

# APPLICATION TO REVOKE OR DISPUTE A WHS PERMIT

Sections 138, 142 *Work Health and Safety Act 2012*



Case number (SAET use only)

## About this form

- This is the approved form to apply to SAET to revoke a WHS entry permit (section 138), or deal with a dispute about the exercise of right of entry (section 142) under 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 TYPE OF APPLICATION

The Applicant applies to SAET pursuant to the Work Health and Safety Act 2012 seeking SAET to:

- revoke a WHS entry permit (section 138) (WHS-04)
- deal with a dispute about the exercise or purported exercise by a WHS entry permit holder of a right of entry under the Act (section 142), including a dispute about whether a request under section 128 is reasonable (WHS-05)

## 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](http://www.saet.sa.gov.au)) form for all other parties and submit with your application.

## 4 ORDERS SOUGHT

Set out the orders or directions you seek from SAET.

## 5 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 Applicant's claim in relation to the matter(s) in dispute.
- The steps already taken 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.

## 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:

- WHS permit holder  Union  Worker  Employer  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?

- No  Yes – specify language / dialect

Do you have any other special requirements?

- No  Yes – specify requirements

#### 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:

- WHS permit holder    Union    Employer    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:

- Union    Worker    Employer    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)