

APPLICATION TO DISQUALIFY A WORK HEALTH AND SAFETY REPRESENTATIVE

Section 65 *Work Health and Safety Act 2012* (WHS-01)

SOUTH
AUSTRALIAN
EMPLOYMENT
TRIBUNAL



Case number (SAET use only)

About this form

- This is the approved form to apply to SAET for the disqualification of a health and safety representative under section 65 of the *Work Health and Safety Act 2012*.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

1 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)

2 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.

3 ORDERS SOUGHT

Set out the orders or directions you seek from SAET.

4 PARTICULARS OF THE APPLICATION

Describe the following in the space provided below:

- The general circumstances in which the issue has arisen including the location of the workplace.
- The powers or functions performed by the representative which are alleged to be for an improper purpose.
- A description of the information acquired by the representative and the alleged purpose for which it was obtained.
- The steps already taken to investigate or to attempt to resolve the matter.
- Any other relevant information.

Attach additional pages if necessary.

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 Worker Regulator 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's 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:

- Work Health and Safety Representative

Contact details

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

C. Other party

Other party is the:

- Employer Worker Regulator Not specified

Other party 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			
<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"/>	