

APPLICATION TO VARY OR RESCIND ENTERPRISE AGREEMENT (TRANSMISSION OF BUSINESS)



Section 81 *Fair Work Act 1994 SA* (FW-12)

Case number (SAET use only)

About this form

- This is the approved form to apply for SAET to vary or rescind an enterprise agreement resulting from a transmission of business under the section 81 of the *Fair Work Act 1994 SA*.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required on the form.

1 TYPE OF APPLICATION

This application arises from a **transmission of business** and is to:

- Vary an enterprise agreement (section 81(5)(c) *Fair Work Act 1994 SA*); or
- Rescind an enterprise agreement (section 81(5)(d) *Fair Work Act 1994 SA*)

2 PARTIES (SUMMARY)

This application is made by:

- The outgoing employer while still under the agreement (s81(6)(a)) (FW-12-01)
- The incoming employer after taking over the whole or part of the business of the outgoing employer (s81(6)(b)) (FW-12-02)
- An employee or the group of employees bound by the agreement (s81(6)(c)) (FW-12-03)
- A registered employee association on behalf of employees bound by the agreement after the incoming employer has taken over the whole or part of the business (s81(6)(d)) (FW-12-04)

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	Contact's last name
Outgoing employer	
Incoming employer	
Employee Rep #1 (if applicable)	
Employee Rep #2 (if applicable)	
Employee Association #1 (if applicable)	
Employee Association #2 (if applicable)	

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 AGREEMENT DETAILS

Name of the enterprise agreement that this application relates to

Date the agreement is due to expire

4 TIMEFRAME FOR TRANSMISSION

When will/did the succession, transfer or transmission of the whole or part of the business or undertaking take place?

5 OVERVIEW OF EMPLOYER PARTIES TO THE AGREEMENT

Outgoing employer

Name of business

Location(s) where business is carried out

Incoming employer

Name of business

Location(s) where business is carried out

Contact details of employers involved are to be completed in Attachment 1.

6 OVERVIEW OF EMPLOYEE PARTIES TO THE AGREEMENT

Describe the occupational groups and/or sections of the employees covered by the agreement

State the number of employees covered by the agreement at the time of this application

Total

Of which:

Are male

Are female

Have first language
other than English

Contact details of employee representatives involved are to be completed in Attachment 1.

7 INVOLVEMENT OF REGISTERED EMPLOYEE ASSOCIATIONS

Were any of the employees represented by a Registered Employee Association during the course of negotiations?

- Yes – If 'Yes', specify the name of the Registered Association

- No – go to the next section

Contact details of the Registered Employee Association involved in the negotiations are to be completed in Attachment 1.

8 SUBSTANCE OF THE APPLICATION

Describe the circumstances leading to the application

Describe the precise terms of the variation sought (variation only)

Is the application made on the basis of a short-term crisis in the relevant business or undertaking?

- No – detail how the variation or rescission will not disadvantage the employees in relation to their terms and conditions of employment
- Yes – detail the specific nature of the crisis and how the variation or rescission will assist

9 SUPPORTING ATTACHMENTS

Provide a brief description of any attachments supporting this application.

10 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. Employer parties

Outgoing

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)

Incoming

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)

B. Employee representatives (other than Registered Association)

Complete as many that apply. If there are more contacts than this form provides for, please also complete an 'A10 - Details of Additional Party' (available from www.saet.sa.gov.au).

Employee representative contact #1

Title	Given name	Other given names	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job title			
<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"/>	

Employee representative contact #2

Title	Given name	Other given names	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job title			
<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"/>	

C. Registered Association (if applicable)

Complete as many that apply. If there are more contacts than this form provides for, please also complete an 'A10 - Details of Additional Party' (available from www.saet.sa.gov.au).

Registered Association #1

Association name
<input type="text"/>

Contact details

Title	Given name	Other given names	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job title			
<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"/>	

Registered Association #2

Association 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)