



Case number (SAET use only)

About this form

- This is the approved form to commence civil action proceedings in SAET (as the South Australian Employment Court).
- This application must be supported with an 'A22 – Statement of Claim – Civil Action' form (available from www.saet.sa.gov.au).
- A 'Summons' fee (as per *District Court Regulations 2004*) is payable to SAET before proceedings can commence. Go to www.saet.sa.gov.au for more information regarding fees.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

1 TYPE OF APPLICATION

This application relates to a:

- Contract dispute (section 10(1)(a), (c) and (d) of the *Fair Work Act 1994 SA*) (FW-04)
- Contract dispute (section 10(1)(b) of the *Fair Work Act 1994 SA*) (FW-04a)

Note: For a dispute solely related to a monetary claim applicants may wish to apply using form A38

- Recovery claim (section 66 of the *Return to Work Act 2014*) (RTW-02)
- Damages claim (section 88 of the *Return to Work Act 2014*) (RTW-06)
- Recovery of damages (section 26D of the *South Australian Employment Act 2014*) (SAET-01)

2 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

3 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

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 APPLICATION DETAILS

This application must be supported with an 'A22 – Statement of Claim – Civil Action' form (available from www.saet.sa.gov.au).

- Statement of Claim (Form A22) is attached to this application

5 FEES

District Court (civil) fees are payable in these proceedings. For up-to-date fees, refer to the relevant Regulations or go to www.saet.sa.gov.au for more information.

Fee type	Amount payable
<input type="text"/>	<input type="text"/>

Payment options

- State Crown exempt** Exempt from paying fees under the *Crown Proceedings Act 1992*
-
- Credit card** (visa or MasterCard) Online - go to www.saet.sa.gov.au
Phone - call SAET Registry on 08 8207 0999
Provide your receipt number for reference:
-
- Electronic Funds Transfer (EFT)** Acc name: Department of Treasury and Finance Operating Account Please include "SAET-<your name>" in the bank reference field
BSB: 065-266
Acc No: 10019338 Date transfer made:
-
- Cheque** Make cheques the "South Australian Employment Tribunal" and submit by:
In person - Registry, Level 6, Riverside Centre, North Terrace, Adelaide, 5000
Post - PO Box 3636, Rundle Mall, SA, 5000 (enclose a copy of this form)

6 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
<input type="text"/>	<input type="text"/>

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:

- Worker Union Dependant Guardian
 Employer Compensating Authority 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? <input type="checkbox"/> No <input type="checkbox"/> Yes – specify language / dialect	Do you have any other special requirements? <input type="checkbox"/> No <input type="checkbox"/> Yes – specify requirements
<input type="text"/>	<input type="text"/>

Applicant representative details

Are you (the Applicant) represented?

- Yes No – go to **B Respondent**

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
<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

Respondent is the:

- Worker Employer Compensating Authority Not specified

Respondent 1 is an:

- 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)

C. Other Party

Other Party is an:

- 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)