

PART 1 - TO BE COMPLETED BY THE WORKER (OR THEIR PERSONAL REPRESENTATIVE IF DECEASED)

REGISTRATION NUMBER <input style="width:100%; height: 20px;" type="text"/>	TAX FILE NUMBER <input style="width:100%; height: 20px;" type="text"/>
SURNAME <input style="width:100%; height: 20px;" type="text"/>	GIVEN NAMES <input style="width:100%; height: 20px;" type="text"/>
MAILING ADDRESS <input style="width:100%; height: 20px;" type="text"/>	
SUBURB <input style="width:100%; height: 20px;" type="text"/>	POSTCODE <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/>
DATE OF BIRTH (DD/MM/YYYY) <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/>	TELEPHONE <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/>
MOBILE <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/>	

TICK TO INDICATE THE TYPE OF BENEFIT YOU WISH TO APPLY FOR -

1 I WISH TO APPLY FOR _____ DAYS (MINIMUM 5 DAYS) LONG SERVICE LEAVE TO BE TAKEN FROM ____/____/____ TO ____/____/____
(YOUR EMPLOYER MUST COMPLETE THE BACK OF THIS FORM (EXCLUDING CONTRACTORS) - PART 2)

2 I WISH TO APPLY FOR A BENEFIT ON THE BASIS THAT I NO LONGER CARRY OUT CONSTRUCTION WORK
(I UNDERSTAND THAT I MUST HAVE A MINIMUM OF 45.5 DAYS OF LONG SERVICE LEAVE CREDITS TO APPLY ON THIS BASIS)

3 I APPLY TO BE DEREGISTERED AND BE PAID MY LONG SERVICE LEAVE BENEFIT ON THE BASIS THAT I NO LONGER CARRY OUT CONSTRUCTION WORK
(I UNDERSTAND THAT IF I CLAIM A BENEFIT ON DEREGISTRATION THAT I CANNOT BE RE-REGISTERED WITH NT BUILD AS EITHER A WORKER OR CONTRACTOR, EXCEPT IN EXCEPTIONAL CIRCUMSTANCES. I UNDERSTAND THAT I MUST ALSO HAVE A MINIMUM OF 32.5 DAYS OF LONG SERVICE LEAVE CREDITS TO APPLY ON THIS BASIS)

4 I APPLY TO BE DEREGISTERED AND BE PAID MY LONG SERVICE LEAVE BENEFIT ON THE BASIS THAT I AM RETIRING FROM THE WORK FORCE
(I UNDERSTAND THAT IF I CLAIM A BENEFIT ON DEREGISTRATION THAT I CANNOT BE RE-REGISTERED WITH NT BUILD AS EITHER A WORKER OR CONTRACTOR, EXCEPT IN EXCEPTIONAL CIRCUMSTANCES. I UNDERSTAND THAT I MUST ALSO HAVE A MINIMUM OF 32.5 DAYS OF LONG SERVICE LEAVE CREDITS TO APPLY ON THIS BASIS)

5 I AM THE PERSONAL REPRESENTATIVE OF A DECEASED WORKER CLAIMING THE ENTITLEMENT
(PROOF OF DEATH OF WORKER AND PROOF OF AUTHORITY TO ACT AS PERSONAL REPRESENTATIVE MUST BE SUPPLIED)

IF YOU ARE REGISTERED WITH ANOTHER CONSTRUCTION INDUSTRY LONG SERVICE LEAVE SCHEME, PLEASE PROVIDE YOUR INTERSTATE REGISTRATION NUMBER AND ACCRUED SERVICE CREDITS

INTERSTATE SCHEME	REGISTRATION NUMBER	ACCRUED SERVICE CREDITS
ACT		
NSW		
QLD		
SA		
TAS		
VIC		
WA		

HAVE YOU ACCRUED ANY FURTHER SERVICE SINCE YOUR LAST SERVICE STATEMENT? IF SO PLEASE PROVIDE THE FOLLOWING INFORMATION REQUESTED BELOW

INFORMATION REQUESTED	PROVIDE INFORMATION BELOW
EMPLOYER NAME	
CONTACT PERSON	
PHONE NUMBER	
START DATE	
CEASE DATE	

BANK ACCOUNT DETAILS

PLEASE PROVIDE BANK DETAILS BELOW - NT BUILD WILL PAY YOUR BENEFIT DIRECTLY INTO YOUR NOMINATED BANK ACCOUNT

ACCOUNT NAME <input style="width:100%; height: 20px;" type="text"/>	BANK NAME <input style="width:100%; height: 20px;" type="text"/>
BSB NUMBER <input style="width:100%; height: 20px;" type="text"/>	ACCOUNT NUMBER <input style="width:100%; height: 20px;" type="text"/>

WORKER DECLARATION

I declare the details on this form are true and correct to the best of my knowledge.

WORKERS SIGNATURE <input style="width:100%; height: 20px;" type="text"/>	DATE (DD/MM/YYYY) <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/> <input style="width:40px; height: 20px;" type="text"/>
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