



Case number (SAET use only)

About this form

- This is the approved form to:
 - notify SAET of an industrial dispute under Chapter 2, Part 2 of the *Fair Work Act 1994*; or
 - apply to SAET for a remedy concerning a claim arising out of a genuine industrial grievance where there is no other impartial grievance resolution process reasonably available (section 17 of the *Fair Work Act 1994*).
- If applying in regards to a dispute in accordance with Chapter 2, Part 2, a party who orally seeks the assistance of SAET shall provide the details set out in this form and must then lodge the form with SAET within 2 business days.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

1 TYPE OF APPLICATION

This application relates to:

- An industrial dispute (section 7 of the *Fair Work Act 1994 SA*) (FW-01-01)
- a genuine industrial grievance (section 17(2) of the *Fair Work Act 1994 SA*) (FW-01-02)

2 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

3 URGENCY OF MATTER

I request that SAET schedule a conference hearing:

Earliest preference date

4 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)	
Respondent #3 (if applicable)	
Respondent #4 (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.

5 DETAILS OF THE DISPUTE

Award or Agreement details

What type of Award or Agreement covers the employment?

Name of South Australian Award you are/were employed under (if known or applicable)

Name of South Australian Agreement you are/were employed under (if known or applicable)

Summary of dispute / grievance

Summary of matters in dispute or aggrieved, including any industrial action taken or threatened (attach additional pages if necessary)

Assistance sought

What assistance is sought from SAET?

- Conciliation Mediation Arbitration Other (specify):

Supporting attachments

Provide a brief description of any attachments supporting this application.

6 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:

- Employer Union Employer Association Worker 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 (if provided, correspondence will be emailed)
<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 (if provided, correspondence will be emailed)
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Respondent

Respondent #1

Respondent #1 is the:

- Employer Union Employer Association Worker Not Specified

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)

Respondent #2

Respondent #2 is the:

- Employer Union Employer Association Worker Not Specified

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)

Respondent #3

Respondent #3 is the:

- Employer Union Employer Association Worker Not Specified

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)

Respondent #4

Respondent #4 is the:

- Employer Union Employer Association Worker Not Specified

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 party

The Other Party is the:

- Employer Union Employer Association Worker Not Specified

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)