Application to provide additional location details

WorkCoverSA
Better together

Government of South Australia

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. A penalty may apply. Use this form to provide additional location details to WorkCoverSA about your registration as an employer. If you have moved your business activity from your currently registered location to a new location, or closed a business or location, use the *Application to amend employer registration details* form. For further information contact WorkCoverSA on 13 18 55.

Please complete the form in BLOCK LETTERS using a black pen. **WorkCoverSA employer number** _____

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 coverage in the appropriate state or territory.

1. 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 WorkCoverSA employer number(s) _____

Location number(s) _____ Phone number _____

Their Australian Business Number (ABN)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

_____

2. When did/will you start employing at this location? _____ / _____ / _____

3. Address of location

Please provide full address (not a post office box). For farms, include road name, or if no road name, sections and hundreds.
(For workers working on various sites, only a base location is required.)

_____

_____ Postcode _____

4. Trading name used by the employer at this location (if applicable) _____

5. Australian Business Number (ABN) to be used for this location ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6. Contact person 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/Title _____

Phone _____ Mobile _____ Fax _____ Email _____

OFFICE USE ONLY Date form received ____ /____ /_____ Registration no: _____ SAWIC code: _____

7. 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, attach a sheet.

_____

_____

_____

8. 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 who is or will be trained under an approved training contract in an occupation declared to be a 'trade' under section 6 of the *Training and Skills Development Act 2008* (or former Act); or
- a trainee who is or will be trained under an approved training contract (entered into prior to 23 May 2013) in an occupation which is a declared 'vocation' under section 6 of 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	

Declaration

Before completing this declaration, please make sure you have answered each question as it applies to your business and you have included 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.

Signature of employer, public officer or authorised person _____

Name (BLOCK LETTERS) _____ Date _____ / _____ / _____

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

Please note: For assistance in completing this form contact WorkCoverSA. **TTY** (deaf or have hearing impairments) 08 8233 2574. **Languages other than English** call the Interpreting and Translating Centre (08) 8226 1990 or ask for an interpreter to call WorkCover on 13 18 55. This service is available at no cost to you.