



Case number (SAET use only)

### About this form

- This is the approved form to commence civil action proceedings in SAET (as the South Australian Employment Court).
- This application must be supported with an 'A22 – Statement of Claim – Civil Action' form (available from [www.saet.sa.gov.au](http://www.saet.sa.gov.au)).
- A 'Summons' fee (as per *District Court Regulations 2004*) is payable to SAET before proceedings can commence. Go to [www.saet.sa.gov.au](http://www.saet.sa.gov.au) for more information regarding fees.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

## 1 TYPE OF APPLICATION

This application relates to a:

- Contract dispute (section 10(1)(a), (c) and (d) of the *Fair Work Act 1994 SA*) (FW-04)
- Contract dispute (section 10(1)(b) of the *Fair Work Act 1994 SA*) (FW-04a)

Note: For a dispute solely related to a monetary claim applicants may wish to apply using form A38

- Recovery claim (section 66 of the *Return to Work Act 2014*) (RTW-02)
- Damages claim (section 88 of the *Return to Work Act 2014*) (RTW-06)
- Recovery of damages (section 26D of the *South Australian Employment Act 2014*) (SAET-01)

## 2 OTHER PROCEEDINGS BEFORE SAET

Are there any other proceedings before SAET involving the same parties to this application?

- No  Yes

If Yes, provide Case number

## 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 APPLICATION DETAILS

This application must be supported with an 'A22 – Statement of Claim – Civil Action' form (available from [www.saet.sa.gov.au](http://www.saet.sa.gov.au)).

- Statement of Claim (Form A22) is attached to this application

## 5 FEES

Fees are payable in these proceedings. Visit <https://www.saet.sa.gov.au/resources/fees> for information on the fees payable including how to pay.

Fee type

Amount payable

Credit Card Payment Receipt Number:

Electronic Funds Transfer (EFT) Transfer Date:

## 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](mailto:saet@sa.gov.au).

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

## ATTACHMENT 1 - PARTIES (DETAIL)

### A. Applicant

Are you (the Applicant) the:

- Worker  Union  Dependant  Guardian  
 Employer  Compensating Authority  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:

- Worker  Employer  Compensating Authority  Not specified

Respondent 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)

## C. Other Party

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)