

Application to deliver health and safety representative (HSR) training in the Northern Territory

This form is used to apply for an approval to deliver HSR training in the Northern Territory.

Note: Prior to submitting the application, refer to the guide how to become an approved provider of health and safety representative (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:					
Name:					
Position:					
Work number:		Mobile number:			
Email address:					
Name:					
Position:					
Work number:		Mobile number:			
Email address:					

3. Nominated trainer details

- A nominated trainer is a person employed by, contracted to, partnered with or affiliated with the applicant training provider and who will deliver HSR training if approved by NT WorkSafe.
- Nominated trainers are required to declare any work health and safety disciplinary proceedings in any State or Territory i.e. suspensions, cancellations and court related matters.
- The applicant training provider is required to provide details of at least one nominated trainer with this application.
- The applicant training provider must gain NT WorkSafe approval for any additional nominated trainer(s) prior to delivery of HSR training in the Northern Territory.
- The applicant training provider must attach certified copies of each nominated trainer's formal qualifications as well as certified evidence of identity for each trainer containing a photo, current address, signature and date of birth.
- The applicant training provider must attach details of each nominated trainer's previous work experience to demonstrate compliance with the trainer qualifications in the guide. Details should contain examples of relevant work undertaken, the involvement of the nominated trainer and what was accomplished. All references must be on company letterhead and contain the names and contact phone number of the referees.

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:	
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5. Authorised officers acceptance of approval condition

Have you read and can your training organisation meet the conditions of approval?	<input type="checkbox"/>
Do you agree to comply with the ongoing obligations as defined by the conditions of approval?	<input type="checkbox"/>
Do you consent to your training provider name and office contact details being listed on the approved training provider public register on the NT WorkSafe website?	<input type="checkbox"/>
Have each of your nominated trainers completed the nominated trainer declaration?	<input type="checkbox"/>
Does each nominated trainer meet the requirements detailed in the guide?	<input type="checkbox"/>
Have you attached certified copies of each nominated trainer's formal qualifications and evidence of identity, as well as details of their work experience with references?	<input type="checkbox"/>
Do you acknowledge that any breach of the conditions of approval may result in the suspension or cancellation of NT WorkSafe's approval to deliver HSR training and/or prosecution?	<input type="checkbox"/>

6. Authorised officer declaration

As authorised officer(s) I/we declare: 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.			
Authorised officer's name:			
Position:			
Authorised officer's signature:		Date:	
Authorised officer's name:			
Position:			
Authorised officer's signature:		Date:	
Authorised officer's name:			
Position:			
Authorised officer's signature:		Date:	

Checklist

Application form completed and declaration signed	<input type="checkbox"/>
Read and understood the information contained in the Guide: How to become an approved provider of health and safety representative training in the Northern Territory	<input type="checkbox"/>
Read and can meet the requirements of the conditions of approval	<input type="checkbox"/>
Attached proposed marketing and enrolment information where NT WorkSafe would be mentioned and where any reference is made to the legislative entitlements of HSRs to training	<input type="checkbox"/>
At least one trainer nominated and ensured each nominated trainer reads and signs the declaration in the nominated trainer details section of the application form	<input type="checkbox"/>
Attached certified copies of each nominated trainer's formal qualifications and evidence of identity	<input type="checkbox"/>
Attached details of each nominated trainer's relevant work experience (as required in the guide) and evidence (e.g. signed references on company letterhead)	<input type="checkbox"/>
Authorised officer(s) completed the acceptance of approval conditions and declaration	<input type="checkbox"/>
Make a copy of your full application (and all attachments) for your records	<input type="checkbox"/>

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 in person, email or via post at a Territory Business Centre below:

Darwin	Darwin Corporate Park, Building 3, 631 Stuart Highway Berrimah NT.
Katherine	Big Rivers Government Centre - 5 First Street
Alice Springs	Ground floor, The Green Well building, 50 Bath Street.
Tennant Creek	Shop 2, Barkly House, Cnr Davidson and Patterson Street.
Phone: 1800 193 111	Email: territorybusinesscentre@nt.gov.au
	Postal: GPO Box 9800, Darwin, NT 0801

Payment details

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.

Payment date:		Receipt number:		Amount paid:	
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