

APPLICATION – UNFAIR DISMISSAL

Section 106 *Fair Work Act 1994 SA* FW-18

Case number (SAET use only)

About this form

- This is the approved form for lodging an unfair dismissal application with SAET in accordance with section 106(1) of the South Australian *Fair Work Act 1994*. This includes employees of the South Australian public sector, local government and prescribed Government Business Enterprises. Note that certain employees, as defined by regulation 9 of the *Fair Work (General) Regulations 2009* are excluded from lodging an application.
- 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?

 No Yes – provide (one of) the SAET Case number(s)
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

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 DETAILS OF APPLICATION

About your employment

Type of work performed for your employer

Location you performed your work (eg address or description of locations)

Date when you first worked for the employer

Date termination took effect

Name of Award you were employed under (if known or applicable)
Name of Agreement you were employed under (if known or applicable)

Type of employment (mark all relevant boxes)

- Full-time
 Part-time
 Casual
 Apprenticeship or traineeship
 Contract of employment for a specified period or task

Reasons for your application

Did you receive written notice of termination or a separation certificate?

- No Yes – please attach a copy to this application

Provide a brief summary of reasons given by your employer for the termination and explain why your dismissal is harsh, unjust or unreasonable. Attach further pages if required. Only brief details are required, you will have opportunity to expand on these reasons at a conciliation conference or later at a hearing if required.

Remedy sought

What remedy are you seeking? (Mark all relevant boxes)

- Re-employment to your former position
- Re-employment to some other position – please specify position

- Monetary compensation - specify amount (\$)

Extension of time

Is this application within 21 days from the date the dismissal took effect?

- Yes – Go to next section
- No – set out in detail the reasons why an extension should be granted

Supporting attachments

Provide a brief description of any attachments supporting this application.

4 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 (worker)

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?		Do you have any other special requirements?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – specify language / dialect		<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 (employer)

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)