

Form 91 - Notification or cancellation of alignment with a registered training organisation (RTO)

This form is to be used to notify Workplace Health and Safety Queensland (WHSQ) of either an alignment or cancellation of alignment between an individual (i.e. an applicant applying for accreditation as an assessor or an accredited assessor) and a registered training organisation (RTO) for the purposes of conducting high risk work assessments. For a notification of alignment, complete Sections 1, 2, and 3 - a notification of alignment must be signed by both the RTO and the individual. For a notification of cancellation of alignment, complete Sections 1, 2 and 4 - a notification of cancellation of alignment can be submitted and signed by either the RTO or the accredited assessor. **Please note:** one form per RTO is required.

For more information visit www.worksafe.qld.gov.au or phone Licensing and Advisory Services on **1300 655 986**.

1. Type of notification (Tick one box only)

- Notification of alignment with an RTO Notification of cancellation of alignment with an RTO

2. Details of accredited assessor / individual seeking accreditation as an assessor

Accredited assessor number (if applicable)
(Go to Section 3 if your contact details have not changed)

- Tick this box if you do not have an assessor number i.e. you are an individual seeking accreditation as an assessor.

Only complete this section if you are an individual seeking accreditation as an assessor or if you are an accredited assessor and your contact details have changed.

Individual details

Title: Mr / Mrs / Miss / Ms

Surname

First name

Second name (if applicable)

Residential address (Must be an Australian street address)

Unit number / street number / street name

Suburb / locality

State

Postcode

Contact details

Telephone (Including area code)

Mobile

Facsimile (Including area code)

Email

Postal address (Must be an Australian PO Box address) Tick this box if the postal address is the same as the address above.

PO Box / GPO Box / Private

Bag / Locked Bag number

Suburb / locality

State

Postcode

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3. Classes subject to alignment with an RTO

RTO Registration number List each class of HRW that is subject to this RTO alignment.

Confirmation of alignment by RTO signatory

RTO signatory first name RTO signatory surname RTO signatory position

Contact number (Please include area code) Signature _____ Date

Applicant's declaration

I declare that:

- The information supplied in this application is true and correct to the best of my knowledge.
- I acknowledge that it is an offence under the *Work Health and Safety Act 2011* to provide false and misleading information in this application or in any documents submitted in support of this application.

Applicant's first name Applicant's surname

Signature _____ Date

4. Classes subject to cancellation of alignment with an RTO

RTO Registration number List each class of HRW subject to cancellation of alignment with this RTO. Date of cancellation of alignment

Confirmation of alignment by RTO signatory or applicant's declaration

I declare that:

- The information supplied in this application is true and correct to the best of my knowledge.
- I acknowledge that it is an offence under the *Work Health and Safety Act 2011* to provide false and misleading information in this application or in any documents submitted in support of this application.

Applicant / RTO signatory first name Applicant / RTO signatory surname RTO signatory position

RTO signatory contact number (Including area code) Signature _____ Date

PRIVACY STATEMENT

The Department of Justice and Attorney-General is collecting your personal information in order to process your notification or cancellation of alignment with a registered training organisation (RTO) in accordance with the *Work Health and Safety Act 2011*. It is the department's usual practice to disclose this information to the applicable Commonwealth, state or territory health and safety regulator/s in order to obtain information relevant to making a decision on your application. The department may also disclose your licence status to employers or prospective employers and members of the public who wish to check this status.

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Where to send the completed and signed form:

Scan and email:

WHSQlicensing@justice.qld.gov.au

Post:

Workplace Health and Safety Queensland
Licensing and Advisory Services
PO Box 820
Lutwyche QLD 4030

Fax:

(07) 3247 9453