

VARIATION/CANCELLATION – ENTRY PERMIT HOLDER TRAINING COURSE

EPH-VAR-01 OCTOBER 2016

This form is for approved training providers delivering SafeWork NSW approved entry permit holder (EPH) training in NSW. Use this form to notify SafeWork NSW of any change to the prenotification details sent regarding an approved EPH Training Course, including changes to the scheduled start/finish time, venue, nominated trainer and for cancellation of training. If the date of training is changing this is considered a cancellation and you are required to cancel the notified course via this variation/cancellation form and then submit a pre-notification form for the new date. **A variation form that reduces the total pre-notification time period to less than seven days will not be accepted.**

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.
- If a change occurs less than 48 hours prior to the delivery of the approved EPH Training Course, contact the Authorisations and Third Party Management hotline immediately on 13 10 50 and then email this variation form to SafeWork NSW.
- Complete all sections or mark N/A.
- Complete approved training provider (ATP) details, details of change, exemption details (if applicable) and sign the declaration. Ensure that the details are clear and legible.
- Send a separate form for each course.

For assistance call 13 10 50

Lodgement instructions

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 evaluation, assessment and processing of an application for delivering EPH 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 external databases.

The information may also be used to assist the Regulator and it's 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 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 the Regulator 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 DETAILS

Approved training provider (ATP) name

SafeWork NSW approval number

ATP contact phone number

SECTION 2. VARIATION TO TRAINING PRE-NOTIFICATION DETAILS

Date of training	Trainer name	Trainer contact number	Est. start time	Est. finish time	
Name of training venue	Street no.	Street	Suburb	Postcode	Venue contact number

SECTION 3. CANCELLATION OF TRAINING PRE-NOTIFICATION DETAILS

Date of training	Trainer name	Trainer contact number	Est. start time	Est. finish time	
Name of training venue	Street no.	Street	Suburb	Postcode	Venue contact number

SECTION 4. EXEMPTION DETAILS

Have you had an exemption approved for this training? Yes No
 If 'yes' provide the exemption number and a brief description.

Exemption number	Details of exemption

SECTION 5. DECLARATION

I declare that the information provided in this application is true and correct in every particular.

Name of ATP delegated person

Daytime contact number

Delegated person's signature

Date (DD/MM/YYYY)

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