Form P01

Answer / Response

### About this form

* This is the approved form to detail your answer, response or alternate contention to an application lodged with SAET
* This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

# Case details

Provide details of the case that this application relates to.

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| --- | --- | --- |
| SAET Case number |  | Name of the party lodging this form |
|  |  |  |
| Names of parties to this case (as per SAET correspondence) | | |
|  | | |

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 |  |  |

Timeframe for Answer / response

If your case relates to:

|  |  |
| --- | --- |
| **Type of case** | **Answer / Response must be lodged no more than** |
| Money claim (*Fair Work Act 1994 (SA)* or *Fair Work Act 2009 (Cth)*) | 14 days from service of the application |
| Unfair dismissal (*Fair Work Act 1994 (SA)*) | 14 days from service of the application |
| Resolution of dispute (*South Australian Skills  Act 2008*) | 7 days from service of the application |
| Equal Opportunity | 21 days from service of the Details of Complaint |
| Any other case | The timeframe as directed by SAET |

Will your Answer / Response be lodged within the prescribed timeframe?

Yes

No – please provide reason(s) why it is late

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Answer / Response

Please provide a brief summary of your response to the dispute or grievance set out in the application. All parties will have an opportunity to expand on their positions during proceedings.

### Money claim answer (if relevant)

If the application relates to a Money Claim under the *Fair Work Act 1994 (SA)* or *Fair Work Act 2009 (Cth)*, do you:

Admit liability wholly

Deny liability wholly

Deny liability in part

### All case types

#### Response to allegation

Set out concise statements of the response to each material fact alleged by the applicant / complainant

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#### Legal defence

Set out concise statements any legal defence you rely upon

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Your Details

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| Are you 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 | | |
|  |  |  | | | | | |  |  | | | | |  |  | | |
| 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) | | | | | | |
|  | | | |  |  | | | | |  |  | | | | | | |
| Do you require an interpreter? | | | | | | | | | |  | Do you have any other special requirements? | | | | | | |
| No  Yes – specify language / dialect | | | | | | | | | |  | No  Yes – specify requirements | | | | | | |
|  | | | | | | | | | |  |  | | | | | | |

### Representative details

Note for cases under the *South Australian Skills Act 2008*: In accordance with section 67, 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 represented? | |
| Yes  No – go to *the next section* | |
| 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 | | | | |
|  |  |  | | | | | | |  |  | | | | |
| 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) | | | | |
|  | | | | |  |  | | |  |  | | | | |

# Supporting attachments

Provide a brief description of any attachments supporting this form.

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LODGING YOUR COMPLETED FORM

By lodging this form I declare that the facts in this form are correct to the best of my knowledge and belief.

The person lodging this form must send a copy to all other parties to the case.

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| --- | --- | --- |
| Name of person lodging the application |  | Date |
|  |  |  |

To lodge your completed form and any supporting attachments:

1. **Save the form and any supporting attachments to your computer** (Note – SAET does not require a signed version so there is no need to print and scan)
2. **Lodge the form and any supporting attachments:** 
   * **Online** at[www.saet.sa.gov.au/existingcase](http://www.saet.sa.gov.au/existingcase) (preferred); or
   * **By email** to [saet@sa.gov.au](mailto:saet@sa.gov.au)