Section 74 of the *Work Health Safety (National Uniform Legislation) Act* *2011* requires a person conducting a business or undertaking (PCBU) to display, make readily available and provide the Regulator with a list of health and safety representatives (HSR) and Deputy HSR in their workplace.

This form can be used to assist in meeting your obligations under Section 74.  It is not mandatory to use this form and the information required by Section 74 can be provided in a different format.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **PCBU information** | | | | | | | | | | | | | | | | | | | |
| Business name: |  | | | | | | | | | | | | ABN: | | |  | | | |
| Business address: |  | | | | | | | | | | | | | | | | | | |
| Suburb: |  | | | | | State: | | | |  | | | | | Postcode: | | | |  |
| Is your postal address the same as above (if no, complete below): | | | | | | Yes | |  | | | | | | No | | |  | | |
| Postal address: |  | | | | | | | | | | | | | | | | | | |
| Suburb: |  | | | | | State: | | | |  | | | | | Postcode: | | | |  |
| Contact person: |  | | | | | | | | | | | | | | | | | | |
| Phone number: |  | | | | Mobile number: | | | | | | |  | | | | | | | |
| Email address: |  | | | | | | | | | | | | | | | | | | |
| 1. **HSR information** | | | | | | | | | | | | | | | | | | | |
| Work group: |  | | | | | | | | | | Election date: | | | | | | |  | |
| HSR name: |  | | | | | | | | | | | | | | | | | | |
| Phone number: |  | | | Email address: | | |  | | | | | | | | | | | | |
| Deputy HSR name: |  | | | | | | | | | | | | | | | | | | |
| Work group: |  | | | | | | | | | | | | | | | | | | |
| HSR name: |  | | | | | | | | | | | | | | | | | | |
| Phone number: |  | | Email address: | | | |  | | | | | | | | | | | | |
| Deputy HSR name: |  | | | | | | | | | | | | | | | | | | |
| Work group: |  | | | | | | | | | | | | | | | | | | |
| HSR name: |  | | | | | | | | | | | | | | | | | | |
| Phone number: |  | | Email address: | | | |  | | | | | | | | | | | | |
| Deputy HSR name: |  | | | | | | | | | | | | | | | | | | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | |
| The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled by 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 | | | | | | | | | | | | | | | | | | | |