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. |