

Application for an internal review

This form is used to apply for an internal review of decision under the *Work Health and Safety (National Uniform Legislation) Act* or *Work Health and Safety (National Uniform Legislation) Regulations*.

Refer to the internal review of decisions guide prior to completing this form.

Incomplete applications may be returned to you and will result in delays in the review process. The review timeframes only apply from the date when all required information is received.

1. Applicant details (If company or other organisation, include full legal name and ABN if applicable)

Applicants name:			
Business name:		ABN:	
Trading name:			
Contact person (if different from applicant):			
Postal address:			
Suburb:		State:	Postcode:
Phone number:		Mobile number:	
Email address:			

2. Which category of eligible person are you for seeking an internal review?

A worker who is affected by the decision, or their representative	<input type="checkbox"/>
A person conducting a business or undertaking who is affected by the decision	<input type="checkbox"/>
The person with management or control of the workplace	<input type="checkbox"/>
A health and safety representative who represents a worker who is affected by the decision	<input type="checkbox"/>
A person who received a notice	<input type="checkbox"/>
A health and safety representative who issued a provisional improvement notice (PIN) or directed work to cease	<input type="checkbox"/>
A person prescribed by the Regulation 676 as eligible	<input type="checkbox"/>

3. Under which legislation are you applying for a review? (If the decision is not on this list it cannot be reviewed)

WHS (NUL) Act <input type="checkbox"/>	WHS (NUL) Regulations <input type="checkbox"/>
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4. Which category of decision would you like reviewed?

a. The inspector's decision under the <i>WHS Act</i> in relation to the:	
Failure of negotiations – section 54(2)	<input type="checkbox"/>
Training of health and safety representatives – section 72(6)	<input type="checkbox"/>
Health and safety committees – section 76(6)	<input type="checkbox"/>
Review of a provisional improvement notice (PIN) – section 102	<input type="checkbox"/>
Issue of an improvement notice – section 191	<input type="checkbox"/>
Extension of time for an improvement notice – section 194	<input type="checkbox"/>

Which category of decision would you like reviewed? (continued)

Issue of a prohibition notice – section 195	<input type="checkbox"/>
Issue of a non-disturbance notice – section 198	<input type="checkbox"/>
Issue of a subsequent notice – section 201	<input type="checkbox"/>
Refused to make any of the above decisions (specify which one by ticking that box, above, as well as this box).	<input type="checkbox"/>
b. The NT WorkSafe officer’s decision in relation to a licence, an accreditation, a registration, an induction, an authorisation, a determination or an exemption to any of these regulations (for which decisions can be reviewed, see the full list in Regulation 676 of the WHS Regulations)	<input type="checkbox"/>

5. Specific decision you want reviewed (if you require more space, attach a separate sheet)

Attached is a copy of the decision to be reviewed, OR	<input type="checkbox"/>
Provide a description of the decision to be reviewed:	<input type="checkbox"/>
Notice number:	
Date of notice or decision:	
Name of inspector or officer who made the decision:	
The date you received notice of the decision:	

6. Why do you think the decision should be reviewed? (you may attach other information to support your request)

7. If this application is lodged outside the prescribed time limit (see section 224 or Regulation 678 for the timeframes) you must provide a reasonable explanation for the delay before it will be accepted.

8. Prohibition or non-disturbance notice

<p>Are you seeking a stay of a prohibition or non-disturbance notice? If Yes, why should the operation of the decision be stayed during the determination of the review? Please provide details below. (Note: this is not applicable to decisions made under the regulations)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Applicant or the applicant’s legal or union representative declaration

<p>I consent to NT WorkSafe collecting personal information about me, and disclosing any personal information about me to, other Government Agencies. 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.</p>			
Applicant name:			
Applicant signature:		Date:	

Privacy statement

The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to the *Information Act*.

Lodgement

<p>Completed applications can be lodged in person, post or via email addressed to NT WorkSafe Internal Review (Private and Confidential).</p>		
<p>Phone: 1800 019 115</p>	<p>Email: internal.review@nt.gov.au</p>	<p>Postal: GPO Box 1722, Darwin NT 0801</p>
<p>In person: Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT</p>		