Please complete and send this form with your submission to WorkSafe no later than 5pm WST on Friday, 31 August 2016 to:

**Mail:** WorkSafe, Department of Commerce, Locked Bag 14, CLOISTERS SQUARE WA 6850   
PLEASE MARK YOUR ENVELOPE “TO THE ATTENTION OF THE EXECUTIVE DIRECTOR, WORKSAFE – SUBMISSION ON WHS REGULATIONS”

**Email: WHSregulations@commerce.wa.gov.au**

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| --- | --- | --- | --- | --- |
| **Contact name** | Click here to enter text. | | | |
| **Organisation** | Click here to enter text. | | | |
| **Contact telephone number (optional)** | Click here to enter text. | | | |
| **Employment status (if applicable)** | Worker  Employer  Self-employed | Principal contractor  Contractor  OSH professional | | |
| Other (enter details) | | | |
| **Size of workplace** | Small (0-9) | Medium (20-199) | | Large (200+) |
| **Please indicate how you are making this submission (select one of the following categories)** | Individual  Business  Community organisation  Employer organisation  Industry representative | | Academic  Government representative  Professional | |
| Other (enter details  **Click here to enter text.** | | | |
| **Which industry sector do you operate in?** | Click here to enter text. | | | |
| **Your type of job or business (if applicable)** | Click here to enter text. | | | |
| **Is your submission confidential?** | Yes  No | | | |
| Your submission will be presumed to be confidential if you do not indicate a preference. | | | | |
| **Number of pages in your submission** | | Click here to enter text. | | |