



**ACT**  
Government

Justice and Community Safety

## APPLICATION FOR A GENERAL CONSTRUCTION INDUCTION CARD

*Work Health and Safety Act 2011*

### PURPOSE

This form is to be used to apply for a general construction induction card under the *Work Health and Safety Act 2011* (the Act). You can access the legislation and its regulation at [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.ors.act.gov.au](http://www.ors.act.gov.au) or [www.worksafe.act.gov.au](http://www.worksafe.act.gov.au).

### PRIVACY

The Act authorises the Office of Regulatory Services to collect the personal information required by this form for the purposes of issuing a card under the Act. The Office of Regulatory Services prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Privacy Policy can be found on the JACS website at <http://www.justice.act.gov.au/privacy>. The Office of Regulatory Services provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

### CONTACT

Office of Regulatory Services Shopfront  
255 Canberra Avenue, Fyshwick ACT 2609

Opening Hours 9:00am to 4:30pm Monday to Friday

General Enquiries (02) 6207 3000

Office of Regulatory Services Postal Address  
GPO Box 158, Canberra City ACT 2601

Website [www.ors.act.gov.au](http://www.ors.act.gov.au) Email [ors.bil@act.gov.au](mailto:ors.bil@act.gov.au)

Fax Number (02) 6207 0424

### INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- Complete this form using a black or blue pen only.
- You must provide a certified copy of your general construction induction training certification or a written declaration of attainment received from the registered training organisation.
- Three forms of current identification must be provided upon application. At least one form of identity must be from either:
  - Birth Certificate;
  - Australian Passport;
  - Firearms Licence; or,
  - Proof of Age Card.
- If only one form of identification is provided from the above, two forms of identification may be provided from either:
  - Medicare Card;
  - Credit Card;
  - Centrelink Card;
  - Security Guard Licence;
  - Tertiary Education Identification; or,
  - Department of Veterans Affairs Card.
- If you are unable to provide sufficient identification from the above please contact this office.
- Payment may be made by cash, credit card, EFTPOS, money order or cheque. All cheques should be made payable to the Office of Regulatory Services. If lodging your application form by post and paying by credit card please ensure you complete the attached credit card payment authorisation.

### TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.



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Work Health and Safety Act 2011

### APPLICANT DETAILS

TITLE ( <i>Mr, Ms</i> )	SURNAME	FIRST NAME	OTHER NAMES
DATE OF BIRTH		GENDER	
HOME ADDRESS ( <i>Property Name, Unit, Flat No, Street Number, Street Name</i> )			
CITY / SUBURB / TOWN		STATE / TERRITORY	POSTCODE
POSTAL ADDRESS ( <i>If different to home address</i> )			
CITY/ SUBURB/ TOWN		STATE / TERRITORY	POSTCODE
HOME TELEPHONE NUMBER		MOBILE TELEPHONE NUMBER	
( )			
FAX NUMBER		EMAIL ADDRESS	
( )			

### APPLICANT DECLARATION

I, \_\_\_\_\_, confirm that the information supplied in this application is true and accurate and understand that the provision of false or misleading information is an offence. I consent to the Office of Regulatory Services making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.

Signature:

Date: / /

**CHECKLIST****FORMS OF IDENTITY IN SUPPORT OF THIS APPLICATION**

DESCRIPTION	TYPE, NUMBER, EXPIRY DATE OF IDENTIFICATION	CERTIFIED COPY ATTACHED OR SIGHTED BY RTO
PRIMARY IDENTIFICATION		<input type="checkbox"/> Yes <input type="checkbox"/> No
SECONDARY IDENTIFICATION		<input type="checkbox"/> Yes <input type="checkbox"/> No
SECONDARY IDENTIFICATION		<input type="checkbox"/> Yes <input type="checkbox"/> No

**DECLARATION BY REGISTERED TRAINING AUTHORITY FOR SIGHTING IDENTIFICATION**

I, \_\_\_\_\_, confirm that the required original proof of identity for the applicant has been sighted by me and that all documents supplied are in accordance with the acceptable forms of identification and that I am authorised to do so.

Signature:

Date: / /

**CERTIFIED COPY OF GENERAL CONSTRUCTION INDUCTION TRAINING CERTIFICATION**

REGISTERED TRAINING ORGANISATION	DESCRIPTION OF DOCUMENT	ATTACHED
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**WRITTEN DECLARATION OF ATTAINMENT RECEIVED FROM REGISTERED TRAINING ORGANISATION**

REGISTERED TRAINING ORGANISATION	DESCRIPTION OF DOCUMENT	ATTACHED
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**OFFICE USE ONLY**

NAME OF DECISION MAKER		RECEIPT NUMBER	
SIGNATURE		DATE OF RECEIPT	
DATE ISSUED		CARD NUMBER	

**COMPLETED FORMS TO BE RETURNED****In Person:**

Office of Regulatory Services  
255 Canberra Avenue  
Fyshwick ACT 2609  
Hours: 9.00am – 4.30pm

**By Post:**

Office of Regulatory Services  
Business and Industry Licensing  
GPO Box 158  
Canberra, ACT 2601



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## CREDIT CARD PAYMENT AUTHORITY

This form can be used to pay a fee associated with a service, registration or application by credit card. Fees may also be paid by attending the Office of Regulatory Services using cash, credit card, EFTPOS, money order or cheque. Money orders and cheques should be made payable to the Office of Regulatory Services. Information on this form is collected for the purposes of processing a fee associated with a service, registration or licence. The Office of Regulatory Services prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988 (C'wlth)*.

### TYPE OF SERVICE, REGISTRATION OR APPLICATION

### CREDIT CARD DETAILS

Type Credit Card

Mastercard  VISA

Expiry Date

/

Credit Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Credit Card Holder Name

### CREDIT CARD HOLDER AUTHORISATION

I, \_\_\_\_\_ consent to the Office of Regulatory Services debiting  
\$     .   from the credit card detailed above, for the type of service described above.

Date: / /

Signature: