

**BUILDING & CONSTRUCTION INDUSTRY  
APPLICATION FOR DAYS SERVICE -  
AS A RESULT OF A DECLARED EMERGENCY IN NSW**



**1. PERSONAL DETAILS**

Worker Registration Number

W											
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Date of Birth

D		M		Y					
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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

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Postcode

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Phone

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Mobile

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Email

**2. SUPPORTING INFORMATION ON VOLUNTARY WORK**

Please tick appropriate box

I have attached proof that I performed voluntary emergency building and construction work as a result of a Declared Emergency in NSW and the total amount of time involved.

**Important:** Without supporting documentation your application may be dismissed.

**OR**

The emergency organisation or agency I performed volunteer work for has completed the declaration below.

**FOR EMERGENCY ORGANISATION OR AGENCY USE ONLY**

**EMERGENCY ORGANISATION OR AGENCY DECLARATION**

**NOTE:** All information in this section MUST ONLY be completed by an authorised person of the emergency organisation or agency 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 emergency organisation or agency.

Name of Emergency Organisation or Agency

Phone

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Number and Street or PO Box

Suburb/Town

State

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Postcode

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Name of Worker

I certify that  undertook volunteer emergency building and construction work

from 

D	
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M	
---	--

Y			
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 to 

D	
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M	
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Y			
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 for 

H		
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Suburb

during a declared emergency in

Name of Authorised Person

Position

Signature of Authorised Person

Date

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

**3. DECLARATION**

I declare that the information I have given in this application 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

D		M		Y			
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**4. RETURN**

**Please complete and return to:**

 **Scan and email** to [info@longservice.nsw.gov.au](mailto:info@longservice.nsw.gov.au) **or**  **Post** to Locked Bag 3000, Central Coast MC, NSW 2252