

APPLICATION FOR NEW / RENEWAL RESPONSIBLE WORKERS

Under an existing Security-sensitive Dangerous Substances Permit

New Application

Renewal

Card Number

SSDS Permit Holder Details

SSDS Permit Holder Name

SSDS Permit Number

Expiry Date

Company Name

Permit Holder Email

Contact Number

Date to begin carrying out or supervising activity

Activity required on Responsible Worker Card

Using/Disposing

Manufacturing

Exporting

Transporting

Storing

Importing

Buying

supplying

Responsible Worker Details

Surname

Given names

Address

Suburb

State

Postcode

Date of Birth

Driver Licence No.

State Issued

Expiry Date

Place of Birth

Country

State

City

Email

Phone

Job position / occupation

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. 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.

Responsible Worker Statutory Declaration

Are you the subject of any traffic violation, criminal or traffic charge(s) still pending before a court?

Yes No

Have you been convicted, or are you the subject of any matter under investigation of any criminal or police related offences under International, Federal, Australian State or Territory Statute?

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 been refused an authority, permit or licence to undertake an activities with a dangerous substances in an Australian State or Territory;

Yes No

Have you had any authority, permit or licence cancelled or suspended by another State or Territory regulatory authority?

Yes No

Have you or are you currently subject to a restrictive personal order? e.g 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

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

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

Consent Form

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

Family / Surname

Given Names

Date of Birth

/ /

State of Birth

Country 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

/ /

Expires 30 June 2024