

APPLICATION FOR REVIEW OF COMPLIANCE NOTICE (SA SKILLS COMMISSION)

Section 63(3) *South Australian Skills Act 2008* (SKI-01)



SOUTH AUSTRALIAN
EMPLOYMENT
TRIBUNAL

Case number (SAET use only)

About this form

- This is the approved form to apply for SAET to review a compliance notice under section 63(3) of the *South Australian Skills Act 2008*.
- In accordance with section 67 of the *South Australian Skills Act 2008*, a party may not be represented by a lawyer or "registered agent". SAET may permit a party to be assisted by a person, who is not a lawyer or "registered agent" only if that person is not acting for fee or reward.
- 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?

If Yes, provide Case number

No Yes

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	
Other party 1 (if applicable)	
Other party 2 (if applicable)	

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 TRAINING CONTRACT DETAILS

Contract of Training number

4 APPLICATION DETAILS

Compliance notice

Is a copy of the compliance notice attached to this application?

Yes No – outline reasons why not

Extension of time

Is this application being lodged within 14 days after the date of the compliance notice?

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

Description of the dispute

What do you dispute in the compliance notice? Include circumstances giving rise to the issue of the compliance notice in dispute; dates of relevant events. Attach any other attachments that support this application.

Outcome sought

Outline what you want to achieve from the proceedings

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.

Ensure you complete Attachment 1: Party (Detail) enclosed over the page

ATTACHMENT 1 - PARTIES (DETAIL)

A. Applicant

Are you (the Applicant) the:

- Apprentice Trainee Employer Host Employer 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?

- No Yes – specify language / dialect

Do you have any other special requirements?

- No Yes – specify requirements

Applicant representative details

Note: In accordance with section 67 of the *South Australian Skills Act 2008*, a party may not be represented by a lawyer or “registered agent”. SAET may permit a party to be assisted by a person, who is not a lawyer or “registered agent” only if that person is not acting for fee or reward.

Are you (the Applicant) represented?

- Yes No – go to **B Respondent**

Type of representative

- Union (non-lawyer) Employer association (non-lawyer) Not specified

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

Traineeship and Apprenticeship Services

Contact details

Title	Given name	Family name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Job title			
<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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

C. Other parties

Other party 1 (if applicable)

Other party 1 is the:

- Apprentice Trainee Employer Host Employer
 Guardian of Apprentice or Trainee 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	Family name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Job title			
<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"/>	

Other party 2 (if applicable)

Other party 2 is the:

- Apprentice Trainee Employer Host Employer
 Guardian of Apprentice or Trainee 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

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)