Use this form to notify of any alterations to contact details for a Northern Territory HRW Assessor accredited under Regulation 125 of the Work Health and Safety (National Uniform Legislation) Regulations.

It is the assessor’s responsibility to notify NT WorkSafe of any change in details in relation to the accreditation within 14 days after the assessor becomes aware of the change.

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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: | | | | |  | | |
| Phone number: | |  | | | | | Mobile number: | | | | | | | |  | | | | | | | | | | | | | | |
| Email address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Website details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I agree to my details being published by NT WorkSafe **(Please indicate below the details to be published on the NT WorkSafe website - postal suburb is mandatory)** | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | No | | |  |
| Assessor name |  | | | | Phone number |  | | | | | | | | Mobile number | | | | | | | | | |  | | | | | |
| Postal suburb |  | | | | Email address |  | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **HRW Assessor declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I the undersigned person making this application, hereby solemnly and sincerely declare that the statements made in this application and any attachments are true and correct in every particular. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessor name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessor signature: | |  | | | | | | | | | | | | | Date: | | | |  | | | | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application is complete and signed | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| A copy of the front and back of HRW Assessor accreditation | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to the *Information Act 2002.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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](mailto:ntworksafe@nt.gov.au) | | | | | | | | | **Postal:** GPO Box 1722, Darwin, NT 0801 | | | | | | | | | | | | | | | | |
| **In person:** Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |