# 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

<table>
<thead>
<tr>
<th>Principal place of business</th>
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<tbody>
<tr>
<td>No</td>
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Phone

Fax

Email

Website
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)