

APPLICATION – PECUNIARY PENALTY

Section 546 *Fair Work Act 2009 (Cth)*

SOUTH
AUSTRALIAN
EMPLOYMENT
TRIBUNAL

Case number (SAET use only)

1 OTHER PROCEEDINGS BEFORE SAET

Are there any other proceedings before SAET concerning an alleged contravention of a civil remedy provision to which this application refers?

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 #1	
Respondent #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 DETAILS OF APPLICATION

About the employment

Name of the *employer*, individual name (if employer was an individual) or organisation legal entity name.

Details about the alleged contravention of a civil remedy provision

In relation to each respondent, specify each contravention for which penalties are sought, including the reasons for and the money amount of each.

If you are alleging a serious contravention under s557A you must specify the relevant serious contravention.

If a person, other than the employer, is alleged to have been involved in a contravention by the employer, specify the manner in which that person was involved in each alleged contravention.

Attach more pages if required.

Who should receive payment

Who are you seeking that any order for a pecuniary penalty be paid to:

the Commonwealth

a particular organisation

Name:

a particular person

Name:

Supporting attachments

Provide a brief description of your supporting documents here. It is not necessary to attach these documents to this application.

4 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
- The respondent/s named at Attachment 1 – Part B are the legal entity or individual that this claim relates to. 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:

- Worker Employer Union Employer association Not specified

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
<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 **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
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Respondent

Respondent #1

Respondent is the:

- Worker Employer A person involved in a contravention

Respondent is an:

- Individual
- Organisation – specify Organisation legal name – this should be the name of the legal entity conducting the business (this may not be the trading 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	Business/employer email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Respondent #2

Respondent is the:

- Worker Employer Not specified

Respondent is an:

- Individual
- Organisation – specify Organisation legal name – this should be the name of the legal entity conducting the business (this may not be the trading 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	Business/employer email
<input type="text"/>	<input type="text"/>	<input type="text"/>

To the Respondent/s: **WARNING**

If you wish to defend the claim, you must within 14 calendar days from service of this claim, file with SAET and serve on the applicant an Answer/Response Form P01.

If you do not do so, within that time the matter may be heard in your absence and a penalty imposed, including orders as to costs. A penalty order will allow the person who has obtained the order to take **enforcement steps**. This may include orders to sell your property.