Use this form to apply for a general construction induction training card in accordance with Regulation 319 of the Work Health and Safety (National Uniform Legislation)Regulations 2011.

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

**Application type:**

New  Replacement

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 training** – New ONLY (lodged within 60 days of completion) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach evidence of statement of attainment or written declaration from registered training provider that includes the course code - **CPCWHS1001** “Prepare to work safely in the construction industry”. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 1. **Reason for replacement** (Replacement only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lost |  | Stolen | | | |  | Destroyed | | |  | Change of name (requires evidence e.g.: marriage certificate) \*no fee | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Describe how the licence was lost, stolen or destroyed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Receiving card** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the card? | | | | | | | | | | | | Post | | | | | | |  | | | | | | | Collection | | | | | | | |  | | | |
| Do you wish to receive a digital card? | | | | | | | | | | | | Yes | | | | | | |  | | | | | | | No | | | | | | | |  | | | |
| 1. **Applicant 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant signature: | | | | |  | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **New** | | | | **Replacement** | | | | |
| Application is complete and signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |
| Prescribed application fee (see [licensing fees and charges](https://worksafe.nt.gov.au/licensing-and-registration/licensing-fees-and-charges) page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |
| Evidence of statement of attainment or written declaration from registered training provider that includes the course code attached | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | N/A | | | | |
| Section 3 complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A | | | |  | | | | |
| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A fee is payable on lodgement of this application form. Payment can be made by:   * Cash (in person only); or * Cheque (made out to Receiver of Territory Monies); or   Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment date: | | |  | | | | | | Receipt number: | | | |  | | | | | | | | | Amount paid: | | | | | | | | | |  | | | | | |