

WORKERS TRANSITIONAL SERVICE APPLICATION

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In accordance with Section 96 of the Construction Industry Long Service Leave and Benefits Act 2005, you may apply to have transitional service registered for service accrued prior to the commencement of the Construction Industry Long Service Leave and Benefits Act 2005 if you :

- Registered as an employee on the commencement day of the Act (or at a later time allowed by the Registrar)
- Were employed for a continuous period that started before and remained unbroken after the commencement day of the Act.
- Are an employee to whom the Long Service Leave Act would, apart from this Act, apply in relation to that continuous service.

WORKER DETAILS

SURNAME		GIVEN NAMES	
<input type="text"/>		<input type="text"/>	
WORKER REGISTRATION NUMBER	DATE OF BIRTH		
<input type="text"/>	<input type="text"/>		

EMPLOYER TO COMPLETE

EMPLOYER NAME		REGISTRATION NUMBER	
<input type="text"/>		<input type="text"/>	
ADDRESS			POSTCODE
<input type="text"/>			<input type="text"/>
PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE ABOVE WORKER			
FULL TIME	PART TIME	CASUAL	PLEASE PROVIDE DETAILS OF DAYS OR HOURS WORKED IF PART TIME OR CASUAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TYPE OF WORK PERFORMED & TRADE			
<input type="text"/>			
PROVIDE DETAILS OF CONTINUOUS SERVICE DETERMINED IN ACCORDANCE WITH THE LONG SERVICE LEAVE ACT			
START DATE	END DATE	TOTAL SERVICE YEARS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
BREAKS IN SERVICE			
<input type="text"/>			
PROVIDE DETAILS OF LSL GRANTED TO THE EMPLOYEE UNDER THE LSL ACT (ATTACH SEPARATE DETAIL IF NECESSARY)			
<input type="text"/>			

EMPLOYERS 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"/>

WORKERS DECLARATION

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

SIGNATURE OF WORKER	PRINT NAME OF WORKER	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. For more information please refer to the Privacy and Access policies issued in accordance with the *Information Act (NT)*, available at http://www.ntbuild.com.au/ntbuild/info_privacy_foi.shtml or contact the Registrar, NT Build on 08 8923 9300.

OFFICE USE ONLY

Approved	<input type="checkbox"/>	Refused	<input type="checkbox"/>	Date	<input type="text"/>	Scanned	<input type="text"/>
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