

EXAMPLE APPLICATION FOR EXEMPTION UNDER THE [WHS Regulations XXXX]

INSTRUCTIONS

1. Please read part 11.2 of the [insert WHS Regulations] and the Guide for Applicants for Exemptions before completing an application for exemption.
2. When lodging an application for exemption, fees may be charged for consideration of the application. [insert details of fees to be charged according to jurisdiction].
3. Once an application or applications have been considered and [payment of the appropriate fee has been received], you will receive written notice of the decision[s].
4. A decision to grant an exemption may include conditions and will apply for the period specified in the decision. Exemptions have no application outside of [insert jurisdiction].
5. An exemption, once granted can be varied, suspended or cancelled by [insert relevant regulator]. Written notice of a decision to vary, suspend or cancel an exemption will be sent to the applicant.
6. All documents attached to an application for exemption are retained on file by [insert relevant regulator] and will not be returned.

USE OF PERSONAL INFORMATION

Information collected by [WHS regulator] in connection with this application will be used for the purpose of assessing the application and administering the exemption. The information may be provided to other WHS Regulators to ensure that a nationally consistent approach is taken to exemptions under the model work health and safety laws.

CONTACT DETAILS

Submit your completed application form and all supporting documentation to:
[insert WHS regulator contact details here]

DETAILS OF APPLICANT.

- a) Complete this part if the applicant is a natural person.

Family name: _____
Given names: _____
Trading as (if applicable): _____
Residential Address: _____ Postcode: _____
Postal Address: _____ Postcode: _____
Telephone (BH): _____ Telephone (AH) _____ Mobile: _____
Facsimile: _____ Email: _____
Date of Birth (dd/mm/yyyy): _____

- b) Complete this part if applicant is not a natural person

Full legal name of organisation: _____
Trading As: _____
ABN: _____ ACN: _____
Registered Address: _____ Postcode: _____
Postal Address: _____ Postcode: _____
Contact person name: _____ Telephone: _____
Facsimile: _____ Email: _____

If application is for the exemption of a group or class of persons complete the details above and attach documentation stating the number of applicants you are representing and the details of each of those applicants.

SCOPE OF EXEMPTION SOUGHT

Provide an overview of the specific regulation number[s] for which an exemption is sought. Attach more detailed information on each specific regulatory exemption sought.

DESCRIPTION OF THE UNDERTAKING FOR WHICH AN EXEMPTION IS BEING SOUGHT

Provide a description of the process, substance, activity or thing for which you are seeking an exemption under the regulations. Attach more detailed information if required.

DETAILS OF WORKPLACE[S] tick appropriate box and provide or attach required details.

the workplace is located at: _____

several workplaces. [addresses or locations attached]

unspecified workplaces throughout [specify jurisdiction] [attach description]

REASONS FOR SEEKING EXEMPTION and ANY EXCEPTIONAL CIRCUMSTANCES:

Please explain why an exemption is being sought and provide details of any exceptional circumstances you are aware of which may cause need for an exemption.

How long is the exemption being sought for? (max 5 yrs): _____

WHAT CONSULTATION HAS OCCURRED IN THE WORKPLACE IN REGARD TO THE EXEMPTION BEING SOUGHT THROUGH THIS APPLICATION?

RISK CONTROL

Outline your risk assessment and proposed control measures to demonstrate that an equivalent level of safety standards will be achieved to comply with the specific regulation[s] as contained in the [WHS Regulations XXXX]

It is proposed that the risks to health and safety arising from the undertaking for which an exemption is being sought will be controlled by:

If exemption is being sought for some high risk work licences provide information on the alternative training to be delivered to workers in place of the licence:

ATTACH SUPPORTING DOCUMENTS

List all the document names submitted with this application. There are a total of: ___ documents attached.

Reference / Title and identifying number	No. of pages	Date of issue

DECLARATION BY APPLICANT

I declare that, to the best of my knowledge, the information provided in this application and supporting this application is true and correct.

I declare that where I provide personal information to the [WHS regulator] about any other individual, I am authorised to provide that information. The information has been collected in accordance with the [relevant jurisdictional privacy legislation] and the individual has been or will be made aware of the [WHS regulators] identity and how to contact it and of the other matters of which an individual is required to be made aware when personal information is collected about them.

I acknowledge that the information provided in this application and supporting this application may be shared with other relevant authorities.

Applicant's position:

Applicant's signature: _____ Date (dd/mm/yyyy):

Witnesses by (signature) Witness must be 18 yrs of age: _____



safe work australia

Print name: _____ Telephone: _____

PLEASE NOTE: THE PROVISION OF FALSE OR MISLEADING INFORMATION IS AN OFFENCE UNDER THE LEGISLATION.