



**Australian Government**  
**Comcare**

# Form 1A

**Application Form for issue of CEO Certificate (Reg 4B)**  
Occupational Health and Safety (Safety Arrangements) Regulations 1991 –  
Schedule 1

For further information please contact Comcare on  
Ph: 1300 366 979 or email [employee.rep@comcare.gov.au](mailto:employee.rep@comcare.gov.au)

## Section 1

### Employee Representative's details

Name.....

*(name of organisation/association)*

Address.....

.....

.....

State ..... Postcode.....

### Contact Person at Organisation/Association

Name.....

Phone Number.....

Email.....

**Names of employees to be anonymously represented** *(Please attach a separate names and signatures list to this application if more than 5 employees)*

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### Employer's details

Name.....

Address.....

.....

.....

State ..... Postcode .....

### Contact Person at Employer

Name.....

Phone Number.....

Email.....

### Description of proposed consultations

*(Please provide sufficient details about the development or variation of the health and safety management arrangements to make clear which consultations the certificate is to cover)*

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**Note:** This certificate becomes invalid at the request of the employee(s) covered by the certificate, or after 12 months from the date on which the certificate is issued, whichever occurs first.

**Section 2 – Employees to complete**

I/we confirm that I/we have asked ..... which is entitled to represent me/us to do so in the consultations described above. (name of organisation/association)

I/we wish to remain anonymous during these consultations.

I/we confirm that I am/we are current members of ..... (name of organisation/association)

**Signatures:**

- 1..... 4.....
2..... 5.....
3.....

Note: If the certificate is to cover more than 5 employees, the signatures must be placed on a separate page and attached to this form, as per the note in Section 1.

**Section 3 – For Employee Representative to complete**

In compliance with the Occupational Health and Safety Act 1991..... (name and address of organisation/association)

will not reveal the identity of the employee or employees listed above to any other person.

Signed..... (signature of employee representative official)

**Section 4 – For Employee Representative to complete**

..... applies for the issue of a certificate to the effect (name and address of organisation/association)

that..... is entitled to represent the employee or employees listed in Section 1 in the (name of organisation/association)

consultations described in Section 1.

Signed..... (signature of employee representative official)

Date...../...../.....

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