

APPROVED TRAINING PROVIDER TO ADD OR REMOVE A NOMINATED TRAINER TO DELIVER HEALTH AND SAFETY REPRESENTATIVE AND/OR ENTRY PERMIT HOLDER TRAINING IN NSW – APPLICATION

ATP-ADD-1 NOVEMBER 2017

This form is to be used by SafeWork NSW Approved Training Providers (ATPs) delivering Health and Safety Representative (HSR) and/or Entry Permit Holder (EPH) training in NSW and who wish to amend their SafeWork NSW HSR training approval to:

- Add or remove nominated trainer(s).

HSR and/or EPH training must be conducted by a nominated trainer for or on behalf of an ATP. An ATP may only deliver HSR training if it has a current approval in place with SafeWork NSW, which requires the ATP to comply with a set of conditions.

ATPs must advise SafeWork NSW of any nominated trainers who have ceased to deliver training on behalf of their ATP, within 14 days of the change.

How to fill in this form

Please type directly into the form. When complete, save a copy before emailing or printing.

If completing by hand, please print clearly and mark box(es) with a tick ☒ where required.

Note: please complete one application per nominated trainer.

For assistance call 13 10 50

Fees

There is no fee associated with this form.

Lodgement

Email: thirdparty@safework.nsw.gov.au.

Privacy compliance statement

Information provided in this form will not be used or disclosed except in accordance with the requirements of the *Privacy and Personal Information Protection Act 1998* (PPIP Act) and/or *Government Information (Public Access) Act 2009* (GIPA Act).

This information is collected by SafeWork NSW (the Regulator) for the purposes of undertaking the evaluation, assessment and processing of an application for delivering HSR and/or EPH training in NSW as required by the WHS Act and WHS Regulation, and for the purpose of ensuring compliance with that legislation.

The Regulator may also use this information for the purposes of confirming applicant details and to establish and maintain an external database. The information may also be used to assist the Regulator and its inspectorate with their work generally and may also be made available to other NSW State Government agencies, other state or territory training authorities or the Commonwealth, state or territory work health and safety regulatory authorities.

Except for the purpose of prosecution or the purposes referred to above and unless such disclosure is otherwise required or permitted by law the information will not be otherwise accessed by any third parties in a way that would identify the individual, without the consent of that individual.

Applicants are able to gain access to personal information held by the Regulator pertaining to this application. You may also apply to SafeWork NSW to access and correct any of your own personal information that is inaccurate, incomplete, not relevant or out of date. Applications must be made in writing to the Privacy Contact Officer, SafeWork NSW, Locked Bag 2906, Lisarow NSW 2252.

SECTION 1. APPROVED TRAINING PROVIDER’S DETAILS

- This section must be completed for all applications.
- The ATP registered name is the name of the company or business as it has been registered with SafeWork NSW.
 - The SafeWork NSW approval number is the registration number issued by SafeWork NSW.
 - Authorised officer(s) are the current contact person(s) listed with SafeWork NSW.

ATP registered name

ATP registered name

ABN

SafeWork NSW approval number

AUTHORISED OFFICER

Title

Given name

Family/Surname

Position

SECTION 2. NOMINATED TRAINER DETAILS

- To add a nominated trainer the declaration must be signed and dated by the nominated trainer.
- To remove a nominated trainer there is no requirement for a trainer to sign this form.
- If removing a nominated trainer, complete this section and then go to section 5.
- Nominated trainers are required to declare any work health and safety disciplinary proceedings in any state or territory for example suspensions, cancellations and court related matters.
- Nominated trainers must provide a certified copy of evidence of identity containing a photo, current address, signature and date of birth.

Please tick ☒ either **Add** or **Remove** for the following nominated trainer for HSR or EPH

Add Remove HSR EPH

SafeWork NSW nominated trainer ID (if applicable)

NOTE: If the nominated trainer is recognised by SafeWork NSW as a current nominated trainer to deliver General Construction Training (GIT), they are permitted to conduct GIT for the ATP submitting this form, providing the ATP is a SafeWork NSW approved Registered Organisation to deliver GIT training

NOMINATED TRAINER NAME

Title Family/Surname

Date of birth (DD/MM/YYYY)

Given name

Daytime contact number Mobile number

Other names

Email

RESIDENTIAL ADDRESS (MUST NOT BE A PO BOX)

Unit number/Street number/Property number
(include Lot or DP number if applicable)

POSTAL ADDRESS Same as street address
Unit number/Street number/Property number
(include Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Street name

Street name

Suburb

Suburb

State

Postcode

State

Postcode

I hereby declare that:

- The information contained in this application is true and correct in every particular.
- I have not been suspended or cancelled as a work health and safety/occupational health and safety service provider in any state or territory. If yes, please provide details in an attachment.
- I have not been convicted of any work health and safety/occupational health and safety offence under any Australian work health and safety/occupational health and safety legislation or any criminal offence within the past five years. If yes, please provide details in an attachment.
- I consent to the making of enquiries of, and the exchange of information with the Australian Skills Quality Authority (ASQA), any State Training Authority (STA) or any Commonwealth, state or territory work health and safety regulatory authority regarding my activities relevant to this application and any approval provided by SafeWork NSW in respect of it.
- I will comply with the ongoing obligations of approval as defined by the Approval Conditions, including the Code of Conduct and advertising specifications.

Nominated trainer signature

Date (DD/MM/YYYY)

It is an offence under the *Crimes Act 1900* (Crimes Act) and WHS Act to make a false or misleading statement in the form, heavy penalties apply.

SECTION 3. QUESTION BOXES

THIS SECTION MUST BE COMPLETED IN FULL TO NOMINATE A TRAINER.

Nominated trainers must provide:

- A certified copy of Certificate IV or above in Training and Assessment.

In addition, nominated trainers may also provide:

- Certified copies of relevant tertiary or vocational qualifications in a field related to occupational or work health and safety (for example – a Graduate Diploma of occupational health and safety).
If this qualification cannot be provided, section 4 must be completed.

3a. Certificate IV or above in training and assessment

I have attached a copy of my certificate or transcript or statement of attainment.

3b. Relevant tertiary or vocational qualifications in a field related to occupational or work health and safety

I have attached a copy of my certificate or transcript or statement of attainment.

CONSENT TO VALIDATE QUALIFICATION CERTIFICATES

DECLARATION

I, _____ (print name)
hereby authorise (insert name(s) of educational provider who issued your training certificate):

To provide SafeWork NSW with any educational training records that relate to my application to be a nominated trainer to deliver HSR and/or EPH training in NSW

Signature

Date (DD/MM/YYYY)

SECTION 4. NOMINATED TRAINER EXPERIENCE

ONLY TO BE COMPLETED IF EVIDENCE IN SECTION 3B HAS NOT BEEN SUPPLIED.

IF 3B IS SUPPLIED, PLEASE GO TO SECTION 5.

THIS SECTION MUST BE COMPLETED IN FULL TO NOMINATE A TRAINER.

Nominated trainers must provide:

- A minimum of two years relevant experience in an occupational or work health and safety role (experience not required over a consecutive period).
- Examples must include relevant work undertaken, the involvement of the nominated trainer and what was accomplished.
- Written references from employers must be supplied to support the relevant experience.
- References must be on company letterhead and contain the names and contact phone number of the referees.
- Please photocopy this page if additional evidence is required.

Position held

Date of project (DD/MM/YYYY to DD/MM/YYYY)

Supervisor/reference name

Reference contact number

OPERATIONAL EXPERIENCE

1. Please detail relevant work undertaken

2. Please detail the involvement of the nominated trainer

3. Please detail what was accomplished

I have attached written reference(s) to support the experience detailed above.

I, the undersigned, do solemnly and sincerely declare that the information contained on this form is true and correct in every particular, to the best of my knowledge.

Applicant's signature

Date (DD/MM/YYYY)

SECTION 5. RADIO BUTTONS (ONE SELECTION ONLY)

I, _____ (print name)
as authorised officer declare:

- The information contained in this application is true and correct in every particular.
- I have not been suspended or cancelled as a work health and safety/occupational health and safety service provider in any state or territory. If yes, please provide details in an attachment.
- I have not been convicted of any work health and safety/occupational health and safety offence under any Australian work health and safety/occupational health and safety legislation or any criminal offence within the past five years. If yes, please provide details in an attachment.
- I consent to the making of enquiries of, and the exchange of information with ASQA, any STA or any Commonwealth, state or territory work health and safety regulatory authority regarding my activities relevant to this application and any approval provided by SafeWork NSW in respect of it.
- Where I provide personal information to SafeWork NSW in connection with this application about any other individual, I am authorised to provide that information, the information has been collected in accordance with applicable privacy legislation and the individual has been or will be made aware of SafeWork NSW's identity and how to contact it, and of the other matters which an individual is required to be made aware of when personal information is collected about them.
- I will comply with the ongoing obligations of approval as defined by the Approval Conditions, including the Code of Conduct and advertising specifications.

Applicant's signature

Date (DD/MM/YYYY)

It is an offence under the *Crimes Act 1900* (Crimes Act) and WHS Act to make a false or misleading statement in the form, heavy penalties apply