

NOTIFICATION OF BENEFITS TAKEN UNDER THE NT LSL ACT

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WORKERS DETAILS

WORKER REGISTRATION NUMBER		
<input type="text"/>	<input type="text"/>	<input type="text"/>
SURNAME		GIVEN NAMES
<input type="text"/>		<input type="text"/>
MAILING ADDRESS		
<input type="text"/>		
SUBURB		POSTCODE
<input type="text"/>		<input type="text"/>
DATE OF BIRTH (DD/MM/YYYY)	TELEPHONE	MOBILE
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYERS DETAILS

EMPLOYER REGISTRATION NUMBER	
<input type="text"/>	<input type="text"/>
EMPLOYERS TRADING NAME	
<input type="text"/>	
NAME OF CONTACT PERSON COMPLETING THIS FORM	TELEPHONE
<input type="text"/>	<input type="text"/>

LONG SERVICE LEAVE DETAILS

- DATE WORKER COMMENCED EMPLOYMENT WITH THE EMPLOYER (DD/MM/YYYY)
- DATE WORKER COMMENCED THEIR LONG SERVICE LEAVE (DD/MM/YYYY)
- AMOUNT OF LSL DAYS TAKEN BY WORKER

PRIVACY POLICY

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 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.

DECLARATION

I declare the details on this form are true and correct to the best of my knowledge.	SIGNATURE	DATE (DD/MM/YYYY)
	<input type="text"/>	<input type="text"/>

OFFICE USE ONLY

AMOUNT OF CREDITS REDUCED	<input type="text"/>	SCANNED	<input type="text"/>
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