

REQUEST TO INVESTIGATE UNREGISTERED SERVICE

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WORKER DETAILS

REGISTRATION NUMBER	DATE OF BIRTH (DD/MM/YYYY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WORKER NAME			
<input type="text"/>			
MAILING ADDRESS		SUBURB	POSTCODE
<input type="text"/>		<input type="text"/>	<input type="text"/>
PHONE		EMAIL ADDRESS	
<input type="text"/>		<input type="text"/>	

DETAILS OF EMPLOYER - You must include a verification of employment letter

EMPLOYER'S BUSINESS NAME	CONTACT PERSON FOR ENQUIRIES		
<input type="text"/>	<input type="text"/>		
EMPLOYER'S ADDRESS	SUBURB	POSTCODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
PHONE	EMAIL ADDRESS		
<input type="text"/>	<input type="text"/>		
1. DATES YOU WERE EMPLOYED IN THE NT CONSTRUCTION INDUSTRY WITH THIS EMPLOYER (DD/MM/YYYY)			
From	<input type="text"/>	To	<input type="text"/>
2. DESCRIBE THE TYPE OF WORK YOU PERFORMED (Electrician, Labourer etc)			
<input type="text"/>			
3. I WAS WORKING AS:			
<input type="checkbox"/>	A Employee (on wages)	<input type="checkbox"/>	A Labour Only Subcontractor (you worked under your own ABN)
4. DID YOU SPEND MORE THAN 50% OF YOUR TIME ON A CONSTRUCTION SITE FOR THE WORK?			
<input type="checkbox"/>	YES, I was based on a construction site for +50% of my time	<input type="checkbox"/>	NO, I was based +50% of my time in a workshop or office
OFFICE USE ONLY	APPROVED <input type="checkbox"/>	REFUSED <input type="checkbox"/>	BY _____ DATE _____

VERIFICATION OF EMPLOYMENT LETTER

I HAVE ATTACHED THE REQUIRED VERIFICATION OF EMPLOYMENT LETTER

You are required to attach a verification of employment letter from the nominated employer as proof of employment unless otherwise stated. Your form will not be accepted if you fail to provide the required documentation. If you are still employed with the nominated employer you are not required to provide the letter.

The verification of employment letter must include the following details on the employer's letterhead:

- The date you started and the date you ceased with the employer (If you commenced and ceased with the employer on more than one occasion please list the dates separately to indicate the stop and restart periods)
- The type of work you performed onsite e.g Labouring, electrical

DECLARATION

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

SIGNATURE

DATE (DD/MM/YYYY)