



EMPLOYER REQUEST FOR WWCC EXEMPTION

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

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

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 (if known) 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 Department of Children and Families if left blank.

