



APPLICATION FOR MUTUAL RECOGNITION 2015/2016

Application Queries

For further information, please contact Access Canberra WorkSafe ACT during business hours quoting the following details, 'Application for Mutual Recognition':

Access Canberra
255 Canberra Avenue,
FYSHWICK ACT 2609

Telephone: (02) 6207 3000
E-mail: dangeroussubstances@act.gov.au

The fee for this application is \$ .00 (GST exempt)

The WorkSafe ACT ABN is: 98 636 852 025

Please note:

Please nominate the period you require the licence for by selecting box for 1, 2 or 3 years.
Note: the fee per year is \$793.00 and is to be multiplied by the number of years selected.
EG: 1year = \$793.00, 2 years = \$1,586.00, 3 years = \$2,379.00 .

1 Year 2 Years 3 Years
\$793.00 \$1,586.00 \$2,379.00

Indicate the kind of licence being applied for by ticking one of the following boxes below:

(Note: if more than one box is being ticked, a second application is required.)

Display Operator Licence Shot-firer Licence Other - (specify)

Option 1: In Person

Access Canberra
255 Canberra Avenue
FYSHWICK ACT 2609

Option 2: Mail

WorkSafe ACT,
Dangerous Substances
GPO Box 158
CANBERRA ACT 2601

Option 3: Fax

WorkSafe ACT
(02) 6205 0336

Option 4: Email \*

Payment cannot be accepted via email.
Remove and submit this page for payment
through Option 1, 2 or 3. Submit remainder of
application to: dangeroussubstances@act.gov.au

Provide a mailing address:

Note: if option 2 or 3 is the method of payment, provide a mailing address to post tax invoice.

Confirmation of Application Submission (Complete for Option 4 only - Application submitted by Email)

I confirm that the Application has been emailed to Dangerous Substances.

Contact Person's Name

Contact Person's Signature

Date

Payment by Cheque or Money Order (Not applicable for Option 3 - payment via fax)

Please make payment payable to 'Access Canberra'.

Credit Card Payment Authority

Please charge payment to my MasterCard Visa Card

Card no:

Expiry date: MM/YYr

CCV (last 3 digits on the back of the card above the signature block:

Card Holders Authorisation

I consent to the Access Canberra debiting the following amount from my credit card to the value of: \$ .00

Cardholders full name:

Contact Number:

Signature:

Dated:

## APPLICATION FOR MUTUAL RECOGNITION 2015/2016

### General Information and Instructions

#### What must be included in the application?

The application must include all of the information required in Section 19 of the *Mutual Recognition (Australian Capital Territory) Act 1992* (the Mutual Recognition Act), and any other information required by this application form.

A Statutory Declaration must verify the statements and information provided in this application (see template attached). A copy of the licence which has been certified as being a true copy of the original must be supplied with the application. The copy should be certified by the same person who witnessed the accompanying Statutory Declaration, or by a Justice of the Peace.

If the space provided in this application is insufficient to include all of the required information, the additional information necessary to satisfy the requirements of Section 19 must be attached to the application. Where additional information is supplied on an attachment, reference to the attachment must be made on the application form, and the attachment must show the reference number of the specific question(s) to which the information is relevant.

#### Note the following information:

This application, and any registration issued as a result of this application, is for the purpose of carrying out an equivalent occupation in the ACT

1. A registration will not be issued until payment of any applicable prescribed fee has been made. (If paying by cheque, the registration will not be issued until the funds are cleared)
2. The registration will be valid only in the Australian Capital Territory and will not be transferable.
3. This application, and any registration issued as a result of this application, will be subject to the same laws and conditions imposed on all persons carrying on the identified occupation(s) under ACT law.

#### Collection and Use of Personal Information:

Access Canberra WorkSafe ACT is collecting the information on this form to process your application for registration of mutual recognition under the Mutual Recognition Act. The information provided will assist in making decisions as to the suitability of the applicant to be registered in accordance with that Act. Access Canberra WorkSafe ACT may make inquiries of, and exchange information with, the authorities of any State regarding your activities in the relevant occupation(s) or otherwise regarding matters relevant to this application.

Personal information may be disclosed to Commonwealth, State and Territory government agencies with responsibility for decisions that involve, or are impacted on by, the registration of mutual recognition and/or the registration of persons in the identified occupation/s. Access Canberra WorkSafe ACT may also disclose personal information to any person who is authorised by law to obtain it.

<p><b>1. Application Type (tick application type)</b></p> <p>I wish to apply: <input type="checkbox"/> for registration under mutual recognition  <input type="checkbox"/> to amend an existing ACT registration, if so -  Registration # _____ expiry date _____</p>	<p>OFFICE USE ONLY</p> <p>Application Type complete? Y / N</p>
<p><b>2. Statement of Application to the Director-General</b></p> <p>Name of applicant (print full name): _____</p> <p>I hereby give notice under Section 19 of the <i>Mutual Recognition (Australian Capital Territory) Act 1992</i> (the Act) in order to apply for the appropriate registration/licence in the ACT to allow me to carry out the occupation identified in Item 5.2 on this application form.</p> <p>I certify that to the best of my knowledge and belief, all information provided to Access Canberra WorkSafe ACT in the course of making this application is true and correct in every particular and that all documents provided in support of this application are complete and original documents or are complete and accurate copies of the original documents.</p> <p>I understand that providing false or misleading information and/or failing to provide required information is an offence under the ACT <i>Criminal Code 2002</i>, and will lead to my application being refused, and that the relevant licensing authorities for my occupation in other jurisdictions will be notified of the grounds for my application being refused.</p> <p>I consent to the collection and use of my personal information by Access Canberra WorkSafe ACT for the purposes outlined in the section headed "Collection and Use of Personal Information" in this form.</p> <p>Signature of individual _____ Date application signed _____</p>	<p>Statement complete? Y / N</p> <p>Date application received --- / --- / ---</p>
<p>Before signing and submitting this application, please read all of the information on Page 2 of this application.</p>	
<p><b>3. Application Checklist</b></p> <p>Your application paperwork must be complete and in order before it can be accepted as a notice under Section 19 of the Act. The following checklist is provided to assist you.</p> <p><input type="checkbox"/> Application fee (<i>please provide payment details on the front page of this form</i>)</p> <p><input type="checkbox"/> Application form fully completed and signed</p> <p><input type="checkbox"/> Statutory Declaration fully completed and witnessed (<i>a template is provided for your use</i>)</p> <p><input type="checkbox"/> A clear and legible copy of each current licence held for this occupation in another State or Territory (<i>each copy must be certified by a Justice of the Peace as a true copy of the original</i>)</p> <p><input type="checkbox"/> A National Police Check obtained within the past 6 months (<i>to obtain a National Police Check, contact WorkSafe ACT on (02) 6207 3000 as for Dangerous Substances Team.</i>)</p> <p><input type="checkbox"/> 2 x passport size colour photographs taken within the past 6 months</p> <p><input type="checkbox"/> Any additional pages or documents in support of this application (<i>for example, where the application form does not provide sufficient space to give full details in response to a question</i>)</p>	<p>Checklist complete? Y / N</p> <p>Fee paid? Y / N</p> <p>Receipt No? _____</p> <p>Receipt date: --- / --- / ---</p>
<p>Unsigned or incomplete applications, or applications not accompanied by the required documentation or correct fee, may be returned to the applicant.</p>	
<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p>Fee Paid: <input type="checkbox"/> Fee Amount Received: \$ _____ Date Received: _____ Receipt No: _____</p> <p>IDMS File No: _____ Unique ID No: _____</p>	

<b>4. Details of Applicant</b>		OFFICE USE ONLY  Section complete? Y / N
<b>4.1 Personal details</b>		
Full name:	<input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth:	Place of Birth:	
Telephone No: ( )	Facsimile No: ( )	
Mobile No:		
Email address:		
Residential Address (include postcode)	Postal Address (include postcode)	
<b>5: Determination of applicant as suitable to be registered for mutual recognition</b>		Section complete? Y / N
Provide the following information as prescribed in Regulation 19 of the Mutual Recognition Act 1992 that the Director-General needs to consider when determining if the applicant is a suitable person for the registration of mutual recognition.		
<b>5.1 Specify the principal State ('the first State') in which you are registered for the occupation.</b>		
<input type="checkbox"/> VIC <input type="checkbox"/> NSW <input type="checkbox"/> QLD <input type="checkbox"/> NT <input type="checkbox"/> SA <input type="checkbox"/> WA <input type="checkbox"/> TAS		
<b>5.2 Specify the occupation for which registration is sought in accordance with the mutual recognition principle.</b>		
<input type="checkbox"/> Display Operator Licence <input type="checkbox"/> Shot-firer Licence <input type="checkbox"/> Other - (specify)		
<b>5.3 Specify all other States in which you have registration for equivalent occupations.</b>		
<input type="checkbox"/> VIC <input type="checkbox"/> NSW <input type="checkbox"/> QLD <input type="checkbox"/> NT <input type="checkbox"/> SA <input type="checkbox"/> WA <input type="checkbox"/> TAS		
<b>5.4 Are you the subject of disciplinary proceedings in any State (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to those occupations? If yes, specify details:</b>		
Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

**5: Determination of applicant as suitable to be registered for mutual recognition**  
(continued)

OFFICE USE ONLY

5.5 Is your registration, in any State, cancelled or currently suspended as a result of disciplinary action? If yes, specify details:

Yes:  No:

Section complete?  
Y / N

5.6 Are you otherwise personally prohibited from carrying out any such occupation in any State, and/or subject to any special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings in any State? If yes, specify details:

Yes:  No:

5.7 Specify any special conditions to which you are subject, in carrying on any such occupation in any State.

Please provide either the original or a certified copy of your existing registration (please tick appropriate box in Section 3, at the front of this application). If no original or certified copy is available, please provide registration number of existing registration, the date issued and the full name of the registering authority.

**END OF APPLICATION**



**A statutory declaration under the *Statutory Declarations Act 1959* may be made before–**

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor	Dentist	Legal practitioner
Medical practitioner	Nurse	Optometrist
Patent attorney	Pharmacist	Physiotherapist
Psychologist	Trade marks attorney	Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public  
Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)

Bailiff

Bank officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Credit union officer with 5 or more years of continuous service

Employee of the Australian Trade Commission who is:

(a) in a country or place outside Australia; and

(b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and

(c) exercising his or her function in that place

Employee of the Commonwealth who is:

(a) in a country or place outside Australia; and

(b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and

(c) exercising his or her function in that place

Fellow of the National Tax Accountants' Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list

Judge of a court

Justice of the Peace

Magistrate

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*

Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than at the grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australasian Institute of Mining and Metallurgy

Member of the Australian Defence Force who is:

(a) an officer; or

(b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or

(c) a warrant officer within the meaning of that Act

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:

(a) the Parliament of the Commonwealth; or

(b) the Parliament of a State; or

(c) a Territory legislature; or

(d) a local government authority of a State or Territory

Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*

Notary public

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public

Permanent employee of:

(a) the Commonwealth or a Commonwealth authority; or

(b) a State or Territory or a State or Territory authority; or

(c) a local government authority;

with 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of:

(a) the Commonwealth or a Commonwealth authority; or

(b) a State or Territory or a State or Territory authority

Sheriff

Sheriff's officer

Teacher employed on a full-time basis at a school or tertiary education institution