

# SafeWork NSW

# VARIATION/CANCELLATION FOR THE DELIVERY OF ASBESTOS REMOVAL AND ASBESTOS ASSESSOR TRAINING

APRIL 2019

- Complete the course details including the SafeWork NSW approval number.
- Variations to move training forward will not be accepted.
- Submit this form to SafeWork NSW at least 48 hours prior to the delivery of asbestos removal or asbestos assessor training by email asbestosdemolitionservices@safework. nsw.gov.au.
- Where cancellation or change of address occurs within 48 hours of the training commencing, SafeWork NSW must be contacted immediately on 13 10 50 and this variation/cancellation form then emailed to asbestosdemolitionservices@safework.nsw. gov.au.
- Retain this form as per the SafeWork NSW training requirements.

### 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  $\square$  where required.

### For assistance call 13 10 50

### **Lodgement instructions**

**Email**: asbestosdemolitionservices@safework.nsw. gov.au

# **Privacy compliance statement**

This information is collected by SafeWork NSW (the Regulator) for the purposes of updating information on a licence to carry out asbestos work, as required by the WHS Act and WHS Regulation.

The Regulator may also use this information to establish and maintain an external database and to assist the SafeWork NSW inspectorate with their work generally. This information may also be made available to other state, territory and the Commonwealth regulatory authorities, including the Department of Industry Skills and Regional Development, Office of Environment and Heritage and the Dust Diseases Authority.

Except for the purpose of prosecution 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 pertaining to their application that is held by the Regulator.

You may also apply to the Regulator to access and correct any of your own personal information if that information is inaccurate, incomplete, not relevant or out of date. Applications should be made in writing to the Privacy Contact Officer, SafeWork NSW, Locked Bag 2906, Lisarow, NSW 2252.

### **SECTION 1. PROVIDER DETAILS I**

Name	of r	eaistered	training	organisation	(RTO)
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Approval number

Daytime contact number

Email

RTO trainer name

RTO contact person

# **SECTION 2. COURSE DETAILS**

### **SECTION 2.1 ORIGINAL COURSE DETAILS**

Course (Class A, Class B, Supervisor, Assessor)	Course date(s)	Start time	Finish time	Course venue street number and address	Number of participants

### **SECTION 2.2 NEW COURSE DETAILS**

Course (Class A, Class B, Supervisor, Assessor)	Course date(s)	Start time	Finish time	Course venue street number and address	Number of participants

## **SECTION 2.3 CANCELLATION**

Original course notified has been cancelled (please tick)

# **SECTION 3. DECLARATION** ■

I, (print name)

declare the information contained in this form is true and correct in every particular.

RTO trainer signature Date (DD/MM/YYYY)