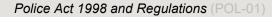
APPLICATION FOR REVIEW (POLICE)





Case number (SAET use only)

About this form

- This is the approved form to apply for SAET to undertake a review of a prescribed decision in accordance with the *Police Act* 1998 and regulations.
- 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 TYPE OF APPLICATION

Select the type of decision you are applying to have reviewed. Note the legislative provisions under the *Police Act 1998* and the timeframe in which an application must be lodged by.

Type of decision to be reviewed (Police Act 1998 reference):	Application must be lodged within:	
Decision to terminate appointment (s48) (POL-01-01)	28 days of receiving notice of a determination	
\Box during a period of probation (a)		
\Box on a ground for termination under Part 7 (b):		
\Box incapacity due to physical or mental disability or illness (s45)		
□ unsatisfactory performance (s46)		
 Decision to transfer to another position (other than under Part 6 or section 46) and the person believes that he or she is being punished for particular conduct (s52) (POL-01-02) 	14 days of receiving notice of a determination	

2 OTHER PROCEEDINGS BEFORE SAET

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

□ No □ Yes

3 PARTIES (SUMMARY) DO NOT COMPLETE

This section will auto-populate with details you provide in <u>Attachment 1 - Parties (Detail)</u> (enclosed at the end of this form) which <u>must</u> be completed prior to lodgement.

Name (Party type)

Contact's last name

If Yes, provide Case number

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.

4 DECISION DETAILS

Is a copy of the decision attached to this application?

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\hfill\square Yes \hfill\square No – provide reason(s) why not
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Date of the decision

Date you received notification of the decision

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

 $\hfill\square$ Yes $\hfill\square$ No – set out in detail the reasons why an extension should be granted.

5 REASON FOR REVIEW AND DESIRED OUTCOME

Reason for review

Why do you say the decision is wrong? Attach any supporting documents.

Desired outcome

What is the outcome you are looking for?

6 SUPPORTING ATTACHMENTS

Provide a brief description of any attachments supporting this application.

7 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 (worker)

Title	Given name	Other given	names	Family name
Job title			Date of birth (individ	lual parties only)
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)		
Do you require an interpreter?		Do you have any other special requirements?		
□ No □ Yes – specify language / dialect		□ No □ Yes – specify requirements		

Applicant representative details

Are you (the A	Applicant) represente	ed?	Must be applic	ant??
□ Yes	□ No – go to <i>B Respondent</i>			
Type of repre	sentative			
🗆 Legal	□ Employer as	sociation	\Box Union	□ Advocate
Is the representative an individual or acting on behalf of a representative organisation?				
🗆 Individu	ual			
Organisation – specify Representative organisation name				

Representative contact details

Title	Given name		Family name	
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)		

B. Respondent (employer)

Organisation legal name

Contact details

Contact detail	15					
Title Fir	First name		Last name			
Job title						
Unit number	Street number	Street name / PO Box		Street type	e (eg Street, Road, Drive)	
Suburb			State		Postcode	
Phone Mobile		Email (if provided, correspondence will be emailed)				