Application for registration as an employer

Workers Rehabilitation and Compensation Act 1986

WorkCoverSA
Better together

Government of South Australia

Under section 59 of the Act, you must register within 14 days of employing a worker. Please supply in writing, reason(s) if you are registering after the 14-day period as a penalty may apply.

Use this form to register as an employer of workers where the *Workers Rehabilitation and Compensation Act 1986* (the Act) applies, and for occupational health, safety and welfare purposes.

Do you employ any worker who is (or is to be) usually employed outside South Australia? ☐ **No** ☐ **Yes**

Workers who usually work in another state or territory may not be covered under the South Australian legislation.
You should consider also arranging cover in the appropriate state or territory. A minimum premium applies to each registered employer.

If you operate a business activity at more than one location where workers are employed, you will need to fill out an *Application to provide additional location details* form for each extra location.

The following free support services are available for assistance in completing this form:
If you are deaf or have a hearing or speech impairment you can call WorkCoverSA through the National Relay Service (NRS):

- TTY users can phone 13 36 77 then ask for 13 18 55.
- Speak & Listen (speech-to-speech) users can phone 1300 555 727 then ask for 13 18 55.
- Internet relay users can connect to NRS on www.relayservice.com.au then ask for 13 18 55.

For languages other than English call the Interpreting and Translating Centre (08) 8226 1990 and ask for an interpreter to call WorkCoverSA on 13 18 55. For Braille, audio or e-text call 13 18 55.

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS USING A BLACK PEN

Return your completed form to WorkCoverSA by: **Post** 400 King William Street, Adelaide SA 5000 or GPO Box 2668, Adelaide SA 5001
Fax (08) 8233 2990 **Email** info@workcover.com **Phone** 13 18 55 **Visit our website** www.workcover.com

1. Full legal names of employer

For an individual or partnership, list the family names first, followed by your first and middle names. The employer's legal name is not necessarily the same as the trading name. For example, John Peter Smith trading as ABC Retail, ABC Retail is the trading name, but John Peter Smith is the legal name of the employer.

2. Tick one box to show the type of employer

☐ Sole proprietor (one person) ☐ Partnership ☐ Public company* ☐ Private company*

*Please provide Australian Company Number: ☐☐☐☐☐☐☐☐☐

☐ Other - describe: _____

OFFICE USE ONLY	Date form received:	Registration no:	SAWIC code:

3. Australian Business Number (ABN) Please provide in the boxes (right).

4. GST status

(a) Is (or will) your business be registered for GST purposes? Yes ☐ Go to Question 4(b) No ☐ Go to Question 5

(b) Is your business claiming (or entitled to claim) as an input tax credit **all** of the GST paid on the WorkCover premium? Yes ☐ Go to Question 4(d) No ☐ Go to Question 4(c)

(c) If your business is not claiming (or entitled to claim) all of the input tax credits for GST paid, what percentage of the GST is your business claiming (or entitled to claim)? ____ %

(d) On what date did (or will) your business become eligible to claim input tax credits for the GST? Date: ____ / ____ / ____

5. Company directors

Give FULL names (including middle names) of directors. If more, attach list. Tick appropriate box to indicate working or non-working director.

Family name	First and middle names	Working	Non-working

6. Grouping provisions and other registrations as an employer

a) Are you treated as a member of a group under the *Payroll Tax Act 2009*? No ☐ Yes ☐
Under Section 72A(6)(b) of the Act a maximum fine of $5,000 may apply for failing to comply.

(b) Do you have other registrations with WorkCoverSA? No ☐ Yes ☐

Please list ALL other businesses in which the employer, or directors are currently or have been previously involved in the past five years. If more, attach list. Tick appropriate box to indicate if grouped.

Name	Grouped	WorkCover employer number (if applicable)

7. Trust

Is the employer appointed as a trustee of a trust? If so, state the name of the trust:

8. Registered business or trading name (if applicable):

9. Address details

(a) What is your postal address for service of notices and correspondence?	
	Postcode
(b) What is your email address? (if applicable):	
(c) Please provide your website address:	

10. Contact person

Provide details of your authorised contact person who may be contacted for further information.

Name		Position
Phone	Mobile	Fax
Email		

11. Rehabilitation and return to work coordinator

If during the financial year you employ or expect to employ 30 or more workers continuously for three or more months, you are required to appoint a rehabilitation and return to work coordinator within six months of registering with WorkCover. Please provide details of the appointment of your rehabilitation and return to work coordinator. Under section 28D(3) of the Act, a maximum penalty of $10,000 applies for failing to comply.

Name		
Phone	Mobile	Fax
Email		Date appointed

12. Have you provided the postal or email address of your accounting firm at question 9 and 10? ☐ No ☐ Yes

If no, provide details of your accounting firm.

Name		
Address		Postcode
Phone	Mobile	Fax
Email		

13. Address where the employer's business records can be examined

This must be a street address, an accountant's name and address, or a farm location (not a post office box number).

Address		Postcode
Phone	Mobile	Fax
Email		

14. Main location details (For additional locations, use *Application to provide additional location details* form.)

Why are you registering this location? (Please tick one box only)

- Purchased existing location ☐
- Purchased existing business ☐
- Takeover ☐
- Merger ☐
- Changed legal status ☐
- Set up your own new business/location ☐
- Other (please provide details below) ☐

If you have purchased an existing location, changed legal status or merged, please provide the following information:

Previous employer name _____

Their WorkCover employer number(s) _____

Location number(s) _____ Phone number _____

Their Australian Business Number (ABN)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

15. At how many locations are workers employed?

Each site where an employer controls or directs workers on a relatively permanent basis is a location. ☐

(Temporary sites away from a base are not regarded as locations, eg, building sites.)

16. When did/will you start employing at this location? Date: _____ / _____ / _____

17. Address of main location

Please give the full address (not a post office box). For farms, include the road name, or if no road name, the sections and hundreds.

(For workers working on various sites, only a base location is required.)

	Postcode

18. Please provide the Australian Business Number (ABN) if different from question 3. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

19. Trading name used by the employer at this location (if applicable). ☐

20. Contact name at this location

Give details of the person we should talk to if we have any questions about the location (not your accountant/solicitor).

Name		Position
Phone	Mobile	Fax
Email		

21. Business of employer at this workplace/location. ***(This information will help us to assign the correct industry classification.)***

(a) What is the ONE MAIN TYPE of goods produced or service provided by the business at this location?

(b) Describe the different types of work (activities) carried out at this location. If you need more space, please attach a sheet.

22. Give details of the NUMBER of workers who will be or are employed in each occupation at this location. Include working directors. Do not include people listed as the employer (ie, partners or sole-proprietors). Estimate the total gross remuneration (including wages, superannuation, monetary benefits, other payments and allowances) that you expect to pay to workers at this location.

Occupation	**Full-time** (35 hrs or more a week) includes permanent, casual and seasonal	**Part-time** (less than 35 hrs a week) includes permanent, casual and seasonal	**Gross remuneration for the remainder of the financial year** from date employment commenced	**Gross remuneration for a full 12 month period**
		Total gross remuneration (include apprentices and trainees)		

Only complete the box below if you employ or expect to employ an apprentice or trainee engaged under an approved training contract under the *Training and Skills Development Act 2008* (or former act).

Apprentices and Trainees (Occupation)	**Full-time** (35 hrs or more a week) includes permanent, casual and seasonal	**Part-time** (less than 35 hrs a week) includes permanent, casual and seasonal	**Gross remuneration for the remainder of the financial year** from date employment commenced	**Gross remuneration for a full 12 month period**
		Total gross remuneration		

23. Claims agent

Workplace injury claims are handled by the following claims agents on behalf of WorkCoverSA. **Please tick the box of the claims agent you wish to select.** If no selection is made WorkCover will randomly select a claims agent for you. Employers who are a member of a group under the *Payroll Tax Act 2009* will have the same agent. You will have one opportunity to change claims agent each year by advising WorkCover in writing by 30 November. The change will be effective 1 January. In the event of a claim by your worker, please submit claim forms directly to your claims agent not to WorkCover.

☐ WorkCover to randomly select Claims Agent ☐ Employers Mutual ☐ Gallagher Bassett

Declaration – Before completing this declaration, please make sure you have answered each question as it applies to your business and you have attached any *Application to provide additional location details* forms or any other attachments. To provide false or misleading information is a serious offence under the *Workers Rehabilitation and Compensation Act 1986* which can involve you incurring a significant penalty.

I declare that the information I have given on this form and any attachment(s) is complete and correct. Date _____ / _____ / _____

Signature of employer, public officer or authorised person	Name (BLOCK LETTERS)
	Position/title
	Organisation