

# 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*.
- If the application is to vary the agreement, a Word version of the proposed consolidated agreement should be attached to this application.
- 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
<b>Outgoing employer</b>	
<b>Incoming employer</b>	
<b>Employee Rep #1</b> (if applicable)	
<b>Employee Rep #2</b> (if applicable)	
<b>Employee Association #1</b> (if applicable)	
<b>Employee Association #2</b> (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](http://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. If the application is to vary the agreement, the attachments must include a Word version of the proposed consolidated agreement.

## 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](mailto: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](http://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](http://www.saet.sa.gov.au)).

### Registered Association #1

Association 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			
<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)