

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 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				

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.