WorkSafe Tasmania
PO Box 56, Rosny Park,TAS 7018
Phone: 1300 366 322 (in Tasmania) | 03 6166 4600 (outside Tasmania)
Email: wst.licensing@justice.tas.gov.au | Web: www.worksafe.tas.gov.au

Service Tasmania Use Only
Product Code 310

- ☐ Photo captured
- ☐ Fee collected
- ☐ Consent completed
- ☐ Evidence of identity sighted

Responsible Worker Application - New/Renewal Under an existing Security-sensitive Dangerous Substances Permit

☐ New Application ☐ Renewal _____ Existing Card Number

SSDS Permit Holder Details

SSDS Permit Holder Name | Company Name | Contact number

SSDS Permit Number | SSDS Permit Expiry | Permit Holder Email

Date you would like worker to begin carrying out or supervising activity

Activity required Category(s) on Responsible Worker Card *(tick)*

☐ Using/Disposing ☐ Manufacturing ☐ Exporting
☐ Transporting ☐ Storing ☐ Importing
☐ Buying ☐ Supplying

Surname | Given names

Address | Suburb | State | Postcode

Occupation | Phone | Email

Date of Birth | Driver Licence Number | State issued | Expiry Date

Place of Birth - Country | Place of Birth - State | Place of Birth - City

To be signed by SSDS Permit Holder *(not responsible worker nominee)*

Permit Holder Signature _____ Date _____

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. T his 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.

Responsible Worker Statutory Declaration

(to be fully completed)

Are you qualified in relation to security sensitive dangerous substances or dangerous goods generally?	◯ Yes	◯ No
Have you been convicted, or are you the subject of any matter under investigation for offences under any occupational health and safety, explosives or dangerous goods legislation?	◯ Yes	◯ No
Have you ever been refused any authority, permit or licence to undertake activities with a dangerous substances in an Australian State or Territory?	◯ Yes	◯ No
Have you ever given false or misleading information in connection with an application?	◯ Yes	◯ No
Have you ever been convicted of a terrorism offence?	◯ Yes	◯ No
Have you ever been convicted, in this state or elsewhere, of an offence involving violence or weapons, dishonesty, obstruction or intimidation of persons exercising statutory powers or functions?	◯ Yes	◯ No
Have you had any authority, permit or licence cancelled or suspended in this State or by another State or Territory regulatory authority?	◯ Yes	◯ No
Have you previously been or are you currently subject to a restrictive personal order? e.g police family violence order, interim family violence order, restraint order, interim restraint order?	◯ Yes	◯ No

If you answered yes to any of the above provide details

Have you ever been diagnosed with a psychiatric illness?	◯ Yes	◯ No
if yes, are you receiving medical treatment?	◯ Yes	◯ No

Do you consent to Worksafe Tasmania sharing information that is relevant to this application with the SSDS permit holder?	◯ Yes	◯ No

I, the undersigned, do solemnly and sincerely declare that the information contained in this application form is true and correct.

Responsible Worker Signature | Date

Ensure responsible worker also completes and signs background consent form (attached)

Tasmanian Government

Consent Form

WorkSafe TASMANIA

Background Check / National Police Record Check / Politically Motivated Violence Check

Family / Surname

Given Names

Date of Birth / /

State of Birth

Country, State and City of Birth

Previous or alternative names in full (including maiden name)

Residential addresses over the last ten years

If actual dates are unavailable, details of year of residence will suffice

Street (include number, name, type)	Suburb State Postcode	from	to

Statement of Consent and Indemnity / Declaration

I (full name) 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 be 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.

Signature

Date / /