

# Application for registration as an employer

## Return to Work Act 2014

Under section 128 of the *Return to Work Act 2014 Act* (the Act), you must register within 14 days of employing a worker. Please supply in writing, reason(s) if you are registering after the 14-day period as a penalty may apply. Use this form to register as an employer of workers where the Act applies, and for work, health and safety purposes.

**Do you employ any worker who is (or is to be) usually employed outside South Australia?**  No  Yes

Workers who usually work in another state or territory may not be covered under the South Australian legislation. You should consider also arranging cover in the appropriate state or territory. A minimum premium applies to each registered employer.

If you operate a business activity at more than one location where workers are employed, you will need to fill out an *Application to provide additional location details* form for each extra location.

To contact ReturnToWorkSA in a language other than English call the Interpreting and Translating Centre (ITC) on 1800 280 203 and ask the consultant to organise a telephone interpreter in your language and to then be connected to ReturnTo WorkSA on 13 18 55.

People with hearing/speech impairments can contact ReturnToWorkSA using the National Relay Service.

### PLEASE COMPLETE THIS FORM IN BLOCK LETTERS USING A BLACK PEN

Return your completed form to ReturnToWorkSA by: **Post** 400 King William Street, Adelaide SA 5000 or GPO Box 2668, Adelaide SA 5001  
**Fax** (08) 8233 2990 **Email** info@rtwsa.com **Phone** 13 18 55 **Visit our website** www.rtwsa.com

#### 1. Full legal names of employer

For an individual or partnership, list the family names first, followed by your first and middle names. The employer's legal name is not necessarily the same as the trading name. For example, John Peter Smith trading as ABC Retail, ABC Retail is the trading name, but John Peter Smith is the legal name of the employer.


#### 2. Tick one box to show the type of employer

Sole proprietor (one person)  Partnership  Public company\*  Private company\*

\*Please provide Australian Company Number:

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Other - describe: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Date form received:	Registration no:	SAIC code:
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**3. Australian Business Number (ABN)** Please provide in the boxes (right).

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**4. GST status**

(a) Is (or will) your business be registered for GST purposes? Yes  Go to Question 4(b) No  Go to Question 5

(b) Is your business claiming (or entitled to claim) as an input tax credit **all** of the GST paid on the ReturnToWorkSA premium? Yes  Go to Question 4(d) No  Go to Question 4(c)

(c) If your business is not claiming (or entitled to claim) all of the input tax credits for GST paid, what percentage of the GST is your business claiming (or entitled to claim)?  %

(d) On what date did (or will) your business become eligible to claim input tax credits for the GST? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**5. Company directors**

Give FULL names (including middle names) of directors. If more, attach list. Tick appropriate box to indicate working or non-working director. Under section 5(8) of the Act an estimated gross remuneration is required for a working director for a full 12 month period.

Family name	First and middle names	Working	Gross estimated remuneration	Non-working

**6. Grouping provisions and other registrations as an employer**

a) Are you treated as a member of a group under the *Payroll Tax Act 2009*? No  Yes   
Under Section 145(6)(b) of the Act a maximum fine of \$5,000 may apply for failing to comply.

(b) Do you have other registrations with ReturnToWorkSA? No  Yes

Please list ALL other businesses in which the employer, or directors are currently or have been previously involved in the past five years. If more, attach list. Tick appropriate box to indicate if grouped.

Name	Grouped	ReturnToWorkSA employer number (if applicable)

**7. Trust**

Is the employer appointed as a trustee of a trust? If so, state the name of the trust:

**8. Registered business or trading name** (if applicable):

**9. Address details**

(a) What is your postal address for service of notices and correspondence?	
	Postcode
(b) What is your email address? (if applicable):	
(c) Please provide your website address:	

**10. Contact person**

Provide details of your authorised contact person who may be contacted for further information.

Name	Position	
Phone	Mobile	Fax
Email		

**11. Return to Work Coordinator**

If during the financial year you employ or expect to employ 30 or more workers continuously for three or more months, you are required to appoint a Return to Work Coordinator within six months of registering with ReturnToWorkSA. Please provide details of the appointment of your Return to Work Coordinator. Under section 26(3) of the Act, a maximum penalty of \$10,000 applies for failing to comply.

Name			
Phone	Mobile	Fax	
Email			Date appointed

**12. Have you provided the postal or email address of your accounting firm at question 9 and 10?**

No  Yes

If no, provide details of your accounting firm.

Name			
Address			Postcode
Phone	Mobile	Fax	
Email			

**13. Address where the employer's business records can be examined**

This must be a street address, an accountant's name and address, or a farm location (not a post office box number).

Address			Postcode
Phone	Mobile	Fax	
Email			

**14. Main location details** (For additional locations, use *Application to provide additional location details form*.)

Why are you registering this location? (Please tick one box only)

Purchased existing location	<input type="checkbox"/>	If you have purchased an existing location, changed legal status or merged, please provide the following information: Previous employer name _____ Their ReturnToWorkSA employer number(s) _____ Location number(s) _____ Phone number _____ Their Australian Business Number (ABN) <input type="text"/> <input type="text"/>
Purchased existing business	<input type="checkbox"/>	
Takeover	<input type="checkbox"/>	
Merger	<input type="checkbox"/>	
Changed legal status	<input type="checkbox"/>	
Set up your own new business/location	<input type="checkbox"/>	
Other (please provide details below)	<input type="checkbox"/>	

**15. At how many locations are workers employed?**

Each site where an employer controls or directs workers on a relatively permanent basis is a location.   
 (Temporary sites away from a base are not regarded as locations, eg, building sites.)

**16. When did/will you start employing at this location?** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**17. Address of main location**

Please give the full address (not a post office box). For farms, include the road name, or if no road name, the sections and hundreds.  
 (For workers working on various sites, only a base location is required.)

			Postcode
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**18. Please provide the Australian Business Number (ABN) if different from question 3.**

<input type="text"/>																			
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**19. Trading name used by the employer at this location** (if applicable).

**20. Contact name at this location**

Give details of the person we should talk to if we have any questions about the location (not your accountant/solicitor).

Name		Position	
Phone	Mobile	Fax	
Email			

**21. Business of employer at this workplace/location. (This information will help us to assign the correct industry classification.)**

(a) What is the ONE MAIN TYPE of goods produced or service provided by the business at this location?

(b) Describe the different types of work (activities) carried out at this location. If you need more space, please attach a sheet.

  


**22. Give details of the NUMBER of workers who will be or are employed in each occupation at this location.** Include working directors. Do not include people listed as the employer (ie, partners or sole-proprietors). Estimate the total gross remuneration (including wages, superannuation, monetary benefits, other payments and allowances) that you expect to pay to workers at this location.

Occupation	Full-time (35 hrs or more a week) includes permanent, casual and seasonal	Part-time (less than 35 hrs a week) includes permanent, casual and seasonal	Gross remuneration for the remainder of the financial year from date employment commenced	Gross remuneration for a full 12 month period
<b>Total gross remuneration (include apprentices and trainees)</b>				

Only complete the box below if you employ or expect to employ:

- an apprentice who is or will be trained under an approved training contract in an occupation declared to be a 'trade' under section 6 of the *Training and Skills Development Act 2008* (or former Act); or
- a trainee who is or will be trained under an approved training contract (with a group training organisation) in an occupation which is a declared 'vocation' under section 6 of the *Training and Skills Development Act 2008* (or former act).

Apprentices and Trainees (Occupation)	Full-time (35 hrs or more a week) includes permanent, casual and seasonal	Part-time (less than 35 hrs a week) includes permanent, casual and seasonal	Gross remuneration for the remainder of the financial year from date employment commenced	Gross remuneration for a full 12 month period
<b>Total gross remuneration</b>				

**23. Claims agent**

Workplace injury claims are handled by the following claims agents on behalf of ReturnToWorkSA. If no selection is made ReturnToWorkSA will randomly select a claims agent for you. Employers who are a member of a group under the *Payroll Tax Act 2009* will have the same agent. You will have one opportunity to change claims agent each year by advising ReturnToWorkSA in writing by 13 November. The change will be effective 1 January. In the event of a claim by your worker, please submit claim forms directly to your claims agent not to ReturnToWorkSA. **Please tick the box of the claims agent you wish to select.**

ReturnToWorkSA to randomly select Claims Agent     Employers Mutual     Gallagher Bassett

**Declaration** - Before completing this declaration, please make sure you have answered each question as it applies to your business and you have attached any *Application to provide additional location details* forms or any other attachments. To provide false or misleading information is a serious offence under the *Return to Work Act 2014* which can involve you incurring a significant penalty.

**I declare that the information I have given on this form and any attachment(s) is complete and correct.**      Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of employer, public officer or authorised person	Name (BLOCK LETTERS)
	Position/title
	Organisation