

Application for an apprentice registration

Use this form to apply for a new registration, registration extension or to notify of an employer change in accordance with Section 62 of the *Electrical Safety Act 2022*.

For more information please visit the Electrical Safety Regulator section on NT WorkSafe's website.

Application type

New registration	<input type="checkbox"/>	Change of employer	<input type="checkbox"/>	Registration extension	<input type="checkbox"/>
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1. Licence type (select applicable below)

Unrestricted electrical mechanic	<input type="checkbox"/>	Unrestricted electrical mechanic and fitter	<input type="checkbox"/>
Restricted – electrical cable jointer work	<input type="checkbox"/>	Restricted – electrical fitter work	<input type="checkbox"/>
Restricted – electrical line work (distribution)	<input type="checkbox"/>	Restricted – electrical line work (transmission)	<input type="checkbox"/>
Restricted – electronics and communication equipment work	<input type="checkbox"/>	Restricted – instrumentation and process control equipment work	<input type="checkbox"/>
Restricted – Air-conditioning and refrigeration equipment work	<input type="checkbox"/>		

2. Current registration details (if applicable – registration extension)

Registration number		Expiry date	
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3. Applicant details

Surname		Date of birth	
Given name/s			
Residential address			
Suburb	State	Postcode	
Is your postal address the same as above? If no, complete below.			
Postal address			
Suburb	State	Postcode	

4. Contact details

Phone number		Mobile number	
Email address			
Do you agree to receive correspondence by email?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

5. Colour identification test (only complete if this is an application for a new registration)

I have previously undertaken a colour identification test and the results of that test, have been submitted to the Electrical Safety Regulator previously. OR	<input type="checkbox"/>
I have not previously undertaken a colour identification test and my colour identification test results are attached.	<input type="checkbox"/>

6. Employer details

Contractor name					
Contractor licence number (if applicable)		Expiry date			
ABN					
Supervisor name					
Business address					
Suburb		State		Postcode	
Is the business postal address the same as above? If no, complete below.					
Postal address					
Suburb		State		Postcode	

7. Employer contact details

Phone number		Mobile number	
Email address			

8. Disclosures

1. In the last 10 years have you been convicted or found guilty of any offence (other than a minor traffic offence) or are any court proceedings pending? If yes, provide details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you an undischarged bankrupt or have you applied to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounded with creditors or made an assignment of your remuneration for their benefit? If yes, provide details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you currently subject of disciplinary proceedings, or an investigation that might lead to disciplinary proceedings in the Northern Territory or another State or Territory? If yes, provide details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Have you ever been disqualified from applying for an electrical licence? If yes, provide details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you ever had an equivalent electrical workers licence under the <i>Electrical Workers and Contractors Act 1978</i> or any electrical legislation in another State, Territory or the Commonwealth refused, or suspended or cancelled? If yes, provide details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Proof of identity (ID)

<p>The applicant must attach the following:</p> <ul style="list-style-type: none"> One primary and one secondary documents. <p>ID must include at least one type of primary ID that contains the applicants name and date of birth. If you are unable to provide the required documents please contact NT WorkSafe on 1800 019 115.</p>	
Primary document	Select
Australian passport (note: passports are still valid for 2 years after expiry, unless cancelled)	<input type="checkbox"/>
Australian drivers licence	<input type="checkbox"/>
Licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo i.e HRWL licence, working with children's card etc	<input type="checkbox"/>
Proof of Age Card issued by an Australian State or Territory	<input type="checkbox"/>
Identity document issued by an Aboriginal Land Council that has your photograph	<input type="checkbox"/>
Secondary document	Select
Photo ID card showing you are a Commonwealth, State or Territory Government employee	<input type="checkbox"/>
Australian birth certificate/card	<input type="checkbox"/>
Australian citizenship certificate	<input type="checkbox"/>
Medicare, centrelink or health care card	<input type="checkbox"/>
Council rates notice with your name and current residential address	<input type="checkbox"/>
Utilities notice with your name and current residential address	<input type="checkbox"/>
Foreign drivers licence	<input type="checkbox"/>

10. NT WorkSafe safety alert subscription

Please subscribe to the NT WorkSafe safety alerts to receive up to date and current technical updates, media releases, incident information, news and events? These updates can provide you with useful and important information on a range of work and industry related issues.	<input type="checkbox"/>	
If yes, select the subscription options below.		
Safety alerts <input type="checkbox"/>	Incident information release <input type="checkbox"/>	Media releases <input type="checkbox"/>
News and events <input type="checkbox"/>	Technical updates (Electrical, Solar and Gas Sectors) <input type="checkbox"/>	

11. Application declaration

I, (full name)			
Of (address)			
Solemnly and sincerely declare that:			
<ul style="list-style-type: none"> All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the <i>Oaths, Affidavits and Declarations Act 2010</i>; and I have read and understood the information contained in this application and associated guidelines; and I know that it is an offence to make a declaration that is false in any material particular. 			
This declaration is made at (location)		on (date)	
Applicant signature			
Note: Under the <i>Oaths, Affidavits and Declarations Act 2010</i> a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.			

Supporting documents checklist

Signed and completed declaration.	<input type="checkbox"/>
Proof of identity (ID) documents attached.	<input type="checkbox"/>
Colour eye test results attached (if required) - if not previously submitted to the Electrical Safety Regulator. See colour identification test for optometrists use below (page 5).	<input type="checkbox"/>
Copy of your certificate of registration issued by the Australian Apprenticeship Support Network attached.	<input type="checkbox"/>

Disclaimer

The Electrical Safety Regulator and the Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to NT WorkSafe and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT.

Lodgement

Complete applications can be lodged in person, email or via post at a Territory Business Centre below.

Darwin	Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah	
Katherine	Big Rivers Government Centre, 5 First Street	
Tennant Creek	Barkly Business Hub, 63 Haddock Street	
Alice Springs	Ground Floor, The Green Well Building, 50 Bath Street	
1800 193 111	territorybusinesscentre@nt.gov.au	GPO Box 9800 Darwin NT 0801

Colour Identification Test (only required if this is an application for a new registration)

The Electrical Safety Regulations 2024 provide that an application for an electrical work licence, Permit or Apprentice Registration be accompanied by a statement of results to the effect that the applicant has obtained a colour identification test.

This form is not a regulation form and is provided only for the convenient use of a Medical Practitioner, Optometrist, or Registered Nurse, who may be conducting a colour identification test for the purposes of the Act.

I,			
Being a qualified	Optometrist <input type="checkbox"/>	Medical practitioner <input type="checkbox"/>	Registered nurse <input type="checkbox"/>
Practitioner address			
Have conducted a colour identification test on the below applicant.			
Name of applicant			
Who has satisfied me that, at the time of the test they are able to correctly identify colours.	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Other comments relating to the test.			
Signature			Date