

APPLICATION FOR NEW, RENEWAL OR ADDITIONAL RESPONSIBLE WORKERS Under an existing Security-sensitive Dangerous Substances Permit

Security-sensitive Dangerous Substances Act 2005

Section 1. To be completed by the nominated person/person issued with a security sensitive dangerous substances permit

A SSDS Permit Details

SSDS Permit Number

Name of Permit Holder

ACN

ABN

Business Phone

Fax

Company Email

Business Address

Post Code

Postal Address

Post Code

If the SSDS permit Holder is an Entity

Business registration number

ACN

ABN

Nominated person or security manager responsible for implementing and maintaining security plan

Name

Position

Mobile Phone

Email

B Name of Responsible worker to work under SSDS permit (Applicant)

Surname

Given Names

Date of Birth

Position/Occupation

Home Phone

Mobile Phone

Email

Address

Post Code

Details of restricted activity the applicant will be required to carry out or supervise

Importing

Exporting

Transporting

Storing

Buying

Selling/Supplying

Manufacturing

Using/Disposing

Declaration

Name

Date

Position _____

I Declare that the information in this application is true and correct.
Signature _____

Personal information we collect from you will be used by the Delegate of the Competent Authority for dangerous goods licensing purposes and may be used for other purposes permitted by the *Security-sensitive Dangerous Substances Act 2005* and associated laws. Failure to provide this information may result in your application being denied or records not being properly maintained. Your personal information may be disclosed to contractors and agents of WorkSafe Tasmania, law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by you on request to this Department. You may be charged a fee for this service.

Statutory Declaration

Have you been convicted, or are you the subject of any matter under investigation, or pending a hearing:

a) of any criminal or police related offences under International, Federal, Australian State or Territory Statute? No Yes

b) of any offences under any occupational health and safety, explosives or dangerous goods legislation? No Yes

if yes provide details

Have you either:

a) been refused an authority, permit or licence to undertake an activity with a dangerous substance in any Australian State or Territory; or No Yes

b) had any authority, permit or licence cancelled or suspended by another State or Territory regulatory authority? No Yes

if yes provide details

Are you currently subject to a restrictive personal order? eg family violence order, interim family violence order, restraint order, interim restraint order No Yes

if yes provide details

Have you:

ever been diagnosed with a psychiatric illness

No

Yes

if yes, are you currently suffering from a psychiatric illness?

No

Yes

if yes, are you receiving medical treatment?

No

Yes

I, the undersigned, do solemnly and sincerely declare that the information contained in this application form is true and correct. I make this solemn declaration under the Oaths Act 2001.

Signature of Applicant

Date

Declared at

Before me

(Justice of the Peace/Commissioner for Declarations/or Authorised Person) (I have sighted documents to verify the identity of this person named in the application)

Department of Justice

WorkSafe Tasmania

PO Box 56, Rosny Park, TAS 7018

Phone: (in Tasmania) 1 300 366 322; (outside Tasmania) - 03 6166 4600; Fax 03 6173 0206

Email: wstinfo@justice.tas.gov.au Website www.worksafe.tas.gov.au



Tasmanian
Government



Consent Form Background Check Tasmania & National Police Record Politically Motivated Violence Check

Counter Terrorism Unit and Dangerous Substances Unit

Background Security Checking \$62.16 (Per Person)

Identity Card \$11.84 (Per Person)

Family Name	Given Names	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous or alternative names (includes maiden name)		
Family Name	Given Names	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current residential Address	Post Code
<input type="text"/>	<input type="text"/>

Place of Birth (suburb & state)	Driver licence Number	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Residential Addresses Over Last Ten Years If full details of previous addresses are unavailable details of towns and states will suffice. Attach list if insufficient room	If actual dates are unavailable, details of year of residence will suffice	
	from	to

Type of record/check (full record required)

- National Police Record Check (NPC)
 Politically Motivated Violence Check (PMV)
- Tasmania Police Record Check
 AFP/ASIO

Type of position

- Permit Holder
 Responsible Worker
 Close Associate
 Shot-firer

Are you the subject of any traffic violation, criminal or traffic charge(s) still pending before a Court? Yes No

Statement of consent and indemnity

I hereby certify that the details provided on this form are correct and I consent to a check of the records of Tasmania Police, other Australian police jurisdictions, Australian Federal Police and the Australian Security Intelligence Organisation (ASIO) for the purpose of conducting a security assessment. I hereby indemnify the services of CrimTrac Agency, other police jurisdictions and the State of Tasmania, its servants or agents including all members of the Department of Police and Emergency Management, and AFP/ASIO against all actions, suits, proceedings, causes of action, costs, claims and demands whatsoever that may be brought or made against it or them by anybody or person by reason of, or arising out of, the release of police records recorded against my name or purporting to either relate to or concern me. I request the above release of criminal history records recorded against my name be provided to the Regulator, WorkSafe Tasmania

Declaration

Name	Signature	Date
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