

PART 1 - WORKER DETAILS

REGISTRATION NUMBER <input type="text"/>	DATE OF BIRTH (DD/MM/YYYY) <input type="text"/>	TAX FILE NUMBER <input type="text"/>
SURNAME <input type="text"/>	GIVEN NAMES <input type="text"/>	
MAILING ADDRESS <input type="text"/>		
SUBURB <input type="text"/>	POSTCODE <input type="text"/>	
EMAIL ADDRESS <input type="text"/>	MOBILE <input 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
- A SATURDAY, SUNDAY OR PUBLIC HOLIDAY MUST NOT BE COUNTED AS A DAY OF LEAVE

2 I WISH TO APPLY FOR A BENEFIT ON THE BASIS THAT I AM CURRENTLY NOT EMPLOYED IN CONSTRUCTION (ALL CREDITS WILL BE PAID OUT)

- 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 HAVE RETIRED 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

- PLEASE COMPLETE THE BACK OF THIS FORM WITH PERSONAL REPRESENTATIVES CONTACT DETAILS - PART 3
- 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 DAYS	INTERSTATE SCHEME	REGISTRATION NUMBER	ACCRUED SERVICE DAYS
ACT	<input type="text"/>	<input type="text"/>	SA	<input type="text"/>	<input type="text"/>
NSW	<input type="text"/>	<input type="text"/>	TAS	<input type="text"/>	<input type="text"/>
QLD* See below	<input type="text"/>	<input type="text"/>	VIC	<input type="text"/>	<input type="text"/>
*Workers with QLD service will need to attach their most recent NT payslip			WA	<input type="text"/>	<input type="text"/>

BANK ACCOUNT DETAILS

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

BSB NUMBER ACCOUNT NUMBER

ACCOUNT HOLDERS NAME BANK NAME

WORKER / PERSONAL REPRESENTATIVE DECLARATION

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

SIGNATURE DATE (DD/MM/YYYY)

PART 2 (FOR BENEFIT TYPE "1" ONLY) TO BE COMPLETED BY THE EMPLOYER OF THE WORKER APPLYING FOR BENEFIT PAYMENT - IF YOU ARE CURRENTLY NOT EMPLOYED IN CONSTRUCTION OR ARE A CONTRACTOR THIS PAGE DOES NOT NEED TO BE COMPLETED

EMPLOYER DETAILS

EMPLOYER'S TRADING NAME <input style="width: 95%;" type="text"/>	EMPLOYER'S NT BUILD REGISTRATION NUMBER (IF KNOWN) <input style="width: 95%;" type="text"/>
MAILING ADDRESS <input style="width: 95%;" type="text"/>	
POSTCODE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
TELEPHONE <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>	FACSIMILE <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>
MOBILE <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>	
CONTACT PERSON FOR ENQUIRIES <input style="width: 95%;" type="text"/>	EMAIL ADDRESS <input style="width: 95%;" type="text"/>

TICK TO INDICATE THE REASON FOR BENEFIT CLAIM:

1 THE WORKER HAS BEEN GRANTED _____ DAYS LONG SERVICE LEAVE TO BE TAKEN FROM ____/____/____ TO ____/____/____
 • A SATURDAY, SUNDAY OR PUBLIC HOLIDAY MUST NOT BE COUNTED AS A DAY OF LEAVE

2 THE ABOVE WORKER HAS BEEN CEASED ON ____/____/____ FOR THE FOLLOWING REASON BELOW:

RESIGNATION
 • THE WORKER HAS RESIGNED FROM HIS OR HER POSITION

TERMINATION
 • THE WORKER HAS BEEN TERMINATED FROM HIS OR HER POSITION

RETIREMENT
 • THE WORKER HAS REACHED THE RETIREMENT AGE

BONA-FIDE REDUNDANCY
 • THE WORKERS POSITION IS NO LONGER AVAILABLE AND HAS BEEN MADE REDUNDANT

INVALIDITY (TPI)
 • THE WORKER HAS SUSTAINED A PERMANENT INJURY AND HAS BEEN PROVEN TO BE NO LONGER FIT TO PERFORM IN HIS OR HER PROFESSION

EMPLOYER DECLARATION

I declare the details on this form are true and correct to the best of my knowledge.	EMPLOYERS SIGNATURE <input style="width: 95%;" type="text"/>	DATE (DD/MM/YYYY) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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PART 3 (FOR BENEFIT TYPE "5" ONLY) TO BE COMPLETED BY THE PERSONAL REPRESENTATIVE OF THE DECEASED MAKING THE CLAIM

PART 3 - PERSONAL REPRESENTATIVES DETAILS

SURNAME <input style="width: 95%;" type="text"/>	GIVEN NAMES <input style="width: 95%;" type="text"/>
MAILING ADDRESS <input style="width: 95%;" type="text"/>	
SUBURB <input style="width: 95%;" type="text"/>	
POSTCODE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
TELEPHONE <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>	MOBILE <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>