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  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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.** | |