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| **Request for Exemption** |
| **Work Health and Safety Regulations 2022**  This form is to be used to apply for a general exemption from the Work Health and Safety (General) Regulations 2022, Work Health and Safety (Mines) Regulation 2022 and Work Health and Safety Petroleum and Geothermal Energy Operations Regulations 2022 (PAGEO) in relation to matters for the performance of a function at a general workplace, mine or petroleum site.  Please refer to Part 11.2 of the Work Health and Safety (General) Regulations 2022 or the Work Health and Safety (Mines) Regulations 2022 when completing this application. For petroleum exemption requests refer to Part 5 of the Work Health and Safety PAGEO Regulations 2022.  A decision to grant an exemption may include conditions. An exemption duration will apply for the period specified in the decision. An exemption once granted may be amended or cancelled at any time by the Regulator. Written notice of a decision to amend or cancel an exemption will be sent to the applicant. A decision to amend or cancel an exemption is a reviewable decision. A decision to grant, refuse or impose conditions of exemption is also a reviewable decision.  All documents attached to the application for exemption are retained by the regulator and will not be returned. Further information in support of an exemption application can be attached if required. |

***I hereby apply to the Regulator for an exemption as detailed below:***

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| **Details of applicant (Body corporate, PCBU, partnership, etc)** | |
| Registered name of applicant | enter name of applicant |
| Trading Name | enter applicant trading name |
| Licence number  Expiry date | enter applicant licence number if applicable  enter licence expiry date |
| ACN  ABN | enter applicant ACN if applicable  enter applicant ABN if applicable. |
| Address of applicant  Suburb  State or Territory  Postcode | enter applicant address  enter suburb  enter state or territory  enter postcode |
| Telephone | enter applicant telephone number |
| Email | enter applicant email address |
| Contact name | enter name of person acting on behalf of applicant |
| **Scope and duration of exemption sought** | |
| Work Health and Safety Regulations 2022 | enter the regulations under which the exemption is requested, e.g. General, Mining or Petroleum |
| Has an exemption been issued previously? | Yes (provide details below)  No |
| enter previous exemption details here. |
| Scope of exemption sought | enter details of the specific regulation number(s) for which an exemption is sought |
| Timeframe or period of time exemption is sought | enter the expected duration/completion date |
| Describe why the exemption is sought | describe in detail the reason(s) why the Regulator should grant an exemption from complying with the regulations. Attach additional information, if required, to support the application. Attach supporting documentation. |
| **Details of the workplace that will be affected by the exemption** | |
| Address  Suburb  State or Territory  Postcode | enter the address where the exemption will be affected.  enter suburb.  enter state or territory  enter postcode |
| several workplaces (addresses/locations attached)  unspecified locations throughout Western Australia (description attached) | |
| Name of contact person | enter the name of the contact person at the affected site(s) |
| **Risk assessment and control measures** | |
| Outline below your assessment and control of the risks and proposed control measures to demonstrate that the granting of an exemption will result in a standard of health and safety at the relevant workplace or in relation to the relevant undertaking, which is at least equivalent to that standard that would be achieved by compliance with the provision(s).  It is proposed that the risks to health and safety arising from the undertaking for which an exemption is being requested will be controlled by:  enter risk assessment information and control measures  If an exemption is being sought for particular high risk work licences, provide information on the alternative training to be delivered to workers in place of the licence:  enter what alternative training will be provided. | |
| **Signature of applicant** | |
| I,enter full name.  *(print full name)*  declare that the information in this request is true and correct to the best of my knowledge.  enter signature. enter date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature Date** | |
| **Once completed, this form can be submitted to DMIRS as follows:** | |
| Email: [review.officer@dmirs.wa.gov.au](mailto:review.officer@dmirs.wa.gov.au) | |
| **Personal information** | |
| The information is collected by DMIRS for the purposes of undertaking an evaluation, assessment and processing of an exemption request under the WHS Regulations. This information may also be used by the Regulator for the purpose of confirming applicant details, to establish and maintain an external database and to assist the Regulator and its Directorate with its work generally. It may also be provided to other state, territory and Commonwealth regulatory authorities.  Except for the purposes of prosecution and unless such disclosure is otherwise required by law, the information will not be accessed by other third parties in a way that would identify the individual without the consent of that individual. This information will be managed in accordance with the requirements of the Office of the Information Commissioner and may be accessed by you on request to this Department. For further details on our privacy information policy visit [www.commerce.wa.gov.au/worksafe](http://www.commerce.wa.gov.au/worksafe). | |
| **Fees** | |
| There is no fee associated with this form. | |
| **Notes on completing this form** | |
| 1. Use this form to apply to the Regulator for an exemption from complying with a requirement of the *Work Health and Safety Act 2020*; exemption forms applicable to the Occupational Safety and Health Act 1984 will be returned.  2. Please type directly into the form. An electronic/digital signature may be inserted in the declaration box. When complete save a copy of the form before emailing or printing.  If handwriting the signature, once the form is complete it should be printed, signed and then scanned and emailed to the email address above.  3. Please do not modify the form structure, insert sections or delete sections; the form will  automatically resize as information is added. | |