



Australian Government

Comcare

HIGH RISK WORK LICENCE—CHANGE OF DETAILS FORM

LICENCE DETAILS

If you hold a Commonwealth High Risk Work (HRW) licence, it is important that you notify Comcare of any changes to your personal details so we can keep you up to date with important information. It is also a regulatory requirement that you notify us if you have changed your address, within 14 days of the change occurring.

To notify Comcare of any changes to your details, please complete this form and submit it to Comcare via email to WHS.HRW@comcare.gov.au. This form must be completed and sent by the licence holder only. Comcare will provide a confirmation to the licence holder once the change has been actioned.

If you have changed your name please complete an 'ADF Application for a Commonwealth High Risk Work Licence' form as a replacement application, supply all relevant attachments and submit to Comcare.

If you require any further information, please contact the Authorisations Team at Comcare on 1300 366 979.

YOUR DETAILS

Full name

Date of birth

Current business phone

Current mobile phone

Current email address

HRW LICENCE DETAILS

HRW Licence Issue date

HRW Licence Expiry date

PREVIOUS ADDRESS

Street

Suburb

State

Postcode

CURRENT RESIDENTIAL ADDRESS

Street

Suburb

State

Postcode

Postal address— tick box if this is the same as your residential address

Care of

Postal address

Suburb

State

Postcode

Date