLICATION

Where applicable, describe the following in the space provided below. Attach additional pages if necessary. Any supporting documents should be attached and listed at section 8.

- The general circumstances in which the matter has arisen including location of the workplace.
- The applicant's claim in relation to the matter(s) in dispute.
- The steps already taken to attempt to resolve the matter.
- Dates of notices and any contraventions etc. alleged.
- Why do you say the decision is wrong?

7 DESIRED OUTCOME

What is the outcome you are looking for, or what orders do you want SAET to make?

8 SUPPORTING ATTACHMENTS

Provide a brief description of any attachments supporting this application.

9 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:

- Regulator Worker Union Employer Employer Association 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:

- Regulator Worker Union Employer Employer Association 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 #1

Other party #1 is the:

- Worker Union Employer Employer Association Not specified

Other party #1 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)

Other party #2

Other party #2 is the:

- Worker Union Employer Employer Association Not specified

Other party #2 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)