Use this form to apply a high risk work licence assessment report book.

**Note:** if a representative is collecting book(s) on behalf of an HRW Assessor they must complete section 4.

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

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| 1. **Accreditation details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accreditation number: | | | | | |  | | | | | | | | | | | Expiry: | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 1. **HRW Assessor 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: | | | | |  | | |
| Phone number: | | | |  | | | | | | | | Mobile number: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Email address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Book requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of books required: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assessment report book serial numbers issued (TBC use only)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **HRW Assessor representative** (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and signature of representative who is authorised to collect books on behalf of HRW Assessor. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Representative name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Representative signature: | | | | | | |  | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | | | | |
| 1. **Receiving books** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive the books? | | | | | | | | | | 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 copy of the front and back of HRW Assessor representative photo ID (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | |  | | | | | | | | | | | | | | |