

## EMPLOYERS DETAILS

EMPLOYER REGISTRATION NUMBER	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## WORKERS DETAILS

WORKER REGISTRATION NUMBER		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DATE OF BIRTH (DD/MM/YYYY)	TELEPHONE	MOBILE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## TRANSITIONAL SERVICE DETAILS

<ul style="list-style-type: none"> <li>• DATE WORKER COMMENCED EMPLOYMENT WITH THE EMPLOYER (DD/MM/YYYY)</li> </ul> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<ul style="list-style-type: none"> <li>• START DATE OF EMPLOYERS TRANSITIONAL CONTRIBUTION TO NT BUILD (DD/MM/YYYY)</li> </ul> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<ul style="list-style-type: none"> <li>• END DATE OF EMPLOYERS TRANSITIONAL CONTRIBUTION TO NT BUILD (DD/MM/YYYY)</li> </ul> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>IF THE WORKER HAS MADE A PREVIOUS CLAIM FOR LSL THROUGH THE EMPLOYER PLEASE PROVIDE AMOUNT OF DAYS ALREADY PAID</p> <ul style="list-style-type: none"> <li>• AMOUNT OF LSL DAYS ALREADY TAKEN BY WORKER</li> </ul> <input type="text"/> <input type="text"/>
<p>An invoice will be sent out to the employer once NT Build has determined the amount of Long Service Leave liability there is and the amount the employer will contribute to the Scheme for the worker. Once the payment has been made NT Build will be responsible for administering the workers Long Service Leave entitlements under the <i>Construction Industry Long Service Leave and Benefits Act</i>.</p>

## 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](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.

## DECLARATION (BOTH EMPLOYER AND WORKER MUST SIGN)

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

## OFFICE USE ONLY

APPROVED	<input type="checkbox"/>	REFUSED	<input type="checkbox"/>	BY	DATE	SCANNED	<input type="text"/>
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