

TO QUALIFY FOR LIGHT DUTIES SERVICE CREDITS

You must have:

- last worked in the contract cleaning industry;
- be on an agreed rehabilitation plan.

NOTE: Additional days can be credited on a workers record for periods of light duties in cleaning in NSW, up to a maximum period of 3 months.

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 contract cleaning work before light duties, rehabilitation or Worker's Compensation was on:

D **M** **Y**

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



CONTRACT CLEANING 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

 Number and Street or PO Box
 Suburb/Town State Postcode

Contractor

PART 5 - LIGHT DUTIES OR REHABILITATION PLAN

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

to

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

 Number and Street or PO Box
 Suburb/Town State Postcode

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 penalty of up to \$5,500 under the provisions of Section 101(a) of the *Contract Cleaning Industry (Portable Long Service Leave Scheme) Act 2010*:

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