

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



PART 1 - PERSONAL DETAILS

Worker Registration Number

W

Date of Birth

D M Y

Given Name/s

Family Name/s

Number and Street or PO Box

Suburb/Town

State

Postcode

Phone

Mobile

Email

PART 2 - TRAINING COURSE DETAILS

Training Course Name

Name of Training Institution

Period of training from D M Y to D M Y

Total number of hours of training undertaken over the above period H

PART 3 - BEFORE THE TRAINING COURSE I WAS:

Working as an employee

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 D M Y

Working as a contractor

My last date of work before undertaking training was D M Y

Type of work performed

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PART 4 - SUPPORTING DOCUMENTATION

- 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

PART 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

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



INTERPRETER SERVICES

If you need an interpreter, call **TIS National** on **13 14 50** and ask them to call **Long Service Corporation** on **13 14 41** or for more information visit: www.tisnational.gov.au

