

**TO QUALIFY FOR LIGHT DUTIES SERVICE CREDITS**

**You must have:**

- last worked in the building and construction industry;
- be on an agreed rehabilitation plan.

**NOTE:** Service credits for periods of light duties can only be given in the financial year in which the injury or illness occurred or in any of the following three financial years.

**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 - EMPLOYMENT AND INJURY/WORK RELATED ILLNESS 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:

**PART 3 - DID YOUR PERIOD OF INJURY/WORK RELATED ILLNESS OCCUR MORE THAN TWO YEARS AGO?**

Tick the appropriate box

Yes  No

If yes - you will need to explain the reasons why you did not let us know about this earlier.



**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](http://www.tisnational.gov.au)



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

**PART 4 - ON DATE OF INJURY/WORK RELATED ILLNESS, WERE YOU WORKING AS AN EMPLOYEE OR CONTRACTOR?**

*Tick the appropriate box*

**Employee** - Employer information when you sustained your injury/work related illness.

Employer Name	Phone
<input type="text"/>	<input type="text"/>

Number and Street or PO Box

Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Contractor**

**PART 5 - LIGHT DUTIES OR REHABILITATION PLAN**

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

D		M		Y				to	D		M		Y			
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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.**

**PART 6 - WHILST PERFORMING LIGHT DUTIES, WERE YOU WORKING AS AN EMPLOYEE OR CONTRACTOR?**

*Tick the appropriate box*

**Employee** - Employer information whilst performing light duties  
(only complete if employer information is different from **PART 4**)

Employer Name	Phone
<input type="text"/>	<input type="text"/>

Number and Street or PO Box

Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Contractor**

**PART 7 - 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 type="text"/>	<input type="text"/>

Date

D		M		Y			
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**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