

# APPLICATION FOR REVIEW OF COMPLIANCE NOTICE (TRAINING AND SKILLS DEVELOPMENT)



Section 63(3) *Training and Skills Development Act 2008* (TSD-01)

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 *Training and Skills Development Act 2008*.
- In accordance with section 67 of the *Training and Skills Development 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
<b>Applicant</b>	
Representative (if applicable)	
<b>Respondent</b>	
<b>Other party 1</b> (if applicable)	
<b>Other party 2</b> (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](http://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](mailto: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

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 *Training and Skills Development 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 (Training and Skills Commission)

Organisation legal name

Organisation trading name

### Contact details

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 parties

### Other party 1 (if applicable)

Other party 1 is the:

- Apprentice  Trainee  Employer  Guardian of Apprentice / Trainee

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)

## Other party 2

Other party 2 is the:

- Apprentice  Trainee  Employer  Guardian of Apprentice / Trainee

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

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"/>