

# Application for an apprentice registration

Use this form to apply for a new registration, registration extension, or to notify of an employer change in accordance with Section 62 of the [Electrical Safety Act 2022](#).

For more information, please visit the Electrical Safety Regulator section on NT WorkSafe's [website](#).

## Application type

New registration	<input type="checkbox"/>	Change of employer	<input type="checkbox"/>	Registration extension	<input type="checkbox"/>
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### 1. Licence type (select applicable below)

Unrestricted electrical mechanic	<input type="checkbox"/>
Restricted – electrical cable jointer work	<input type="checkbox"/>
Restricted – electrical line work (distribution)	<input type="checkbox"/>
Restricted – air-conditioning and refrigeration equipment work	<input type="checkbox"/>
Restricted – electrical fitter work	<input type="checkbox"/>
Restricted – electrical line work (transmission)	<input type="checkbox"/>
Restricted – instrumentation and process control equipment work	<input type="checkbox"/>

### 2. Current registration details (if applicable – registration extension and change of employer)

Registration number		Expiry date	
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### 3. Applicant details

Surname		Date of birth	
Given name/s			
Residential address			
Suburb		State	
		Postcode	
Is your postal address the same as above? If no, complete below.			
Postal address			
Suburb		State	
		Postcode	

### 4. Contact details

Phone number		Mobile number	
Email address			

\*All correspondence is sent out via email; it is important that you provide a valid email address when applying.

### 5. Colour identification test (only complete if this is an application for a new registration)

I have previously undertaken a colour identification test and the results of that test, have been submitted to the Electrical Safety Regulator previously. <b>OR</b>	<input type="checkbox"/>
I have not previously undertaken a colour identification test, and my colour identification test results are attached.	<input type="checkbox"/>

**6. Employer details**

Contractor name					
Contractor licence number (if applicable)		Expiry date			
ABN					
Business address					
Suburb		State		Postcode	

**7. Employer contact details**

Phone number		Mobile number	
Email address			

**8. Supervisor details**

Supervisor name			
Licence number		Licence expiry	
Phone number		Mobile number	
Email address			

**9. Disclosures**

1. In the last 10 years have you been convicted or found guilty of any offence (other than a minor traffic offence) or are any court proceedings pending? If yes, provide details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you an undischarged bankrupt or have you applied to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounded with creditors or made an assignment of your remuneration for their benefit? If yes, provide details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you currently subject of disciplinary proceedings, or an investigation that might lead to disciplinary proceedings in the Northern Territory or another State or Territory? If yes, provide details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever been disqualified from applying for an electrical licence? If yes, provide details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>5. Have you ever had an equivalent electrical workers licence under the <i>Electrical Workers and Contractors Act 1978</i> or any electrical legislation in another State, Territory or the Commonwealth refused, or suspended or cancelled? If yes, provide details below.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

### 10. Proof of identity (ID)

<p>The applicant <b>must attach</b> the following:</p> <ul style="list-style-type: none"> <li>One primary and one secondary documents.</li> </ul> <p>ID must include at least one type of primary ID that contains the applicants name and date of birth. If you are unable to provide the required documents, please contact NT WorkSafe on 1800 019 115.</p> <p>We will verify your identity against existing government records using the ID Match Document Verification Service. This service encrypts your information during verification. You can find out more about the service on the ID Match website - <a href="https://www.idmatch.gov.au">https://www.idmatch.gov.au</a></p>	
<p><b>Consent for document verification</b></p>	
<p>I confirm that I am authorised to provide the personal details presented and I consent to the document details I've provided as evidence of identity to be checked with the relevant government agency via the Document Verification Service.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Primary document</b></p>	<p><b>Select</b></p>
<p>Australian passport (note: passports are still valid for 2 years after expiry, unless cancelled)</p>	<p><input type="checkbox"/></p>
<p>Australian drivers licence</p>	<p><input type="checkbox"/></p>
<p>Licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo i.e HRWL licence, working with children's card etc</p>	<p><input type="checkbox"/></p>
<p>Proof of Age Card issued by an Australian State or Territory</p>	<p><input type="checkbox"/></p>
<p>Identity document issued by an Aboriginal Land Council that has your photograph</p>	<p><input type="checkbox"/></p>
<p><b>Secondary document</b></p>	<p><b>Select</b></p>
<p>Photo ID card showing you are a Commonwealth, State or Territory Government employee</p>	<p><input type="checkbox"/></p>
<p>Australian birth certificate/card</p>	<p><input type="checkbox"/></p>
<p>Australian citizenship certificate</p>	<p><input type="checkbox"/></p>
<p>Medicare, centrelink or health care card</p>	<p><input type="checkbox"/></p>
<p>Council rates notice with your name and current residential address</p>	<p><input type="checkbox"/></p>
<p>Utilities notice with your name and current residential address</p>	<p><input type="checkbox"/></p>
<p>Foreign drivers licence</p>	<p><input type="checkbox"/></p>

**11. Application declaration**

I, (full name)			
Of (address)			
Solemnly and sincerely declare that:			
<ul style="list-style-type: none"> <li>All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the <i>Oaths, Affidavits and Declarations Act 2010</i>; and</li> <li>I have read and understood the information contained in this application and associated guidelines; and</li> <li>I know that it is an offence to make a declaration that is false in any material particular.</li> </ul>			
This declaration is made at (location)		on (date)	
Applicant signature			
<b>Note:</b> Under the <i>Oaths, Affidavits and Declarations Act 2010</i> a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.			

**12. Supervisor declaration**

I, (full name)			
Of (address)			
Solemnly and sincerely declare that:			
<ul style="list-style-type: none"> <li>I am the supervisor responsible for the training of this apprentice; and</li> <li>I acknowledge and will remain compliant with the duties outlined in sections 56 and 57 of the <i>Electrical Safety Regulations 2024</i>; and</li> <li>I know that it is an offence to make a declaration that is false in any material particular.</li> </ul>			
This declaration is made at (location)		on (date)	
Supervisor signature			
<b>Note:</b> Under the <i>Oaths, Affidavits and Declarations Act 2010</i> a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.			

**Supporting documents checklist**

Signed and completed declaration.	<input type="checkbox"/>
Proof of identity (ID) documents attached.	<input type="checkbox"/>
Colour eye test results attached (if required) - if not previously submitted to the Electrical Safety Regulator. See colour identification test for optometrists use below (page 5).	<input type="checkbox"/>
Copy of your certificate of registration issued by the Australian Apprenticeship Support Network attached.	<input type="checkbox"/>

**Privacy statement**

The Electrical Safety Regulator and the Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete, and we will be unable to process it.

The information you provide will be accessible to the Attorney Generals Department and Department of Trade, Business and Asian Relations and will only be used to provide a department service or program. We will not

disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT.

### Lodgement

Complete applications can be lodged in person, email or via post at a Territory Business Centre below.

Darwin	Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah	
Katherine	Big Rivers Government Centre, 5 First Street	
Tennant Creek	Barkly Business Hub, 63 Haddock Street	
Alice Springs	Ground Floor, The Green Well Building, 50 Bath Street	
1800 193 111	<a href="mailto:territorybusinesscentre@nt.gov.au">territorybusinesscentre@nt.gov.au</a>	GPO Box 9800 Darwin NT 0801

### Payment details

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.

**Colour Identification Test (only required if this is an application for a new registration)**

The Electrical Safety Regulations 2024 provide that an application for an electrical work licence, Permit or Apprentice Registration be accompanied by a statement of results to the effect that the applicant has obtained a colour identification test.

This form is not a regulation form and is provided only for the convenient use of a Medical Practitioner, Optometrist, or Registered Nurse, who may be conducting a colour identification test for the purposes of the Act.

I,			
Being a qualified	Optometrist <input type="checkbox"/>	Medical practitioner <input type="checkbox"/>	Registered nurse <input type="checkbox"/>
Practitioner address			
Have conducted a colour identification test on the below applicant.			
Name of applicant			
Who has satisfied me that, at the time of the test they are able to correctly identify colours.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other comments relating to the test.			
Signature			Date