



Case number (SAET use only)

About this form

- This is the approved form for **an employer** to notify SAET that an apprentice or trainee employed by the employer has been suspended from employment for wilful and serious misconduct under s.64 of the *South Australian Skills Act 2008*. NOTE: An employer wishing to refer the suspension of an apprentice or trainee to SAET following mediation by the Office of the SA Skills Commission should use Form A75.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.
- Receipt of this form will not be formally acknowledged. Contact SAET if you have any concerns about its lodgement.

1 OTHER PROCEEDINGS BEFORE SAET

Are there any other proceedings before SAET involving the same parties to this notice?

 No Yes

If Yes, provide Case number

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

Employer

 Representative
(if applicable)

Apprentice or Trainee

 Guardian of apprentice or
trainee (if applicable)

Other party

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 SUSPENSION

Training Contract number

Date of suspension

Time of suspension

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Has the suspension been referred to the Office of the SA Skills Commission for mediation (as required by s.64(1a)(a)(i) of the Act)?

 Yes No – set out in detail why not

Has the apprentice or trainee been notified that the suspension has been referred to the Office of the SA Skills Commission for mediation (as required by s.64(1a)(b) of the Act)?

Yes No – set out in detail why not

4 LODGING YOUR COMPLETED FORM

By lodging this Notice, I declare that:

- I am the employer or I am legally authorised to lodge this application
- To the best of my knowledge, all information provided in this Notice is true and correct
- I understand that a copy of this Notice, 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 (Employer)

Are you (the Applicant employer) 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

Job title

Date of birth (individual parties only)

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)

Do you require an interpreter?

No Yes – specify language / dialect

Do you have any other special requirements?

No Yes – specify requirements

Applicant representative details

Note 1: Your current representative (if any) may be changed at any time.

Note 2: Should this suspension be unable to be resolved by mediation in the Office of the SA Skills Commission and it is referred to SAET, a party may only be represented as set out in s.67 of the *South Australian Skills Act 2008*.

Are you (the Applicant) represented?

Yes No – go to **B Respondent**

Type of representative

Employer association 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

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. Respondent (Apprentice or Trainee)

Contact details

Title	Given name	Family name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Job title		Date of birth	
<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"/>	

C. Other parties

Guardian of the apprentice or trainee (if applicable)

Relationship to apprentice or trainee

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"/>	

Other party

Other party 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)

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