

# 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](http://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](mailto: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)