



Please note: this form can be completed electronically by clicking on the shaded areas. Once completed the form can be saved to your computer and then sent as an attachment to an email to: shreps@commerce.wa.gov.au

Safety and health representative election notification and registration form

PART ONE - Safety and health representative - Enter details of the person elected as a safety and health representative

Do you work on a mine site	Yes <input type="checkbox"/> No <input type="checkbox"/>	If you answered yes to this question you should register as a safety representative with the Department of Mines and Petroleum.		
Surname/family name			First name	
Other names			Date of birth	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Job title				
	Tel:			
	Email			
Business or company name			ACN or ABN	
Postal address:				
	Suburb/town			Post code:

PART TWO - Election details

Date of the election:	
	Was your safety and health representative elected unopposed <input type="checkbox"/> Date results declared
Area represented:	

PART THREE - Workplace details

Postal address:				
	Suburb/town			Post code:
	Tel:			
Site address:				
	Suburb/town			Post code:
Email				
What is the primary industry undertaken by your organisation	<input type="checkbox"/> accommodation/restaurant <input type="checkbox"/> agriculture/forestry/fishing <input type="checkbox"/> communication services <input type="checkbox"/> construction/building <input type="checkbox"/> cultural/recreational services <input type="checkbox"/> education	<input type="checkbox"/> finance/insurance <input type="checkbox"/> government <input type="checkbox"/> health/community services <input type="checkbox"/> manufacturing <input type="checkbox"/> mining <input type="checkbox"/> personal/other services	<input type="checkbox"/> property/business services <input type="checkbox"/> retail trade <input type="checkbox"/> transport/storage <input type="checkbox"/> utilities - electricity/gas/water <input type="checkbox"/> wholesale trade <input type="checkbox"/> other	

PART FOUR - Person authorising election (Please complete even if person is elected unopposed)

Name of the person who conducted the election:	Surname			First names	
Official title					
Contact:	Tel:				
Organisation conducting election:					

NOTE: The person who ran the election must notify the Department and the elected SHR's employer of the outcome. Please use one form per elected safety and health representative and forward completed form to WorkSafe and a copy to the relevant employer.

Please send the completed form to:
Mail: WorkSafe Locked Bag 14, Cloisters Square, WA 6850

Email: shreps@commerce.wa.gov.au
Phone: 1300 307 877

Guide to completing the form

Workers who work on a mine site are covered by the *Mines Safety and Inspection Act 1994* (the MSI Act) and the *Mining Act 1978* (the Mining Act). The person conducting the election for workers on a mine site, must notify Resources Safety Division of the Department of Mines and Petroleum of the election.

PART ONE Safety and health representative

Please provide details of the person elected, including surname, given names, gender, date of birth, contact details, job title and business name. This section also includes a space for the organisation's Australian Company Number or Australian Business Number (ACN or ABN). This number can be found by searching ABN Lookup website (abr.business.gov.au).

PART TWO Election details

To complete this section please provide the date that the results of the election have been declared.

If there was only one person nominated and, as such, the person is elected unopposed use the date the election process was completed and the results have been declared.

PART THREE Workplace details

Complete this section with the details of the workplace. If the details of the workplace and site are the same as used in Part one please write in each section "same as above".

PART FOUR Person authorising the election

Please provide details of the person who conducted the election including their surname, given names, official title, contact details and the name of the organisation who have conducted the election.

PLEASE NOTE:

The person conducting the election is required to complete and submit this form for each elected safety and health representatives, even when elected unopposed.

It is particularly important that the forms are correctly completed and are legible to maintain the quality of the data stored in WorkSafe's SHR database.

Only fully completed notification forms will be accepted — incomplete forms will be returned