



About this form

- A person or organisation may use this form to apply for permission to intervene in SAET proceedings under section 50(2) of the *South Australian Employment Act 2014*.
- Where necessary, this application must be supported by an affidavit (see SAET form P03) setting out the grounds upon which an interest is asserted. Both the application and affidavit must be served on all parties.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

CASE DETAILS

Provide details of the case that this application relates to.

SAET Case number

Names of parties to this case (as per SAET correspondence)

INTERVENOR

Provide details for the person or organisation applying to intervene in the case.

Are you 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

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)

Do you require an interpreter?

No Yes – specify language / dialect

Do you have any other special requirements?

No Yes – specify requirements

Continue over the page...

Representative details

Are you represented?

Yes No – go to SUPPORTING ATTACHMENTS

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"/>	

SUPPORTING ATTACHMENTS

Provide a brief description of any attachments supporting this form.

LOGGING YOUR COMPLETED FORM

The person lodging this form must send a copy to all other parties to the case.

Name of person lodging the application	Signature (if submitting in hardcopy)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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