Internal review application

If you have any questions about completing this form, please telephone the SafeWork SA Help Centre on 1300 365 255 or visit **safework.sa.gov.au**

Details of applicant

Name of Applicant (eligible person)

Street address

Name of contact person (*if not the same as applicant)* or name of legal representative

Contact email

Contact phone number

Have you sought clarification from the Inspectors or decision maker regarding this decision? ☐ Yes ☐ No

Can we send the decision by email? ☐ Yes ☐ No

Details of decision to be reviewed (*tick applicable boxes*)

1. Legislation under which you are applying for review

☐ *Work Health and Safety Act 2012* (SA) ☐ *Work Health and Safety Regulations 2012* (SA)

2. Decision you would like reviewed – *if the decision is not listed, it cannot be reviewed by SafeWork SA*

(a) A SafeWork SA Inspector's decision under the WHS Act in relation to:

☐ Failure of negotiations – section 54(2)

☐ Training of health and safety representatives – section 72(6)

☐ Health and safety committees – section 76(6)

☐ Review of a provisional improvement notice – section 102

☐ Issue of an improvement notice - section 191

☐ Extension of time for an improvement notice – section 194

☐ Issue of a prohibition notice – section 195

☐ Issue of a non-disturbance notice – section 198

☐ Issue of a subsequent notice – section 201

☐ **(b) A SafeWork SA decision in relation to a licence, accreditation, registration, induction, authorisation or determination to any of the WHS Regulations.** A full list is provided in Attachment A of the *Internal Review of decisions: Guidance for applicants.*

NOTE: Some decisions can only be reviewed externally through the South Australian Employment Tribunal, and these are listed in Attachment B.

(a) Date the decision was made or the notice was issued

(b) Name of Inspector issuing notice or decision

(c) Notice number (if applicable)

4. In what capacity are you seeking review?

☐ A worker who is affected by the decision, or their representative.

☐ A person conducting a business or undertaking who is affected by the decision.

☐ The person with management or control of the workplace.

☐ A health and safety representative who represents a worker who is affected by the decision.

☐ A person who received a notice.

☐ A health and safety representative who issued a provisional improvement notice or directed work to cease.

☐ A person prescribed by the Regulation 676 as eligible.

5. If this application is lodged outside the prescribed time limit you must provide a reasonable explanation for the delay before it will be accepted. Please give your explanation. *Refer to section 224 or regulation 678 for the timeframes.*

6. Decision you want reviewed.

☐ Attached is a copy of the decision to be reviewed, *or*

☐ Provide a description of the decision to be reviewed

7. State why you think the decision should be reviewed. You can attach other information to support your request.

8. Are you seeking a stay of the decision?

☐ Yes ☐ No

Note: This is not applicable to decisions made under the *WHS Regulations*.
If yes, why should the decision be stayed during the determination of the review?

Declaration

I declare that, to the best of my knowledge, the information provided in this application and supporting documentation is true and correct in every particular.

Signature of applicant, or applicant's legal representative

NAME OF APPLICATION OR LEGAL REPRESENTATIVE

DATE

Lodging your application

Lodge this form, together with any supporting documentation, via one of these means:

a) **in person:**
9am to 5pm, Monday to Friday
mark for *Attention: Internal Review*
drop off at SafeWork SA
Level 4, Coffey Building, World Park A
33 Richmond Road, Keswick

b) **post to:**
SafeWork SA, *Attention: Internal Review*
GPO Box 465, Adelaide SA 5001

c) **e-mail to:**
safeworkinternalreview@sa.gov.au *(provided you have scanned this form and any attachments)*

The internal reviewer will contact you within 24 hours (business days only) of receiving your application. Please ensure that your contact information is correct.

The internal reviewer must review the reviewable decision within 14 days after your application is received. If you do not provide all of the information required, your application may be returned for completion. The review timeframes only apply from the date when all required information is received.

Note:
SafeWork SA will use the information provided by you in conjunction with your application for the purpose of assessing and administering an internal review. The information may also be used for other purposes permitted by the Work Health and Safety Act 2012 (SA).

Privacy Policy
SafeWork SA complies with the South Australian Government's *Information Privacy Principles*, a copy of which can be obtained at **www.archives.sa.gov.au/alias/privacy**

OFFICE USE ONLY:

InfoNet Number:

Comments: