PRIVACY INFORMATION
The Act authorises Access Canberra to collect the information required by this form for the purposes of conducting an internal review.

The personal information on this form is provided to Access Canberra of the ACT Government to enable the processing of your application. If all or some of the personal information is not collected, Access Canberra cannot process your application. The personal information you provide may be disclosed to the other ACT Government Directorates, and third parties external to the ACT Government, as required by specific legislation administered by Access Canberra. The Information Privacy Policy Annex contains information in regard to what information Access Canberra collects and to whom it is disclosed. The policy also contains information about how you may access or seek to correct your personal information held by Access Canberra, and how you may complain about an alleged breach of the Territory Privacy Principles. The Information Privacy Policy can be found on the http://cmd.act.gov.au/legal/privacy_statement.

1 Details of Applicant:

Name of Applicant:

Name of Contact Person (if not the same as applicant):

Postal Address:

Phone: Fax:

Email:

Do you want to receive the decision by email?  
☐ Yes  ☐ No

2 Under which Legislation are you applying for review?

☐ Work Health and Safety Act  ☐ Work Health and Safety Regulation

3 Which decision would you like reviewed?

If the decision is not on this list it cannot be reviewed.
See column 2 of attachment A and B of the WorkSafe ACT Guidance Note 0113

4 Date the decision was made or the notice was issued

_____ / _____ / 20 _____
5 Which category of eligible person are you?

6 If this application is lodged outside the prescribed time limit, you must provide a reasonable explanation for the delay before it will be accepted.

See section 224 of the Work Health and Safety Act 2011, or Section 678 of the Work Health and Safety Regulation 2011

Your explanation: (You may attach other information to support your request)

7 Decision you want reviewed

☐ Attached is a copy of the decision to be reviewed, OR
☐ Provide a description of the decision to be reviewed:

(Include the number of the notice, the date the decision was made, the name of the inspector or officer who made the decision, the date you received notice of the decision and any other relevant details)

Your description: (You may attach other information to support your request)

8 Why you think the decision should be reviewed?

9 Are you seeking a stay of the decision?

☐ Yes ☐ No

10 Signature of applicant, or of the applicant’s legal representative:

Name:

Signature: Date:

11 Lodge your application:

By mail to: Access Canberra – GPO Box 158, CANBERRA, ACT 2601  OR
By email to: worksafe@act.gov.au
For Further information Phone: (02) 6207 3000  www.act.gov.au/accesscbr