

# APPLICATION FOR RELEASE FROM AGREEMENT

Section 85 *Fair Work Act 1994* (FW-15)

SOUTH  
AUSTRALIAN  
EMPLOYMENT  
TRIBUNAL

Case number (SAET use only)

## About this form

- This is the approved form to apply for SAET to release a person from an enterprise agreement or vary the terms of the agreement in a specified way under section 85 of the *Fair Work Act 1994*.
- 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 the:

- release of a person from, or vary the terms of, an agreement in consequence of industrial action (section 85(1) of the *Fair Work Act 1994*) (FW-15-01)
- omission or variation of a stand down provision within an agreement, or vary the terms of, an agreement in consequence of industrial action (section 85(2) of the *Fair Work Act 1994*) (FW-15-02)

## 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
<b>Applicant</b>	
Representative (if applicable)	
<b>Respondent #1</b>	
<b>Respondent #2</b>	
<b>Respondent #3</b>	
<b>Respondent #4</b>	
<b>Respondent #5</b>	
<b>Other party</b>	

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.

## 4 DETAILS OF THE APPLICATION

### Agreement details

Name of the enterprise agreement that this application relates to

Date the agreement is due to expire

## Circumstances and grounds

Describe the circumstances leading to the application and the grounds to be relied on (attach supporting attachment if required)

## Details of release or variation

Set out the precise terms of the variation or release sought (attach supporting attachment if required)

## 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:

- Employer  Union  Employer Association  Worker

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

Are you (the Applicant) represented?

- Yes  No – go to *Other Parties*

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. Respondents**

**Respondent #1**

The respondent #1 is the:

- Employer
- Union
- Employer Association
- Worker

Respondent #1 is an:

- Individual
- Organisation – specify

Organisation legal name  
[Text Box]  
Organisation trading name  
[Text Box]

**Contact details**

Title [Text Box] Given name [Text Box] Family name [Text Box]  
Job title [Text Box]  
Unit number [Text Box] Street number [Text Box] Street name / PO Box [Text Box] Street type (eg Street, Road, Drive) [Text Box]  
Suburb [Text Box] State [Text Box] Postcode [Text Box]  
Phone [Text Box] Mobile [Text Box] Email (if provided, correspondence will be emailed) [Text Box]

**Respondent #2**

The respondent #2 is the:

- Employer
- Union
- Employer Association
- Worker

Respondent #2 is an:

- Individual
- Organisation – specify

Organisation legal name  
[Text Box]  
Organisation trading name  
[Text Box]

**Contact details**

Title [Text Box] Given name [Text Box] Family name [Text Box]  
Job title [Text Box]  
Unit number [Text Box] Street number [Text Box] Street name / PO Box [Text Box] Street type (eg Street, Road, Drive) [Text Box]  
Suburb [Text Box] State [Text Box] Postcode [Text Box]  
Phone [Text Box] Mobile [Text Box] Email (if provided, correspondence will be emailed) [Text Box]

### Respondent #3

The respondent #3 is the:

- Employer  Union  Employer Association  Worker

Respondent #3 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)

### Respondent #4

The respondent #4 is the:

- Employer  Union  Employer Association  Worker

Respondent #4 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)

**Respondent #5**

The respondent #5 is the:

- Employer  Union  Employer Association  Worker

Respondent #5 is an:

- Individual
- Organisation – specify

Organisation legal name  
[text box]  
Organisation trading name  
[text box]

**Contact details**

Title [text box] Given name [text box] Family name [text box]  
Job title [text box]  
Unit number [text box] Street number [text box] Street name / PO Box [text box] Street type (eg Street, Road, Drive) [text box]  
Suburb [text box] State [text box] Postcode [text box]  
Phone [text box] Mobile [text box] Email (if provided, correspondence will be emailed) [text box]

**C. Other party**

Other party is an:

- Individual
- Organisation – specify

Organisation legal name  
[text box]  
Organisation trading name  
[text box]

**Contact details**

Title [text box] Given name [text box] Family name [text box]  
Job title [text box]  
Unit number [text box] Street number [text box] Street name / PO Box [text box] Street type (eg Street, Road, Drive) [text box]  
Suburb [text box] State [text box] Postcode [text box]  
Phone [text box] Mobile [text box] Email (if provided, correspondence will be emailed) [text box]