

APPLICATION TO INTERVENE



About this form

- A person or organisation may use this form to apply for permission to intervene in SAET proceedings under section 50(2) of the *South Australian Employment Act 2014*.
- Where necessary, this application must be supported by an affidavit (see SAET form P03) setting out the grounds upon which an interest is asserted. Both the application and affidavit must be served on all parties.
- A person other than the Attorney-General seeking to intervene in a proceeding must file and serve a copy of this application on all other parties within 3 business days of the filing.
- 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.

SAET Case number

Names of parties to this case (as per SAET correspondence)

INTERVENOR

Provide details for the person or organisation applying to intervene in the case.

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?

No Yes – specify language / dialect

Do you have any other special requirements?

No Yes – specify requirements

Continue over the page...

Representative details

Are you represented?

Yes No – go to SUPPORTING ATTACHMENTS

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 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"/>	

SUPPORTING ATTACHMENTS

Provide a brief description of any attachments supporting this form.

LODGING YOUR COMPLETED FORM

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

Name of person lodging the application	Date
<input type="text"/>	<input type="text"/>

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 (preferred); or
 - **By email** to saet@sa.gov.au