



# CHANGE OF CONTACT DETAILS

RTO-CHA-01

FOR RTOs DELIVERING GENERAL INDUCTION TRAINING IN NSW UNDER THE NATIONAL CODE OF PRACTICE FOR INDUCTION FOR CONSTRUCTION WORK

Please use **BLACK INK** and print within the boxes in **BLOCK LETTERS**. Complete all sections or make N/A

## A. Instructions

### You are required to:

- use this form to notify WorkCover NSW of any change to the Registered Training Organisation's (RTO's) principal place of business, postal address or contact details
- notify WorkCover NSW within 14 days of any change
- fax this form to WorkCover on 02 9287 5994 or post this form to:

Third Party Management Unit  
WorkCover NSW  
Locked Bag 2906  
Lisarow NSW 2252

**Note 1:** WorkCover will confirm contact details against information contained within the NTIS website [ntis.gov.au](http://ntis.gov.au)

**Note 2:** If there has been a change to the RTO's Authorised Officer(s), you are required to complete an *Application to Add or Remove a Nominated Trainer or Authorised Officer* form. This form is available on the WorkCover website at [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

## B. Registered Training Organisation (RTO) Details

RTO Trading Name: \_\_\_\_\_

NTIS Registration Number: \_\_\_\_\_ WorkCover Approval Number: \_\_\_\_\_

## New Contact Details

### PRINCIPAL PLACE OF BUSINESS:

No: \_\_\_\_\_ Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website address: \_\_\_\_\_

### POSTAL ADDRESS:

(If the same as the principal place of business write as above)

PO Box No: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Declaration

I, the Authorised Officer declare that:

- the information provided in this form is true and correct in every particular.

Authorised Officer's Name: \_\_\_\_\_

Signature of Authorised Officer: \_\_\_\_\_ Date: \_\_\_\_\_