



AUSTRALIAN DEFENCE FORCE APPLICATION FOR A COMMONWEALTH HIGH RISK WORK LICENCE

Please note the following before starting your application:

- > This form can only be used by Australian Defence Force (ADF) workers applying for a Commonwealth High Risk Work (HRW) licence.
- > All applicants must read the High Risk Work Licensing for the Australian Defence Force—Guide for Applicants (Guidance Material) document prior to completing this form.
- > This application form is to be used by ADF workers who are wishing to:
 - Obtain a new HRW licence
 - Add a class to their existing HRW licence
 - Transfer a HRW licence issued by a State or Territory WHS Regulator
 - Renew a Comcare issued HRW licence
 - Require a replacement Comcare issued HRW licence.
- > The below table details what evidence is required to support each type of application. Further information on each evidence type can be found in the Guidance Material document.

Application type	Evidence type				
	Assessment evidence	Proof of identity	Recent electronic photograph	Copy of existing licence	Payment request
New	✓	✓	✓		✓
Class addition	✓	✓		✓	✓
Replacement		✓			✓
Renewal		✓	✓	✓	✓

- > NEW and CLASS ADDITION applications need to be made within **60 days** of the assessment/certification evidence being issued. Applications made outside of this timeframe will result in a refused application.
- > If a person has been assessed, then urgently posted before having the opportunity to make an application for a HRW licence within the 60 day timeframe, an ADF RTO may conduct a credit transfer process. The ADF RTOs can provide further advice on this option.
- > If you are transferring or adding a class to an existing state or territory issued HRW licence, you must supply a copy of the front and back of that licence. Transferring or Adding a class to a state or territory issued HRW licence will be treated as a new HRW licence application.

- > The following fees apply to a HRW licence application:
 - New Application—\$65.00 (no GST)
 - Transfer of a State or Territory Issued Licence—\$65.00 (no GST)
 - Adding a Class to a HRW licence—\$65.00 (no GST)
 - Renewal or Replacement of an existing Comcare HRW licence—\$30.00 (no GST)
- > A High Risk Work Licence Application Payment Request must be provided with each application submission. This form can be used to request payment for an individual application, or multiple applications that are being submitted in bulk.
- > All applications must be submitted to Comcare in an electronic format. Please refer to the Guidance Material document for specific details on Comcare's submission requirements.
- > For additional information please contact the Authorisations Team on 1300 366 979 or email to WHS.HRW@comcare.gov.au. For information about how we handle personal information, please visit www.comcare.gov.au/privacy or contact us and request a copy of our Privacy Policy.



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APPLICATION STARTS HERE

AUSTRALIAN DEFENCE FORCE (ADF)—APPLICATION FOR A COMMONWEALTH HIGH RISK WORK LICENCE

1. APPLICATION TYPE

New Class addition Transfer Renewal Replacement

Is this application part of a bulk submission? YES NO

If yes, provide contact details of person coordinating the submission below.

Given names Surname Phone
 Email address

2. CLASS ADDITION (ONLY COMPLETE IF YOU ARE ADDING A CLASS TO AN EXISTING LICENCE)

HRW licence number Issuing Authority
 Date of issue / / Date of expiry / /
 Current class(es) held

3. TRANSFERS AND RENEWALS

Previous issued HRW licence number Issuing Authority
 Date of issue / / Date of expiry / /
 Licence class(es) held

4. REPLACEMENT (ONLY COMPLETE IF YOU NEED TO REPLACE AN EXISTING COMCARE LICENCE)

HRW licence number
 Replacement reason Name change Address change Lost Stolen Destroyed Never received

If you have **changed your name**, you must provide a copy of the relevant certificate issued by a registry of Births, Deaths and Marriages. Please list below your previous name, and use your new name in the 'Applicant Details' section.

If you have **changed your address**, please provide your previous address below and your new address in the 'Applicant Details' section.

If your licence has been **lost, stolen or destroyed**, please provide a description of the circumstances in which this occurred.

5. APPLICANT DETAILS

Title	<input type="text"/>	PM keys number	<input type="text"/>
Given names	<input type="text"/>	Business phone	<input type="text"/>
Surname	<input type="text"/>	Mobile phone	<input type="text"/>
Employment category/ unit	<input type="text"/>	Email address	<input type="text"/>
ADF service	<input type="text"/>	Date of birth	<input type="text" value="/"/> <input type="text" value="/"/>
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
<i>Postal Address—the HRW licence will be mailed to the address provided in this section</i>			
Tick box if same as residential address	<input type="checkbox"/>		
Care of	<input type="text"/>		
Postal address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

6. ELECTRONIC PHOTOGRAPH

A recent electronic photograph of yourself from the shoulders up must be provided with the application. This photograph will be printed on the HRW licence.

The photograph must be colour and taken against a white background. The photograph must be a clear, sharp, focussed image with no shadows or glare. You must be looking directly at the camera with a neutral expression. The final image must not have red eye, shadows or glare. The size of the photo must be under 1MB in size. Further details on photograph requirements can be found in the Guidance Material.

Does your photograph meet the above requirements? YES NO

PLEASE NOTE: PHOTOS THAT DO NOT MEET OUR REQUIREMENTS WILL NOT BE ACCEPTED, AND WILL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION.

7. PROOF OF IDENTITY

You must provide a clear and legible copy of ONE current identity document that includes your name date of birth and a recent photograph. Examples of proof of identity documents can be found in the Guidance Material.

Proof of Identity Document Supplied	<input type="text"/>	ID reference number	<input type="text"/>
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8. HIGH RISK WORK CLASS

List the class(es) of High Risk Work you are applying for in the table below. Details of classes and codes can be found in the Guidance Material.

#	Licence class (code)
1	
2	
3	
4	
5	

Do you hold a valid state or territory issued High Risk Work licence for any other classes of HRW? YES NO

IF YES, PLEASE PROVIDE A CLEAR AND LEGIBLE COPY OF THE FRONT AND BACK OF EXISTING LICENCE AND LIST THE EXISTING CLASSES ABOVE.

9. ASSESSMENT/CERTIFICATION EVIDENCE (N/A FOR RENEWAL OR REPLACEMENT APPLICATIONS)

Please provide the details of your Assessment/Certification evidence for each class of HRW you are applying for. A clear and legible copy of each Assessment/Certification evidence document must be submitted with your application.

If you have had an assessment conducted internally within the ADF, please complete Section A. If you have had an assessment conducted by an external provider, please complete Section B.

This application must be made within 60 days of the Assessment/Certification evidence being issued.

Section A—ADF Issued Notice of Satisfactory Assessments

#	ADF RTO	Assessor Name (first name and surname)	Date of Assessment
1			
2			
3			
4			
5			

Section B—State or Territory Issued Assessment Evidence

#	Reference Number	RTO Name and Number	Assessor Name (first name and surname)	Assessment/ Certification Issue Date	Issuing state/ territory
1					
2					
3					
4					
5					

Section C—Credit Transfer

An ADF RTO may apply a credit transfer process to an ADF worker who was posted/ relocated urgently after conducting an assessment, and did not have an opportunity to make an application for a HRW licence. In this situation, an applicant must provide:

- > a copy of the original Assessment/Certification evidence issued by an Assessor
- > a copy of the Statement of Attainment issued by the relevant ADF RTO
- > a letter signed by an ADF RTO or a Senior Non Commissioned Officer confirming the reason a credit transfer has taken place.

#	Original Issuing RTO Name and Number	Date 'Original' qualification was issued	ADF RTO that conducted the Credit Transfer	Date ADF RTO issued the Qualification
1				
2				
3				
4				
5				

10. WHS HISTORY

1. Have you ever been convicted or found guilty of any offence under the *Work Health and Safety Act 2011* (WHS Act), WHS Regulations or a former law of the Commonwealth or a state that deals with occupational health and safety, or any corresponding WHS law? NO YES
2. Have you entered into an enforceable undertaking under the WHS Act, WHS Regulations or a former law of the Commonwealth or a state that deals with occupational health and safety, or any corresponding WHS law? NO YES
3. Have you previously been refused an equivalent licence under a corresponding WHS Law? NO YES
4. Have you previously held an equivalent licence under a corresponding WHS law? NO YES
 - a) were there any conditions imposed on that licence? NO YES
 - b) was your licence ever suspended or cancelled? NO YES
 - c) were you ever disqualified from applying for any licence? NO YES

If yes was answered to any of the above questions, provide details below:

11. DECLARATION BY APPLICANT

Note: Section 268 of the WHS Act, Part 7.4 of the *Criminal Code Act 1995* provides that it is an offence for you to give Comcare false or misleading information in respect of this application. Should you give false or misleading information in this application, you may be liable for prosecution under the *Criminal Code Act 1995*, and if convicted, face a penalty of up to 12 months imprisonment.

I declare that:

- > I *will/have maintain/maintained* my competencies to carry out the class(es) of high risk work I am licensed to undertake, and will undertake any reassessments of competency if requested to do so
- > I do not hold an equivalent licence under a corresponding WHS law (unless that licence is expiring and it is being renewed by Comcare on this application)
- > the information in this application is true and correct to the best of my knowledge
- > I will notify Comcare if i change my address or details within 14 days of the change occurring
- > I consent to Comcare making enquiries and exchanging information with other Commonwealth entities and other work health and safety regulators in the States and Territories regarding any matter relevant to this application.

Name

Signature

Date

This application should not be signed and dated prior to the Assessment/Certification evidence being issued.

12. THIRD PARTY DECLARATION

The SNCO must:

- > sight all original documentation being used as evidence to support this application
- > ensure all sections of the form are completed correctly, and the application is signed and dated.

I confirm that the assessment evidence, identity document and photo supporting this application are true documents for the applicant named in the above application.

Name

Rank

PM keys number

Unit

Signature

Date

APPLICANT CHECKLIST

Before submitting your application to Comcare, please check the following:

Is the date of the application within 60 days of the date the Assessment/Certification evidence was issued? YES NO

Have you completed all relevant sections of the Application Form? YES NO

Has a SNCO sighted the original documents supporting this application and signed the declaration at section 11 of the form? YES NO

Has your Application Form, Assessment/Certification Evidence and Identity Document been saved together as one document as detailed in the Guidance Material? YES NO

Does the electronic photograph meet the Comcare's requirements, and is 1MB or under in size? YES NO

Are all documents being provided clear and legible? YES NO

Once you have answered yes to all of the above questions, you are ready to submit your application. Discuss submission requirements with the relevant ADF point of contact, or refer to Comcare's guidance material.

Applications may be submitted to Comcare's designated mailbox for HRW—WHS.HRW@comcare.gov.au



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HIGH RISK WORK LICENCE PAYMENT REQUEST— TAX INVOICE

POINT OF CONTACT FOR THIS SUBMISSION

Date of submission /

Point of contact

Phone number Email address

Street

Suburb State Postcode

Please send all licences in this submission: To the point of contact at the above address
 Directly to the applicant/s

HIGH RISK WORK LICENCE PAYMENT REQUEST—TAX INVOICE

The following fees apply per application for a HRW Licence:

- > New, Class Addition or Transfer—\$65.00 (No GST)
- > Renewal/Replacement Application—\$30.00 (No GST)

Payment will be processed once all applications in the submission have been finalised. Once the payment has been processed, Comcare will email a receipt to the point of contact and cardholder.

PAYMENT DETAILS

Cardholder name

Cardholder email address

Mobile phone Work phone

Card number

Card expiry date / Visa Mastercard

Cardholder signature Date /

Total amount \$

Comcare use only					
Natural account	4225	Account Code	4225-133-0000	Date sent to Finance	

INDIVIDUAL APPLICANT DETAILS

If this is an individual submission, please place the applicant details below. If this is a bulk submission, please place details of all applicants on page 2 of this form.

#	Applicant name	Application type	Cost	RMS ref <i>(Comcare only)</i>
1				

BULK SUBMISSION APPLICANT DETAILS

If there are multiple applicants in a submission, please list them below. If there is not enough space, please provide an additional High Risk Work Licence Payment Request—Tax Invoice.

#	Applicant name	Application type	Cost	RMS ref <i>(Comcare only)</i>
1				
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