This form is to be used by approved HSR training providers to notify NT WorkSafe of HSR training courses.

**At least 14 days’ notice is required before commencement of the course**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Business details** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name: | |  | | | | | | | | | | | | ABN: | | | |  | | | | | | | |
| Contact person: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Business 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: | | | | | |  | | | | | | | | | |
| 1. **Trainer details** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | |  | | | Given name: | | | | |  | | | | | | | | | | | | | | | |
| Mobile number: | |  | | | Email address: | | | | |  | | | | | | | | | | | | | | | |
| 1. **Course details** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Course date/s: | |  | | | | Course time: | | | Start: | | | |  | | | | | | | | | End: | |  | |
| Venue name: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Venue address: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | State: | | | |  | | | | | | | | Postcode: | | | | |  |
| 1. **Request inspector to attend presentation** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Would you like an inspector to attend the above mentioned course to deliver a short presentation on the role of the NT WorkSafe? | | | | | | | Yes | | | |  | | | | | | | | No | | | |  | | |
| 1. **Notifier declaration** | | | | | | | | | | | | | | | | | | | | | | | | |
| I have authority from the approved training provider to complete and submit this notification.  The information in this notification is true and correct to the best of my knowledge.  I consent to the Work Health Authority making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this notification. | | | | | | | | | | | | | | | | | | | | | | | | |
| I have submitted this form electronically (signature is not required) | | | | | | | | | | | | | | | |  | | | | | | | | |
| Applicant signature: | |  | | | | | | | | | | | | Date: | | | | | |  | | | | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Attorney General and Justice complies with the Information Privacy Principles scheduled by the Information Act. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | | | | | | | | | |
| Email complete notifications to [ntworksafe@nt.gov.au](mailto:ntworksafe@nt.gov.au) | | | | | | | | | | | | | | | | | | | | | | | | |