

APPLICATION FOR APPEAL AGAINST NOMINATION (FIRE & EMERGENCY SERVICES)



Section 29 Fire and Emergency Services Act 2005 (FES-01)

Case number (SAET use only)

About this form

- This is the approved form to apply for SAET to undertake a review of a nomination in accordance with section 29 of the *Fire and Emergency Services Act 2005*.
- 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 NOMINATION

Date of the notice of the nomination

Are you lodging this application within 14 days of notice of the nomination?

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

4 NOMINEES

Name of the 1st nominee appealed against

Name of the 2nd nominee appealed against (if applicable)

Name of the 3rd nominee appealed against (if applicable)

5 REASON FOR APPEAL AND DESIRED OUTCOME

Reason for appeal

Why do you say the decision is wrong? Attach any supporting documents.

Desired outcome

What is the outcome you are looking for? Attach any supporting documents.

6 SUPPORTING ATTACHMENTS

Provide a brief description of any attachments supporting this application.

7 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)

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 (Chief Officer)

Organisation legal name

South Australian Metropolitan Fire Service

Contact details (of the Chief Officer)

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)