

EXPRESSION OF INTEREST – SAFEWORK NSW FAMILY AND INJURED WORKER SUPPORT GROUP

MAY 2020

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.

For assistance call 13 10 50

Lodgement instructions

Email: BR_CommunityEngagement_RC@customerservice.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* (PIIP Act) and/or *Government Information (Public Access) Act 2009* (GIPA Act).

This information is collected by the Regulator for the purposes of undertaking the evaluation, assessment and processing of an application for delivering the Services as required by the WHS Act and 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, to establish and maintain an external database, and to provide information and training. 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.

For further information about how to access and amend any personal and health information we hold, as well as what to do if you think we have breached the PPIIP Act or the *Health Records and Information Privacy Act 2002* (HRIP Act), see the [SafeWork NSW Privacy Management Plan](#).

To express interest in becoming a member of the SafeWork Family and Injured Workers Support Group, complete this application.

YOUR DETAILS

Name

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

Street name

Suburb

State

Postcode

Contact phone number

Mobile phone number

WHY DO YOU WANT TO BE A MEMBER?

What's your personal experience regarding a workplace fatality or serious injury?

What do you aim to achieve if you're selected to be part of the group?

How would you describe your ability and experience to support others and work as part of a team?

Do you have strategies and support in place to look after your own mental health and maintain your resilience while participating in the group?

Yes No

What industry were you or your loved one working in at the time of the incident?

Select more than one industry if the workplace crosses sectors.

Agriculture

Building and construction

Government

Manufacturing

Transport

Health and social assistance

Other

If other please specify

ADDITIONAL INFORMATION

Have you been involved in advocacy or similar groups before?

Yes No

If yes, please describe your experience

Are you prepared to attend a minimum of four face-to-face meetings and one forum each year?

Yes No

Do you have access to technology to attend meetings virtually if required?

Yes No

Where are you located?

Sydney

Central Coast

Newcastle

Wollongong

Regional North

Regional South

Return email BR_CommunityEngagement_RC@customerservice.nsw.gov.au