



# EMPLOYER REGISTRATION APPLICATION

Units 32 - 33, 12 Charlton Court, Woolner NT 0820

PO Box 36644, Winnellie NT 0821

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## EMPLOYER DETAILS

|                                    |  |                      |  |
|------------------------------------|--|----------------------|--|
| EMPLOYER NAME                      |  | <input type="text"/> |  |
| NAMES OF PARTNERS (if partnership) |  | <input type="text"/> |  |
| <input type="text"/>               |  | <input type="text"/> |  |
| TRADE NAME (IF ANY)                |  | ABN                  |  |
| <input type="text"/>               |  | <input type="text"/> |  |
| EMPLOYER POSTAL ADDRESS            |  | POSTCODE             |  |
| <input type="text"/>               |  | <input type="text"/> |  |
| EMPLOYER STREET ADDRESS            |  | POSTCODE             |  |
| <input type="text"/>               |  | <input type="text"/> |  |

## CONTACT DETAILS

|                                |                      |                        |  |
|--------------------------------|----------------------|------------------------|--|
| CONTACT PERSON FOR ENQUIRIES   |                      | POSITION WITH EMPLOYER |  |
| <input type="text"/>           |                      | <input type="text"/>   |  |
| TELEPHONE                      | FACSIMILE            | MOBILE                 |  |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>   |  |
| EMAIL ADDRESS (CASE SENSITIVE) |                      |                        |  |
| <input type="text"/>           |                      |                        |  |

## OTHER DETAILS

|   |                          |
|---|--------------------------|
| DO YOU WANT TO LODGE YOUR EMPLOYER RETURN ON THE INTERNET? (YES/NO) | <input type="checkbox"/> |
| DESCRIBE THE TYPE OF WORK PERFORMED BY THE EMPLOYER                 |                          |
| <input type="text"/>  |                          |
| WHAT DATE DID YOU FIRST EMPLOY WORKERS IN THE NORTHERN TERRITORY?   | <input type="text"/>     |

## DECLARATION

|  |                              |                      |
|--|------------------------------|----------------------|
| I declare the details on this form are true and correct to the best of my knowledge. |                              |                      |
| SIGNATURE OF AUTHORISED PERSON   | PRINT NAME OF PERSON SIGNING | DATE                 |
| <input type="text"/>   | <input type="text"/>         | <input type="text"/> |

## PRIVACY

NT Build is collecting the information on this form for the purpose of administering the *Construction Industry Long Service Leave and Benefits Act*. In appropriate cases, the information may be accessed by government agencies, private organisations and members of the public as required or permitted by law, or where that information is required to be provided to another state authority for the purpose of making a Long Service leave payment to the beneficiary.

For more information please refer to the Privacy and Access policies (available at [http://www.ntbuild.com.au/ntbuild/info\\_privacy\\_foi.shtml](http://www.ntbuild.com.au/ntbuild/info_privacy_foi.shtml)) issued in accordance with the *Information Act* (NT) or contact the Registrar, NT Build on 1300 795 855.

# EMPLOYEE DETAILS

ONLY INCLUDE EMPLOYEES ON THIS FORM

Employee service can only be **backdated up to 12 months** prior to the lodgement of this registration form. There are however transitional provisions in the CILSLBA for workers who have continuous service with the same employer prior to 1 July 2005, please contact NT Build for more information.

For backdated service **please provide service days broken up into 6 monthly return periods** eg 1/1/YY to 30/6/YY and 1/7/YY to 31/12/YY.

**Example:**

If you register on 1/12/06, you can only backdate employee service to 1/12/05. (ie 12 months)

Your employee started with you on 5/12/04.

Service from 5/12/04 to 30/11/05 cannot be recognised.

DO NOT show service days within the current return period.

| START DATE OF RETURN PERIOD/START DATE | END DATE OF RETURN PERIOD/CEASE DATE | DAYS | CEASED (Y/N) |
|--|--------------------------------------|------|--------------|
| 1/12/05                                | 31/12/05                             | 22   |              |
| 1/1/06                                 | 30/06/06                             | 130  |              |
| 1/7/06                                 | 5/07/06                              | 5    | Y            |

Employees are entitled to be credited with one day of qualifying service if they have carried out at least 6 hours of construction work during any work shift. Service days include public holidays or any day of paid absence for the employee other than a day that is part of long service leave granted to the employee.

|  |  |                                      |                                   |                                     |
|--|--|--------------------------------------|-----------------------------------|-------------------------------------|
| SURNAME                                  |  | GIVEN NAMES                          |                                   |                                     |
| ADDRESS                                  |  |                                      |                                   | POSTCODE                            |
| EMPLOYEE NUMBER (if known)               | START DATE OF RETURN PERIOD/START DATE | END DATE OF RETURN PERIOD/CEASE DATE | DAYS                              | CEASED (Y/N)                        |
| DATE OF BIRTH                            |  |                                      |                                   |                                     |
| TYPE OF WORK PERFORMED & TRADE           |  |                                      |                                   |                                     |
| WAS WORK PERFORMED IN NORTHERN TERRITORY |  |                                      |                                   |                                     |
| <input type="checkbox"/> YES             | <input type="checkbox"/> NO            | OFFICE USE                           | Approved <input type="checkbox"/> | Refused <input type="checkbox"/> BY |
|  |  |                                      |                                   | Date                                |

|  |  |                                      |                                   |                                     |
|--|--|--------------------------------------|-----------------------------------|-------------------------------------|
| SURNAME                                  |  | GIVEN NAMES                          |                                   |                                     |
| ADDRESS                                  |  |                                      |                                   | POSTCODE                            |
| EMPLOYEE NUMBER (if known)               | START DATE OF RETURN PERIOD/START DATE | END DATE OF RETURN PERIOD/CEASE DATE | DAYS                              | CEASED (Y/N)                        |
| DATE OF BIRTH                            |  |                                      |                                   |                                     |
| TYPE OF WORK PERFORMED & TRADE           |  |                                      |                                   |                                     |
| WAS WORK PERFORMED IN NORTHERN TERRITORY |  |                                      |                                   |                                     |
| <input type="checkbox"/> YES             | <input type="checkbox"/> NO            | OFFICE USE                           | Approved <input type="checkbox"/> | Refused <input type="checkbox"/> BY |
|  |  |                                      |                                   | Date                                |

|  |  |                                      |                                   |                                     |
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| ADDRESS                                  |  |                                      |                                   | POSTCODE                            |
| EMPLOYEE NUMBER (if known)               | START DATE OF RETURN PERIOD/START DATE | END DATE OF RETURN PERIOD/CEASE DATE | DAYS                              | CEASED (Y/N)                        |
| DATE OF BIRTH                            |  |                                      |                                   |                                     |
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| WAS WORK PERFORMED IN NORTHERN TERRITORY |  |                                      |                                   |                                     |
| <input type="checkbox"/> YES             | <input type="checkbox"/> NO            | OFFICE USE                           | Approved <input type="checkbox"/> | Refused <input type="checkbox"/> BY |
|  |  |                                      |                                   | Date                                |

|  |  |                                      |                                   |                                     |
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| WAS WORK PERFORMED IN NORTHERN TERRITORY |  |                                      |                                   |                                     |
| <input type="checkbox"/> YES             | <input type="checkbox"/> NO            | OFFICE USE                           | Approved <input type="checkbox"/> | Refused <input type="checkbox"/> BY |
|  |  |                                      |                                   | Date                                |

|                 |               |         |
|-----------------|---------------|---------|
| OFFICE USE ONLY | Employer Name | Scanned |
|-----------------|---------------|---------|