WORKSAFE ACT SAFE + HEALTHY WORKPLACES

APPLICATION FOR APPROVAL TO DELIVER HEALTH AND SAFETY REPRESENTATIVE TRAINING UNDER THE WORK HEALTH AND SAFETY ACT 2011

Approval Process
Applicants must apply for approval to deliver HSR training in the ACT by completing this form. Make a copy of your full application (and all attachments) for your records. Submit the completed application and attachments via email to training@worksafe.act.gov.au.

If applying in multiple jurisdictions, apply first in your primary jurisdiction and provide details of any other approvals or applications. Once approval has been granted in the initial jurisdiction, an applicant may apply for approval in other jurisdictions.

Applicants must read and comply with ACT specific requirements as detailed in the "*How to Become an Approved Provider of HSR training*" and "*Underpinning Principles and Learning Outcomes*" guides. Applications will be considered by WorkSafe ACT against these guides.

Applicants will be advised of the decision on the application in writing.

Initial approval is granted for a period of up to five years. Training providers may be subject to audits and monitoring during the period of approval. Failure to comply with the conditions outlined in the Guide may result in suspension or cancellation of the approval.

WorkSafe ACT collects personal information to process your application, verify trainer qualifications and experience, and assess compliance with the Guide. We may share relevant information with other WHS regulators as allowed under the WHS Act.

Approved provider details will be published on the WorkSafe ACT website. Incomplete applications may not be processed.

1. Provider Details

Please complete the following details and check for legibility and accuracy to avoid delays in the processing of your application.

Type of course seeking approval for (please check):
☐ **Initial (5 day) HSR Training course** for Health and Safety Representatives; and/or
☐ **Refresher (1 day) HSR Training course** for Health and Safety Representatives
☐ **Adding a trainer/s to deliver previously approved providers HSR Training course**

If applying only for Refresher HSR Training, you must already be an approved provider for the Initial HSR Training course in the ACT.

In which jurisdiction/s will you be seeking approval to deliver HSR training? (please check)
☐ ACT ☐ Cth ☐ NSW ☐ NT ☐ Qld ☐ SA ☐ Tas ☐ Vic ☐ WA

Is your organisation a Registered Training Organisation (RTO)? ☐ Yes ☐ No
If No, you must provide evidence of equivalent capability and quality systems, as required in the Guide.

Registered business name and details:

Name:			ABN:
No.	Street:		
Suburb:		State:	Postcode:

Phone:	URL:	
Email:		
PO Box No.	Suburb:	State:	Postcode:
RTO No.	Registration expiry date:	
Previously approved for delivery of WorkSafe ACT course?		

Postal address (leave blank if same as above)

No.	Street:		
Suburb:		State:	Postcode:

Does your organisation hold **public liability insurance**?	
State/Territory:	Policy No.
Does your organisation hold **worker's compensation insurance**?	
State/Territory:	Policy No.

2. Authorised Officer(s) - i.e. Chief Executive, Director or equivalent

Primary	**Secondary**
Name:	Name:
Position:	Position:
Phone:	Phone:
Mobile:	Mobile:
Email:	Email:
Signature:	Signature:

3. Nominated Trainer(s) *(Copy box for additional trainers)*

Explicit requirement to provide:

- A nominated trainer is a person who is employed by, contracted to, partnered with or affiliated with the applicant and who has been nominated by the applicant to deliver HSR training.
- The applicant is required to provide details of at least one nominated trainer with this application.
- The applicant must seek WorkSafe ACT approval for any additional nominated trainer/s prior to delivery of HSR training.
- The applicant must validate the claimed skills, experience and qualifications of each nominated trainer and provide evidence of that validation as well as evidence of identity for each trainer containing a photo, current address, signature and date of birth.
- Nominated trainers are required to declare any occupational or work health and safety disciplinary proceedings in any State, Territory or the Commonwealth i.e. suspensions or cancellations.

For each nominated trainer, you must provide:

- Certificate IV in Training and Assessment – TAE40122, TAE40116, or equivalent (certified copy required)
- WHS qualification – Certificate IV or higher (certified copy required)
- Evidence of at least two years' relevant WHS experience – attach current CV
- Professional development log – details of relevant WHS-related professional development activities undertaken in the last 12 months
- Evidence of identity – must include photo, current address, signature, and date of birth
- Declaration of WHS disciplinary history – indicate "None" or attach details if applicable

Nominated Trainer name/s:

Title and Given Names:
Surname:
Mobile number:
Date of birth (for identification purposes):

Nominated Trainer name/s:

Title and Given Names:
Surname:
Mobile number:
Date of birth (for identification purposes):

4. Course Information and Requirements

Course type: ☐ Initial (35 hours / 5 days) ☐ Refresher (7 hours / 1 day)
Delivery mode: ☐ Face-to face ☐ Instructor-led online
Maximum class size: (must not exceed 20 participants)

Required Attachments:

Attach the following documents to your application and tick each box to confirm inclusion. Incomplete applications may be delayed or refused.

Trainer evidence (for each nominated trainer):

☐ Certified copy of Certificate IV in Training and Assessment – TAE40122, TAE40116, or equivalent
☐ Certified copy of WHS qualification – Certificate IV or higher
☐ Current CV showing at least two years' relevant WHS experience
☐ Professional development log covering the last 12 months
☐ Evidence of identity (photo, current address, signature, date of birth)
☐ Signed WHS disciplinary declaration

Course materials:

☐ Course timetable, session plans, and delivery format
☐ Trainer notes/guide and participant handouts
☐ Exercises, activities, and case studies
☐ Participant evaluation forms and process
☐ Sample Certificate of Attendance meeting Guide requirements

Additional evidence:

☐ Complaint handling procedure
☐ Replacement certificate process
☐ Mapping document showing course content aligns with *Underpinning Principles & Learning Outcomes*

☐ Evidence of facilities, equipment, and administrative systems
☐ Quality assurance processes for compliance and audit readiness

5. Confirmation of Conditions and Declaration

I, the undersigned authorised officer of the applicant organisation, declare that:

1. I have read and understood the *How to Become an Approved Provider of Health and Safety Representative Training* guide (current version) and the *Underpinning Principles and Learning Outcomes* document and agree to comply with all applicable requirements and **conditions of approval** required, including but not limited to:
    - Using only trainers approved by WorkSafe ACT
    - Maintaining all required records for seven years
    - Cooperating with audits, monitoring, and investigations
    - Issuing Certificates of Attendance within required timeframes
    - Complying with the WHS Act 2011 (ACT), relevant Regulations, and WorkSafe ACT guidance
2. The information provided in this application and all attachments is true, correct, and complete to the best of my knowledge.
3. I understand that providing false or misleading information, or failing to comply with the conditions of approval, may result in suspension or cancellation of approval.
4. I acknowledge that it is my responsibility to:
    - Notify WorkSafe ACT in writing of any changes to the details of the approved provider or its trainers within 14 days
    - Ensure that any new trainers are approved by WorkSafe ACT before delivering HSR training
    - Ensure all course content and delivery remains consistent with the approved course and current legislative requirements

Name of Primary Authorised Officer:
Position:
Signature:
Date: