

1. PERSONAL DETAILS

Worker Registration Number

W

Date of Birth

D M Y

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. EMPLOYMENT AND INJURY DATE DETAILS

The date of my injury or illness was D M Y

The last time I did building and construction work before light duties, rehabilitation or Worker's Compensation was on:

D M Y as a Type of Work

ON DATE OF INJURY WERE YOU WORKING ON WAGES OR SELF EMPLOYED?

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

Working on wages - Employer information when you sustained your injury

Employer Name

Phone

Number and Street or PO Box

Suburb/Town

State

Postcode

Self employed

3. LIGHT DUTIES OR REHABILITATION PLAN

I was on light duties / rehabilitation plan following an injury or work related sickness, from:

D M Y to D M Y

I have attached a copy of my Agreed Rehabilitation Plan as proof of my light duties.

⚠ WITHOUT SUPPORTING DOCUMENTATION YOUR APPLICATION WILL NOT BE PROCESSED.

**BUILDING & CONSTRUCTION INDUSTRY
APPLICATION FOR PERIODS OF LIGHT DUTIES**

4. EMPLOYMENT DURING LIGHT DUTIES WORK

WHILST PERFORMING LIGHT DUTIES WERE YOU WORKING ON WAGES OR SELF EMPLOYED?

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

Working on wages - Employer information whilst performing light duties (Only complete if employer information is different from part 2)

Employer Name	Phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Number and Street or PO Box

Suburb/Town	State	Postcode
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Self employed

5. DECLARATION

I declare that the information provided by me on and with 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
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Date

D	M	Y			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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