



FOR WWC EXEMPTIONS

www.workingwithchildren.nt.gov.au

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PO Box 40596, CASUARINA NT 0811

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.

