

# Application to update trainer details – HSR training provider

This form is to be used by approved health and safety representative (HSR) training providers to nominate new trainers or remove existing trainers. An approved provider must notify NT WorkSafe of any changes to its trainers within 14 days.

A nominated trainer is a person employed by, contracted to, partnered with or affiliated with the training provider and who has been nominated by the training provider to deliver HSR training if approved by NT WorkSafe.

The training provider must gain NT WorkSafe approval for any additional nominated trainer(s) prior to delivery of HSR training in the Northern Territory.

## 1. Training provider details

Business name:		ABN:			
Approval number:					
RTO number:		Registration expiry date:			
Business address:					
Suburb:		State:		Postcode:	
Is your postal address the same as above? If no, complete below:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Postal address:					
Suburb:		State:		Postcode:	
Work number:		Mobile number:			
Email address:					
Website address:					

## 2. Authorised officer details - i.e. Chief Executive or equivalent

Name:					
Position:					
Work number:		Mobile number:			
Email address:					

## 3. Nominated trainer details

Add	<input type="checkbox"/>	Remove (to remove a nominated trainer, there is no requirement for the trainer to sign this form)	<input type="checkbox"/>		
Name:		Date of birth:			
Address:					
Suburb:		State:		Postcode:	
Phone number:		Mobile number:			
Email address:					

## 4. Nominated trainer declaration

The information in this application is true and correct to the best of my knowledge. I will comply with the ongoing obligations of approval as defined by the conditions of approval. I consent to the Work Health Authority making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.			
Nominated trainer signature:		Date:	

**5. Documentation required for new trainers only**

Current photo ID for the nominated trainer i.e. drivers licence, passport, etc.	<input type="checkbox"/>
Certificate IV in Training and Assessment (TAE40116) or equivalent	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Evidence of two years relevant experience in an occupational or work health and safety role <b>or</b>;</li> <li>Relevant tertiary or vocational qualifications in a field related to occupational or work health and safety.</li> </ul> <p><b>Note:</b> All references must be on company letterhead and contain the name and contact phone number of the referees.</p>	<input type="checkbox"/>

**6. Authorised officer declaration**

<p>I have authority from the approved training provider to complete and submit this notification.  The information in this notification is true and correct to the best of my knowledge.  I consent to the Work Health Authority making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.</p>			
Authorised officer's name:			
Authorised officer's signature:		Date:	

**Privacy statement**

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

**Lodgement**

Complete applications can be lodged to NT WorkSafe in person, email or via post:

**Phone:** 1800 019 115      **Email:** [ntworksafe@nt.gov.au](mailto:ntworksafe@nt.gov.au)      **Postal:** GPO Box 1722, Darwin, NT 0801

**In person:** Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT