

# APPLICATION REGARDING BEST ENDEAVOURS BARGAINING (ENTERPRISE AGREEMENT)



Section 76A *Fair Work Act 1994*

Case number (SAET use only)

## About this form

- This is the approved form to apply for SAET to either:
  - take steps to resolve a matter by conciliation between parties negotiating an enterprise agreement under section 76A of the *Fair Work Act 1994*; or
  - give directions to resolve any dispute as to the composition of the group of employees for negotiating purposes for an enterprise agreement under section 76A of the *Fair Work Act 1994*.
- 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 the:

- Negotiation of an Enterprise Agreement (section 76A of the Fair Work Act 1994) (FW-10)
- applying for SAET to give directions (section 76(a)(3)) (FW-10-01)
- applying for SAET to take steps to resolve a matter by conciliation (section 76(a)(5)) (FW-10-02)

## 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
<b>Applicant</b>	
Representative (if applicable)	
<b>Respondent</b>	
<b>Other party #1</b>	
<b>Other party #2</b>	
<b>Other party #3</b>	
<b>Other party #4</b>	
<b>Other party #5</b>	

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 DETAILS OF THE APPLICATION

### Agreement details

Name of the enterprise agreement that this application relates to

Date the agreement is due to expire

## Circumstances and grounds

Describe the circumstances leading to the application including the present status of negotiations

## 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

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:

- Union  Worker  Employer  Employer Association

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

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 representative details

Are you (the Applicant) represented?

- Yes  No – go to *Other Parties*

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:

- Union  Worker  Employer  Employer Association

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 #1

Other party #1 is the:

- Union  Worker  Employer  Employer Association  Not specified

Other party #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)

## Other party #2

Other party #2 is the:

- Union  Worker  Employer  Employer Association  Not specified

Other party #2 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)

## Other party #3

Other party #3 is the:

- Union  Worker  Employer  Employer Association  Not specified

Other party #3 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)

## Other party #4

Other party #4 is the:

- Union  Worker  Employer  Employer Association  Not specified

Other party #4 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)

## Other party #5

Other party #5 is the:

- Union  Worker  Employer  Employer Association  Not specified

Other party #5 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)