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.

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| 1. **Applicant details** (If company or other organisation, include fill 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: |  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Which category of eligible person are you for seeking an internal review?** | | | | | | | | | | | | | | | | | | | | | | |
| A worker who is affected by the decision, or their representative | | | | | | | | | | | | | | | | | | | | |  | |
| A person conducting a business or undertaking who is affected by the decision | | | | | | | | | | | | | | | | | | | | |  | |
| The person with management or control of the workplace | | | | | | | | | | | | | | | | | | | | |  | |
| A health and safety representative who represents a worker who is affected by the decision | | | | | | | | | | | | | | | | | | | | |  | |
| A person who received a notice | | | | | | | | | | | | | | | | | | | | |  | |
| A health and safety representative who issued a provisional improvement notice (PIN) or directed work to cease | | | | | | | | | | | | | | | | | | | | |  | |
| A person prescribed by the Regulation 676 as eligible | | | | | | | | | | | | | | | | | | | | |  | |
| 1. **Under which legislation are you applying for a review?** (If the decision is not on this list it cannot be reviewed) | | | | | | | | | | | | | | | | | | | | | | |
| WHS (NUL) Act | | | | |  | | WHS (NUL) Regulations | | | | | | | |  | | | | | | | |
| 1. **Which category of decision would you like reviewed?** | | | | | | | | | | | | | | | | | | | | | | |
| 1. **The inspector’s decision under the *WHS Act* in relation to the:** | | | | | | | | | | | | | | | | | | | | | | |
| Failure of negotiations – section 54(2) | | | | | | | | | | | | | | | | | | | | |  | |
| Training of health and safety representatives – section 72(6) | | | | | | | | | | | | | | | | | | | | |  | |
| Health and safety committees – section 76(6) | | | | | | | | | | | | | | | | | | | | |  | |
| Review of a provisional improvement notice (PIN) – section 102 | | | | | | | | | | | | | | | | | | | | |  | |
| Issue of an improvement notice – section 191 | | | | | | | | | | | | | | | | | | | | |  | |
| Extension of time for an improvement notice – section 194 | | | | | | | | | | | | | | | | | | | | |  | |
| **Which category of decision would you like reviewed?** (continued) | | | | | | | | | | | | | | | | | | | | | | |
| Issue of a prohibition notice – section 195 | | | | | | | | | | | | | | | | | | | | |  | |
| Issue of a non-disturbance notice – section 198 | | | | | | | | | | | | | | | | | | | | |  | |
| Issue of a subsequent notice – section 201 | | | | | | | | | | | | | | | | | | | | |  | |
| Refused to make any of the above decisions (specify which one by ticking that box, above, as well as this box). | | | | | | | | | | | | | | | | | | | | |  | |
| 1. **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)** | | | | | | | | | | | | | | | | | | | | |  | |
| 1. **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 | | | | | | | | | | | | | | | | | | | | |  | |
| Provide a description of the decision to be reviewed: | | | | | | | | | | | | | | | | | | | | |  | |
| Notice number: | | | | | | | |  | | | | | | | | | | | | | | |
| Date of notice or decision: | | | | | | | |  | | | | | | | | | | | | | | |
| Name of inspector or officer who made the decision: | | | | | | | |  | | | | | | | | | | | | | | |
| The date you received notice of the decision: | | | | | | | |  | | | | | | | | | | | | | | |
| 1. **Why do you think the decision should be reviewed?** (you may attach other information to support your request) | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **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.** | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Prohibition or non-disturbance notice** | | | | | | | | | | | | | | | | | | | | | | |
| 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)** | | | | | | | | | | | | | | | | | Yes |  | | No | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Applicant or the applicant’s legal or union representative declaration** | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | | | | | | | | | | | |
| Completed applications can be lodged in person, post or via email addressed to **NT WorkSafe Internal Review (Private and Confidential).** | | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** 1800 019 115 | | | | **Email:** [internal.review@nt.gov.au](mailto:internal.review@nt.gov.au) | | | | | | **Postal:** GPO Box 1722, Darwin NT 0801 | | | | | | | | | | | | |
| **In person:** Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT | | | | | | | | | | | | | | | | | | | | | | |