Use this form to apply for a replacement of a Northern Territory High Risk Work (HRW) Assessor accreditation in accordance with Regulation 127 of the Work Health and Safety (National Uniform Legislation) Regulations.

For the relevant application fee, visit the licensing fees and charges webpage.

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| 1. **HRW Assessor details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessor number: | | | | |  | | | | | | | | | | | | | | | Expiry: | | | | | | | |  | | | | | | | | | | | | |
| Surname: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given names: | | | | |  | | | | | | | | | | | | | | | Date of birth: | | | | | | | |  | | | | | | | | | | | | |
| Residential address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | |  | | | | | | | | | | | State: | | | | | | |  | | | | | | | | Postcode: | | | | | | | |  | |
| Is your postal address the same as above? If no, complete below: | | | | | | | | | | | | Yes | | | | | |  | | | | | | | No | | | | |  | | | | | | | | | | |
| Postal address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | |  | | | | | | | | | | State: | | | | | | |  | | | | | | | | | | Postcode: | | | | |  | | | |
| Home number: | | | | |  | | | | | | Mobile number: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Email address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Competency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that I have maintained my competency to carry out assessments covered by the accreditation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. **Reason for replacement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lost | |  | | | | | | Stolen |  | | | | | Destroyed | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Describe how the accreditation document was lost, stolen or destroyed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Receiving accreditation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the accreditation? | | | | | | | | | | Post | | | | | | | | |  | | | | | | | | Collection | | | | | | | |  | | | | | |
| 1. **HRW Assessor declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I do solemnly declare that the information in this application is true and correct to the best of my knowledge.  I consent to the Work Health Authority making enquiries and exchanging information with WHS regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessor name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessor signature: | | | | |  | | | | | | | | | | | | | | | | | Date: | | | | | | |  | | | | | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application is complete and signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Payment of application fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| A legible copy of photo ID i.e.: passport, drivers licence, 18+ card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to the *Information Act 2002.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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](mailto:territorybusinesscentre@nt.gov.au) | | | | | | | | | | | | | | **Postal:** GPO Box 9800, Darwin, NT 0801 | | | | | | | | | | | | | | | | | | | |
| **Payment details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cash |  | | Cheque (Made out to Receiver of Territory Money) | | | | | | | | | |  | | | | Credit card (Visa or MasterCard only) | | | | | | | | | | | | | | | | | | | | | | |  |
| Cardholder name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Card number: | | | | | |  | | | | | | | | | | | Expiry: | | | | | | | | |  | | | | | | | | | | | | | | |
| I hereby authorise the Territory Business Centre to debit the above credit card for the amount of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ |  | | | | | | |
| Cardholder signature: | | | | | |  | | | | | | | | | | | Date: | | | | | | | | |  | | | | | | | | | | | | | | |