

APPLICATION FOR SUITABLE EMPLOYMENT (RETURN TO WORK)

Section 18 *Return to Work Act 2014* (RTW-01)

SOUTH
AUSTRALIAN
EMPLOYMENT
TRIBUNAL

Case number (SAET use only)

About this form

- This is the approved form to apply to SAET in relation to a worker's application for suitable employment in accordance with section 18 of the *Return to Work Act 2014*.
- 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 WRITTEN NOTICE AND APPLICATION TIMEFRAME

Is a copy of the written notice attached to this application?

 Yes No – provide reason(s) why not

Date of the notice

Are you applying within the timeframe set out in section 18(4) of the *Return to Work Act 2014*?
 Yes No – detail the reasons why an extension of time should be granted

4 INJURY DETAILS

Date of the injury (or when you first became aware of the injury)

Type of injury

Claim number

5 DETAILS OF APPLICATION

Application to employer for suitable employment

What is the suitable employment, that you are fit to perform, that you say the employer should provide you? Explain your reasons in full.

Restrictions for work

What are your restrictions for work? Set out your medical and other restrictions in detail.

Supporting attachments

List and attach the documents that you say support this application. You are required to attach all relevant documents that SAET should consider. Failure to attach such documents may affect how quickly your matter may be resolved.

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

Date

To lodge your completed form:

1. **Save** it to your computer - SAET does not require a signed version so there is no need to print and scan
2. **Email** it with any supporting documents to saet@sa.gov.au.

Ensure you complete Attachment 1: Party (Detail) enclosed over the page

ATTACHMENT 1 - PARTIES (DETAIL)

A. Applicant (Worker)

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?		Do you have any other special requirements?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – specify language / dialect		<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 Union

Is the representative an individual or acting on behalf of a representative organisation?

- Individual

- Organisation – specify

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 (Employer)

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 (Compensating Authority)

Name of Compensating Authority