

Notification of health and safety representative (HSR) training course

This form is to be used by approved HSR training providers to notify NT WorkSafe of HSR training courses.

At least 14 days' notice is required before commencement of the course

1. Business details

Business name:		ABN:			
Contact person:					
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:	
Phone number:		Mobile number:		Email:	

2. Trainer details

Surname:		Given name:	
Mobile number:		Email address:	

3. Course details

Course date/s:		Course time:	Start:	End:	
Venue name:					
Venue address:					
Suburb:		State:		Postcode:	

4. Request inspector to attend presentation

Would you like an inspector to attend the above mentioned course to deliver a short presentation on the role of the NT WorkSafe?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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5. Notifier declaration

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 notification.	
I have submitted this form electronically (signature is not required)	<input type="checkbox"/>
Applicant signature:	Date:

Privacy statement

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

Lodgement

Email complete notifications to ntworksafe@nt.gov.au