

1. PERSONAL DETAILS

Worker Registration Number

W

Date of Birth

First Name/s

Family Name/s

Number and Street or PO Box - please give us the address you would like mail to go to

Suburb/Town

State

Postcode

Phone

Mobile

Email

2. TRAINING COURSE DETAILS

Training Course Name

Name of Training Institution

Period of training from

to

Total number of hours of training undertaken over the above period

3. BEFORE THE TRAINING COURSE I WAS:

Please tick either the 'Working on wages' or 'Self employed' box

Working on wages

Company / Business Name

Contact Person

Position of Contact Person

Phone

Mobile

Number and Street or PO Box

Suburb/Town

State

Postcode

Type of work performed

Date of termination with this employer

Self employed

My last date of work before undertaking training was

Type of work performed:

**BUILDING & CONSTRUCTION INDUSTRY
APPLICATION FOR DAYS SERVICE -
WHILE UNDERTAKING BUILDING AND CONSTRUCTION TRAINING**

4. SUPPORTING DOCUMENTATION

- Please tick appropriate box
- I have attached a copy of my Certificate of Attainment or Academic Record.
Important: Without supporting documentation your application may be dismissed.
- OR**
- My training institution has completed the declaration below.

FOR TRAINING INSTITUTION USE ONLY

TRAINING INSTITUTION DECLARATION

NOTE: All information in this section MUST ONLY be completed by an authorised person of the training institution or the application will not be accepted by the Corporation. Any alterations made to the information in this section must be signed by the authorised person of the training institution.

Name of Provider or Institution Phone

Number and Street or PO Box

Suburb/Town State Postcode

Name of Worker

I certify that undertook training in building and construction at this institution

from to for hours per day

Name of Training Course

Name of Authorised Person

Signature of Authorised Person Position

Date

5. DECLARATION

I declare that I did not perform paid work of any kind during the period I undertook training after my last period of employment. I declare that the information I have given in this declaration is true and correct. I make this declaration with the knowledge that a false or misleading statement may result in a penalty of up to \$5,500 under the provisions of Section 58A of the Building and Construction Industry Long Service Payments Act 1986.

Name Signature

Date

6. RETURN

Please complete and return to:

Scan and email to info@longservice.nsw.gov.au **or** **Post** to Locked Bag 3000, Central Coast MC, NSW 2252