ACT LONG SERVICE LEAVE AUTHORITY

Employer Registration Application Form

ACT LEAVE

SECTION 1 – SELECT LONG SERVICE LEAVE SCHEME

☒ COMMUNITY SECTOR ☐ CLEANING ☐ CONSTRUCTION

SECTION 2 – EMPLOYER'S DETAILS

Employer's Business Name____________________

Other Trading Names____________________

Street Address____________________

____________________Post Code__________

Postal Address____________________

____________________Post Code__________

Telephone__________Mobile__________Facsimile__________

E-mail Address____________________

SECTION 2 – NAME OF PERSON THE AUTHORITY CAN CONTACT FOR ENQUIRIES

Name____________________Position__________

Mobile__________Fax__________Telephone__________

SECTION 3 – TYPE OF BUSINESS (PLEASE TICK ONE BOX)

☐ Ltd or Pty Ltd Company ACN__________ABN__________

Registered Office Address____________________

____________________Post Code__________

☐ Partnership Full Names of all Partners____________________

____________________ABN__________

☐ Sole Trader Full Name____________________

____________________ABN__________

☐ Non-profit/Charity ☐ Other Business Details____________________

Full Name____________________

____________________ABN__________

SECTION 4 – PREVIOUS REGISTRATION DETAILS

Have you previously been registered in the ACT scheme?

☐ Yes Registration No ____________________Date you resumed work in the ACT_____ / _____ / _____

☒ No Date you first employed workers performing relevant work in the ACT 01/ 08 /2010

SECTION 5 – DECLARATION

☐ I declare the information provided to be true and correct to the best of my knowledge.

☐ For **Construction and Cleaning Schemes** only, I declare that only workers involved in construction and cleaning activities in the ACT will be included on my Returns to the Authority.

Signature ____________________ Date _____ / _____ / _____

Print Name ____________________ Position __________

PLEASE ENSURE ALL RELEVANT SECTIONS OF THE APPLICATION FORM ARE COMPLETE

OFFICE USE ONLY

Code

Registration No

____ / ____ / ____
Correspondence Sent

Application Approved

REPLY PAID 234
CIVIC SQUARE ACT 2608

NATIONAL ASSOCATIONS CENTRE
UNIT 8/71 CONSTITUTION AVE CAMPBELL ACT 2612

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