| Internal review application form  Complete this form to apply for an internal review of a decision under the *Work Health and Safety Act 2012* or the *Work Health and Safety Regulations 2012*.  Please read the *Guidance Material – Internal Review of Decisions* information located at worksafe.tas.gov.au prior to completing this form.  It is your responsibility to ensure you have completed the required fields and supplied all required documents. Incomplete applications may be returned to you and will result in delays in the review process. The review timeframes only apply from the date when all required information is received. |
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**Details of applicant**

| Name of applicant: (enter name)  (if a company or other organisation, include full legal name and ABN if any) | | | |
| --- | --- | --- | --- |
| Name of contact person: (enter name)  (if not the same as applicant) | | | |
| Address: (enter street address) | | | |
| Suburb: (enter suburb) | State or Territory: (select State or Territory) | | Postcode: (enter postcode) |
| Phone: (enter phone number) | | Email: (enter email address) | |
| Can we send the decision by email?  Yes  No | | | |

**Which category of eligible person are you for seeking an internal review?**

| A worker who is affected by the decision, or the representative  A person conducting a business or undertaking who is affected by the decision  The person with management or control of the workplace  A health and safety representative representing a worker affected by the decision  A person who received the notice  A health and safety representative who issued a provisional improvement notice or directed work to cease  A person prescribed by Regulation 676 as eligible |
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**Under which legislation are you applying for review?**

| *Work Health and Safety Act 2012*  *Work health and Safety Regulations 2012* |
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**Which category of decision would you like reviewed?**

(if the decision is not on this list it cannot be reviewed)

| **The inspector’s decision under the WHS Act in relation to the:**  Failure of negotiations (section 54(2))  Training of health and safety representatives (section 72(6))  Health and safety committees (section 76(6))  Review of a provisional improvement notice (section 102)  Issue of an improvement notice (section 191)  Extension of time for an improvement notice (section 194)  Issue of a prohibition notice (section 195)  Issue of a non-disturbance notice (section 198)  Issue of a subsequent notice (section 201)  Refused to make any of the above decisions (specify which one by ticking that box, above as well as this box)  **or**  The WorkSafe Tasmania officer’s decision in relation to a licence, an accreditation, a registration, an induction, an authorisation, a determination or an exemption to any of these regulations (for which decisions can be reviewed, see the full list in Regulation 676 of the *Work Health and Safety Regulations 2012*) |
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**Specific decision you want reviewed?**

| Attached is a copy of the decision to be reviewed, OR  Provide a description of the decision to be reviewed: (enter details of description of the decision to be reviewed here) |
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| Identifying number if applicable (such as licence or registration number): (enter number) |
| Date of notice or decision: (select date) |
| Name of inspector or officer who made the decision: (enter name) |
| The date you received notice of the decision: (select date) |
| *(If you require more space or have other supporting documentation, attach as a separate sheet/s)* |

**Why you think the decision should be reviewed?**

| (enter your reasons here) |
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| *(If you require more space or have other supporting documentation, attach as a separate sheet/s)* |

**If this application is lodged outside the prescribed time limit (see section 224 or regulation 678 for the timeframes) you must provide a reasonable explanation for the delay before it will be accepted.**

| (enter your explanation here) |
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| *(If you require more space or have other supporting documentation, attach as a separate sheet/s)* |

**Are you seeking a stay of a prohibition or non-disturbance notice?**

| Yes  No |
| --- |
| If **Yes**, why should the operation of the decision be stayed during the determination of the review?  (enter your reasons here) |
| *(If you require more space or have other supporting documentation, attach as a separate sheet/s)* |

**Signature of applicant**

| The information provided in this application is true and correct. |
| --- |
| (select date)  Signature of applicant Date |

**Once completed this form can be submitted to WorkSafe Tasmania as follows**

| 🖳 Email - wstinfo@justice.tas.gov.au | 🖷 Fax - (03) 6173 0206 | 🖂 Post - PO Box 56, Rosny Park 7018 |
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**Personal information**

| Personal information we collect from you will be used by WorkSafe Tasmania for the purpose under which it was collected. But may be used for other purposes permitted by legislation administered by WorkSafe Tasmania. Your personal information may be disclosed to contractors and agents of WorkSafe Tasmania, law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. For further details on our privacy information policy visit www.worksafe.tas.gov.au |
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