

APPLICATION FOR REVIEW (EDUCATION)

Section 124 Education and Children's Services Act 2019 (EDU-01)



SOUTH
AUSTRALIAN
EMPLOYMENT
TRIBUNAL

Case number (SAET use only)

About this form

- This is the approved form to apply for SAET to undertake a review of decisions in accordance with the *Education and Children's Services Act 2019*.
- This application should be supported with a copy of the decision(s) you are applying to have reviewed.
- 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

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 DECISION DETAILS

Is a copy of the decision attached to this application?

Yes No – provide reason(s) why not

Date of the decision

Date you received notification of the decision

What section of the *Education and Children's Services Act 2019* is this decision made under?

Note: Certain decisions under the *Education and Children's Services Act 2019* are not reviewable by SAET. Please refer to r 78 of the *Education and Children's Services Regulations 2020*.

Applications must be made within:

- 30 days - for a decision or determination relating to a review of an Application to Chief Executive for reclassification under s 105; or
- 14 days – for any other case,

after receiving notice of the decision or determination.

Are you lodging this application within the prescribed timeframe?

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

4 REASON FOR REVIEW AND DESIRED OUTCOME

Reason for review

Why do you say the decision is wrong?

Desired outcome

What is the outcome you are looking for?

5 SUPPORTING MATERIAL

Provide a brief description of any material which support this application. Do not attach any documents. You should provide this material to the decision-maker if you have not already done so.

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 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 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 (employer)

Organisation legal name

Contact details (of the Chief Executive)

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)