NSW GOVERNMENT | WorkCover

CHA-HSR-01

Change of Contact Details

PERSONAL DETAILS

For approved training providers delivering WorkCover approved HSR training courses in NSW under the *Work Health and Safety Act 2011*.

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 of any change to the Approved Training Provider's (ATP's) principal place of business, postal address or contact details
- notify WorkCover 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

B. Approved Training Provider (ATP) Details

ATP Registered Name

WorkCover Approval Number

New Contact Details

Principal place of business

No

Street

Suburb

State

Postcode

Phone

Fax

Email

Website

WORK SAFE HOME SAFE

Postal address

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

PO Box

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 authorising officer

Date (DD/MM/YYYY)

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