



Employer Registration Application

Please complete all fields below. The form may be printed and filled out or completed electronically.

Employer Details

Employer Name _____

Trading Name _____

Postal Address _____ Post Code _____

Street Address _____ Post Code _____

Registered Address _____ Post Code _____

ABN _____ Type of work performed _____

Have you previously been registered in SA? No Yes - my registration number was: _____

How did you become aware of Portable Long Service Leave? _____

Contact person who will be completing Employer Returns _____

Position _____ Telephone _____

Mobile Phone _____ Fax _____

Email _____

I would like Employer Return reminders to be issued by: Email SMS

Partners/Directors (if partnership, trust or company)

First Names _____ Surname _____

First Names _____ Surname _____

First Names _____ Surname _____

First Names _____ Surname _____

If you are a Working Director or Self-Employed Contractor and wish to contribute to the voluntary scheme, please complete your details on the back of this form and write 'Working Director' or 'Self-Employed Contractor' in the 'Type of Work Performed & Trade' field.

Declaration

I declare that this application is true and accurate in every particular and I further declare that to the best of my knowledge, information and belief all of the workers referred to in this application are covered by the provisions of the Construction Industry Long Service Leave Act 1987.

Name _____ Signature _____ Date ____/____/____

The completed form can be emailed, faxed or posted using the details on the top of this form.



Employer Registration Application

Please complete all fields below. The form may be printed and filled out or completed electronically.

Employee Details (include both current and former employees)

Reg No _____ Surname _____ First Names _____
 Postal Address _____ Post Code _____
 Date of Birth ____/____/____ Mobile _____ Home Ph _____
 Email Address _____
 Type of Work Performed & Trade _____
 Start Date ____/____/____ Cease Date ____/____/____ Full Time Part Time Casual Apprentice

Reg No _____ Surname _____ First Names _____
 Postal Address _____ Post Code _____
 Date of Birth ____/____/____ Mobile _____ Home Ph _____
 Email Address _____
 Type of Work Performed & Trade _____
 Start Date ____/____/____ Cease Date ____/____/____ Full Time Part Time Casual Apprentice

Reg No _____ Surname _____ First Names _____
 Postal Address _____ Post Code _____
 Date of Birth ____/____/____ Mobile _____ Home Ph _____
 Email Address _____
 Type of Work Performed & Trade _____
 Start Date ____/____/____ Cease Date ____/____/____ Full Time Part Time Casual Apprentice

Reg No _____ Surname _____ First Names _____
 Postal Address _____ Post Code _____
 Date of Birth ____/____/____ Mobile _____ Home Ph _____
 Email Address _____
 Type of Work Performed & Trade _____
 Start Date ____/____/____ Cease Date ____/____/____ Full Time Part Time Casual Apprentice



Employer Registration Application

Please complete all fields below. The form may be printed and filled out or completed electronically.

Employee Details (include both current and former employees)

Reg No _____ Surname _____ First Names _____
 Postal Address _____ Post Code _____
 Date of Birth ____/____/____ Mobile _____ Home Ph _____
 Email Address _____
 Type of Work Performed & Trade _____
 Start Date ____/____/____ Cease Date ____/____/____ Full Time Part Time Casual Apprentice

Reg No _____ Surname _____ First Names _____
 Postal Address _____ Post Code _____
 Date of Birth ____/____/____ Mobile _____ Home Ph _____
 Email Address _____
 Type of Work Performed & Trade _____
 Start Date ____/____/____ Cease Date ____/____/____ Full Time Part Time Casual Apprentice

Reg No _____ Surname _____ First Names _____
 Postal Address _____ Post Code _____
 Date of Birth ____/____/____ Mobile _____ Home Ph _____
 Email Address _____
 Type of Work Performed & Trade _____
 Start Date ____/____/____ Cease Date ____/____/____ Full Time Part Time Casual Apprentice

Reg No _____ Surname _____ First Names _____
 Postal Address _____ Post Code _____
 Date of Birth ____/____/____ Mobile _____ Home Ph _____
 Email Address _____
 Type of Work Performed & Trade _____
 Start Date ____/____/____ Cease Date ____/____/____ Full Time Part Time Casual Apprentice



Employer Registration Application

Please complete all fields below. The form may be printed and filled out or completed electronically.

Employee Details (include both current and former employees)

Reg No _____ Surname _____ First Names _____

Postal Address _____ Post Code _____

Date of Birth ____/____/____ Mobile _____ Home Ph _____

Email Address _____

Type of Work Performed & Trade _____

Start Date ____/____/____ Cease Date ____/____/____ Full Time Part Time Casual Apprentice

Reg No _____ Surname _____ First Names _____

Postal Address _____ Post Code _____

Date of Birth ____/____/____ Mobile _____ Home Ph _____

Email Address _____

Type of Work Performed & Trade _____

Start Date ____/____/____ Cease Date ____/____/____ Full Time Part Time Casual Apprentice

Reg No _____ Surname _____ First Names _____

Postal Address _____ Post Code _____

Date of Birth ____/____/____ Mobile _____ Home Ph _____

Email Address _____

Type of Work Performed & Trade _____

Start Date ____/____/____ Cease Date ____/____/____ Full Time Part Time Casual Apprentice

Reg No _____ Surname _____ First Names _____

Postal Address _____ Post Code _____

Date of Birth ____/____/____ Mobile _____ Home Ph _____

Email Address _____

Type of Work Performed & Trade _____

Start Date ____/____/____ Cease Date ____/____/____ Full Time Part Time Casual Apprentice