

APPLICATION TO RESOLVE DISPUTE (TRAINING AND SKILLS DEVELOPMENT)

Section 65 *Training and Skills Development Act 2008*

SOUTH
AUSTRALIAN
**EMPLOYMENT
TRIBUNAL**

Case number (SAET use only)

About this form

- This is the approved form to apply for SAET to resolve a dispute between parties to a training contract under section 65 of the *Training and Skills Development Act 2008*.
- In accordance with section 67 of the *Training and Skills Development Act 2008*, a party may not be represented by a lawyer or "registered agent". SAET may permit a party to be assisted by a person, who is not a lawyer or "registered agent" only if that person is not acting for fee or reward.
- 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?

If Yes, provide Case number

 No Yes

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

Guardian of apprentice /
trainee (if applicable)

Other party

Training and Skills Commission

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 TRAINING CONTRACT DETAILS

Contract of Training number

Are copies of the [training contract](#) and [training plan](#) attached to this application?
 Yes No – outline reasons why not

4 APPLICATION DETAILS

Extension of time

Is this application being lodged within 6 months of the expiry, termination or cancellation of the training contract?

Yes No – set out in detail the reasons why an extension should be granted.

Description of the dispute

Outline the events that resulted in the dispute. Only a brief outline is required, as all parties will have an opportunity to provide further detail at a conciliation conference. Attach any other attachments that support this application.

Outcome sought

Outline what you want to achieve from the proceedings

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.

Ensure you complete Attachment 1: Party (Detail) enclosed over the page

ATTACHMENT 1 - PARTIES (DETAIL)

A. Applicant

Are you (the Applicant) the:

- Apprentice Trainee Employer

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

Note: In accordance with section 67 of the *Training and Skills Development Act 2008*, a party may not be represented by a lawyer or “registered agent”. SAET may permit a party to be assisted by a person, who is not a lawyer or “registered agent” only if that person is not acting for fee or reward.

Are you (the Applicant) represented?

- Yes No – go to **B Respondent**

Type of representative

- Union (non-lawyer) Employer association (non-lawyer) Not specified

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:

- Apprentice Trainee Employer

Respondent 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 parties

Guardian of the apprentice / trainee (if applicable)

Other party is the:

- Guardian of the apprentice / trainee

Relationship to apprentice / trainee

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)

Other party

Other party is an:

Individual

Organisation – specify Organisation legal name

Organisation trading name

Contact details

Title	Given name	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Job title

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"/>

Training and Skills Commission

Note: The Training and Skills Commission are notified of every dispute and have the option to participate in proceedings.

Organisation legal name

Organisation trading name

Contact details

Title	Given name	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Job title

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
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Phone	Mobile	Email (if provided, correspondence will be emailed)
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