This form is to be used for an official of the union to be issued with a Northern Territory Work Health and Safety (WHS) Entry Permit must be made by the relevant registered union (as per section 131(1) of the [Work Health and Safety (National Uniform Legislation) Act](http://notes.nt.gov.au/dcm/legislat/legislat.nsf/d989974724db65b1482561cf0017cbd2/9e5b4dd8589f5ce76925797c0082e913?OpenDocument) (the Act)), by a union official with the authority to enter into arrangements on the union’s behalf.

**Incomplete applications cannot be processed.** After a new applicant has satisfactorily completed the prescribed NT WorkSafe training, they will be required to enclose a statutory declaration to complete the application as per section 131(2) of the Act (training for new applicants is currently provided as a free service by NT WorkSafe). Applications for a subsequent entry permit must include a completed statutory declaration (attached). Additional attachments are specified below.

Note: Submission of this form constitutes agreement to have the entry permit holder name published on the NT WorkSafe website pursuant to section 151of the Act: [Register of Current Work Health and Safety Entry Permit Holders](http://www.worksafe.nt.gov.au/SafetyAndPreventions/Pages/Entry-Permit-Holders.aspx) or <http://www.worksafe.nt.gov.au/SafetyAndPreventions/Pages/Entry-Permit-Holders.aspx>

**Type of notification:** New [ ]  Subsequent application (tick reason) [ ]

**Reason:** Permit expired/expiring [ ]  Card lost/damaged [ ]  Other [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 1. **Applicant details**
 |
| Surname: |  |
| Given names: |  |
| 1. **Union details**
 |
| Union name: |  |
| Details of union official nominating person as a WHS Entry Permit Holder |
| Surname: |  |
| Given names: |  |
|  |
| Union postal address: |  |
| Suburb: |  | State: |  | Postcode: |  |
|  |
| Phone number: |  | Mobile number: |  |
| Email address: |  |
| 1. **Additional requirements**
 |
| Attached evidence that nominee is currently an official of the union | [ ]  |
| Attached current right of entry permit issued under the Commonwealth *Fair Work Act* | [ ]  |
| One clear, passport-size photograph not more than 6 months old. | [ ]  |
| **SUBSEQUENT application only** - Completed statutory declaration (page 3) | [ ]  |
| 1. **Receiving permit**
 |
| How do you wish to receive the permit? | Post | [ ]  | Collection | [ ]  |
| 1. **Applicant declaration**
 |
| The information in this application is true and correct to the best of my knowledge. |
| Applicant name: |  |
| Applicant signature: |  | Date: |  |
| 1. **Union representative declaration**
 |
| The information in this application is true and correct to the best of my knowledge. |
| Union official name: |  |
| Union official signature: |  | Date: |  |
| 1. **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, email or via post at a NT WorkSafe below: |
| **Phone:** 1800 019 115 | **Email:** ntworksafe@nt.gov.au  | **Postal:** GPO Box 1722, Darwin NT 0801 |
| **In person:** Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT |

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| THE NORTHERN TERRITORY OF AUSTRALIA**STATUTORY DECLARATION****\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1) Insert full name and address of person making declaration(2) Here insert name of union to complete the details of the matter being declared | **This statutory declaration is made in pursuance of S131-134 of the Northern Territory *Work Health and Safety (National Uniform Legislation) Act.*****I,** (1)      solemnly and sincerely declare that I: (a) am an official of the union (2)      (b) have satisfactorily completed the Northern Territory entry permit training prescribed by the Regulator; and(c) hold, or will hold, an entry permit under the Fair Work Act at the point of exercising any right granted to a WHS entry permit holder under the Northern Territory *Work Health and Safety (National Uniform Legislation) Act.* |
| (3) Signature of the person making the declaration | This declaration is true and I know it is an offence to make a statutory declaration knowing it is false in a material particular.Declared at       the       day of       20      **Error! Bookmark not defined.**(3) ... |
| (4) Signature of the person before whom the declaration is made(5) Here insert full name of person before whom the declaration is made, legibly written, typed or stamped | Witnessed by: | (4) (5) (6)  |
| (6) Here insert contact address or telephone number of person before whom the declaration is made | **NOTE: This declaration may be witnessed by any person who is at least 18 (eighteen) years of age.** |
| **NOTE: This written statutory declaration must comply with Part 4 of the *Oaths Affidavits and Declarations Act.*** |
| **NOTE: Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.** |