



Australian Government
Comcare

Form 2

Application Form to Cease a CEO Certificate

Occupational Health and Safety Act 1991 s 16B(5)

For further information please contact Comcare on
Ph: 1300 366 979 or email **employee.rep@comcare.gov.au**

Employee's details:

(Note: If you intend to cease more than one (1) employee, please attach a separate list of names and signatures to this application)

Name..... **Phone number**.....

Email address.....

Certificate Number (if known).....

Requested Cease date for Certificate/...../.....

Employee Representative's details:

Organisation
(name of organisation/association)

Contact at Organisation.....
(person from employee representative attending consultations)

Employer's details

Name.....

Address.....

.....

.....

State **Postcode**

Contact person at Employer

Name.....

Phone Number.....

Email address.....

Signature of Employee **Date**/...../.....

(Note: The certificate will only cease once ALL employees covered by the certificate formally make a request to Comcare to have their details removed.)

Send completed form to: Employee Representation Contact Officer or fax to (02) 6274 8727
Comcare
GPO Box 9905
Canberra ACT 2601