

**FOR WWC EXEMPTIONS**

www.workingwithchildren.nt.gov.au

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## EMPLOYER REQUEST FOR WWC EXEMPTION

**For employers seeking an exemption for individual employees to hold a clearance notice that is in force.**

**(COMPLETING SECTIONS A, B, C AND D ARE ESSENTIAL WITH A RECEIPT FROM SAFE NT)**

Print all responses in block letters.

### Section A – Employer Details

Organisation Name

**Address**

Street number/Street name  Suburb/town  Postcode

**Postal Address**

PO Box number/Street number/Street name  Suburb/town  Postcode

Contact name  Telephone/mobile number

Facsimile  Email address

*(Exemption notification will be sent here)*

### Section B – Individuals Details

Please list the full names (birth date/AGS/other identifying material sought by SAFE NT) of individual employees or volunteers for whom an application for a clearance notice has been made in the spreadsheet available on www.workingwithchildren.nt.gov.au.

Title: Mr  Mrs  Miss  Ms  Other – please specify  Sex: Male  Female

Family name/surname

First given name  Other given name/s

Former/maiden name  **OR**  Also known as  Given name  Surname

Daytime contact/mobile number  Email address

SAFE NT Receipt No  (Please attach a copy) AGS No  (NTG employees)

Date of birth:  /  /

### Section C – Exemption Details

State reason why exemption is being sought

- Application for WWCC for the individual(s) has been submitted but the Authority has not decided the application
- Individual(s) reside in a remote area without daily mail runs (application has been lodged and approved – Ochre Cards not received yet)
- Other (please specify)

Date from: (dd/mm/yyyy)  /  /  Date to:  /  /

Period for which exemption is being sought. Time period will be imposed by the Chief Executive of Territory Families if left blank.

