

APPLICATION FOR A LICENCE TO CARRY ON  
THE BUSINESS OF AN EMPLOYMENT AGENT

Employment Agents Registration Act 1993  
Employment Agents Registration Regulations 2010

SafeWork SA

Enquiries 1300 365 255  
Internet safework.sa.gov.au  
Email licensing.safework@sa.gov.au  
Post GPO Box 465, Adelaide SA 5001  
ABN 50 560 588 327

**IMPORTANT INFORMATION:** Application for an Employment Agent licence may only be made by an individual, a sole trader or a body corporate (company). Application for a licence cannot be made by a Trust; however it may be made by a trustee of a Trust where the trustee is either a natural person or a body corporate. Application for a licence cannot be made by a Partnership, however it may be made by individual partners of a Partnership.  
For help completing this application, please refer to the User Guide, at [www.safework.sa.gov.au](http://www.safework.sa.gov.au).

1. APPLICANT DETAILS

If the Applicant is an **individual**, please fill out the following details:

Family Name  Given Name(s)  Title  Date of Birth

OR

If the applicant is a **body corporate** (company), please fill out the following details:

Name of Business Entity  ACN (Australian Company Number)

**All applicants** must also fill out the following details:

Trading Name  ABN (Australian Business Number)

Premises Address  Postcode

Postal Address  Postcode

Telephone No.  Mobile No.

Email Address

2. MANAGER DETAILS

If the business is to be conducted by a body corporate (company), a natural person has to be nominated to act as the Manager for the purposes of the licence. The person nominated must be a resident of South Australia:

Title  Family Name  Given Name(s)

Address  Postcode

Telephone  Mobile  Email Address

Has the nominated Manager been previously approved\* under the above Act?  **No** - go to section 3  
 **Yes** - go to section 4

\* To be approved in accordance with the *Employment Agents Registration Act 1993*, the Manager is required to provide two character references and a Statutory Declaration witnessed by a Justice of Peace.

3. IF YOU RESPONDED 'NO'

Please provide:

Two Character References in a prescribed manner

One signed Statutory Declaration witnessed by a Justice of Peace

#### 4. IF YOU RESPONDED 'YES'

Please provide the details of the South Australian employment agency for which you were the approved Manager:

Name of Employment Agency

Premises Address

Postcode

*I declare that the details provided in my previous Statutory Declaration in relation to this licence remain unchanged.*

*I have not been convicted of an offence in the last five years in connection with the promotion, operation or management of a business or involving fraud or dishonesty, and I am not an undischarged bankrupt.*

Printed Name of Manager

Signature of Manager

Date

If since submitting your previous Statutory Declaration any details have changed, please advise of these changes:

#### 5. PROOF OF PUBLICATION

All applicants must provide:

Proof of publication of a notice in a state-wide newspaper which must include date of publication (see attached examples).

#### 6. DECLARATION

**IMPORTANT: There are serious consequences for providing misleading or false information about any matter relevant to your application.**

**I declare that:**

I consent to SafeWork SA making enquiries and exchanging information with WHS regulators in other states, territories or the

- Commonwealth regarding any matter relevant to this application.

I consent to SafeWork SA making enquiries and exchanging information with government agencies, in South Australia and in

- other states or territories or the Commonwealth regarding any matter relevant to this application.

I consent to SafeWork SA making enquiries and exchanging information with any individuals or non-government agencies, in

- South Australia and in other states or territories or the Commonwealth regarding any matter relevant to this application.

I declare that, to the best of my knowledge, the information provided in this application and supporting documentation is true

- and correct in every particular.

Name of Applicant

Signature of Applicant

Date

APPLICATION FOR A LICENCE TO CARRY ON  
THE BUSINESS OF AN EMPLOYMENT AGENT

Enquiries 1300 365 255  
Internet safework.sa.gov.au  
Email licensing.safework@sa.gov.au  
Post GPO Box 465, Adelaide SA 5001  
ABN 50 560 588 327

Employment Agents Registration Act 1993  
Employment Agents Registration Regulations 2010

7. PAYMENT OPTIONS

Applicant Name

Manager Name

**APPLICATION FEE DUE: \$16.50** (Fee current to 30 June 2022)

*This fee is exempt from GST*

**APPLY BY EMAIL:**

Accepted payment type

1 - VISA or MasterCard  
(provide cardholder information below)

**NOTE:** Once your application has been assessed,  
SafeWork SA will contact you for payment.

**Send all documents to**

[licensing.safework@sa.gov.au](mailto:licensing.safework@sa.gov.au)

(Total file size must be less than 20MB)

**APPLY BY POST:**

Accepted payment types

1 - VISA or MasterCard  
(provide cardholder information below)

2 - Cheque or money order  
(made out to SafeWork SA)

**Send all documents to**

SafeWork SA

Licensing Unit

GPO Box 465

ADELAIDE SA 5001

**CARDHOLDER INFORMATION**

Name of cardholder (or if business name)

Signature of Card Holder

Name of person authorised to approve payment (if different to Card  
Holder name)

Contact telephone  
number

Date

Postal or email address for payer (receipts will be sent to this address)

**I authorise SafeWork SA to deduct the amount of \$**

SafeWork SA is unable to accept credit card details via email. Once your application has been assessed,  
SafeWork SA will contact you for payment.