

APPLICATION UNDER THE WORK HEALTH AND SAFETY ACT

Work Health and Safety Act 2012



SOUTH AUSTRALIAN
EMPLOYMENT
TRIBUNAL

Case number (SAET use only)

About this form

- This is the approved form to apply for SAET in relation to the undermentioned applications under the *Work Health and Safety Act 2012*.
- Where this application is in relation to an external review of a decision, or in relation to an improvement notice, prohibition notice or non-disturbance notice, a copy of the decision or notice should be attached.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

1 TYPE OF APPLICATION

Select the description of your application. Note the legislative provisions under the *Work Health and Safety Act 2012* and, if applicable, the timeframe in which an application must be lodged by.

Description of application (<i>Work Health and Safety Act 2012</i> reference):	Application must be lodged within:
<input type="checkbox"/> An order in relation to discriminatory or coercive conduct (s112) (WHS-02)	Not more than 1 year after cause of action accrued.
<input type="checkbox"/> An injunction for noncompliance with an improvement notice, prohibition notice or non-disturbance notice (s215) (WHS-07)	Not applicable.
<input type="checkbox"/> Application for external review of a decision (s229) (WHS-08)	If the decision was to forfeit a thing, within 28 days; or in the case of any other decision, within 14 days — after the day on which the decision first came to the applicant's notice.
<input type="checkbox"/> Proceedings for contravention of a WHS civil penalty provision (s255) (WHS-10)	Within 2 years.

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 1	
Other Party 2	

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.

4 DECISION OR NOTICE DETAILS *(complete if relevant)*

In relation to an external review of a decision, or in relation to an improvement notice, prohibition notice or non-disturbance notice, is a copy of the decision or notice attached to this application?

Yes No – provide reason(s) why not

Date of the decision / notice

Date you received notification of the decision / notice

5 EXTENSION OF TIME *(complete if required)*

Are you lodging this application within the prescribed timeframe (refer to Section 1 of this form)?

Yes No – set out in detail the reasons why an extension should be granted

6 REASON FOR APPLICATION

Where applicable, describe the following in the space provided below. Attach additional pages if necessary. Any supporting documents should be attached and listed at section 8.

- The general circumstances in which the matter has arisen including 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.
- Dates of notices and any contraventions etc. alleged.
- Why do you say the decision is wrong?

7 DESIRED OUTCOME

What is the outcome you are looking for, or what orders do you want SAET to make?

8 SUPPORTING ATTACHMENTS

Provide a brief description of any attachments supporting this application.

9 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

Are you (the applicant) the:

- Regulator Worker Union Employer Employer Association 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:

- Regulator Worker Union Employer Employer Association 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 #1

Other party #1 is the:

- Worker Union 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:

- Worker Union 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)