

In accordance with Section 38 of the *Building and Construction Industry (Portable Long Service Leave) Act 1991*

WORKER APPLICATION DETAILS

First name	Middle name/s	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Mobile	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Email	Gender (optional)	
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unspecified	

WORKER DETAILS - WORK CLASSIFICATION

- Do you perform building and construction work in Queensland? Yes No
- Are you: (select one only)
 - engaged by a labour hire agency to perform work in the building and construction industry for another entity?
 - performing work for a federal, or state, or local government entity? (You are not eligible to register with QLeave.)
 - performing work in the coal mining industry? (You are not eligible to register with QLeave.)
 - None of the above
- Select a work classification that best describes your occupation

<input type="checkbox"/> Air conditioning worker	<input type="checkbox"/> Ganger	<input type="checkbox"/> Security system installer
<input type="checkbox"/> Aluminium fixer	<input type="checkbox"/> Garage door installer	<input type="checkbox"/> Sheetmetal worker
<input type="checkbox"/> Asphalt worker	<input type="checkbox"/> Glass worker	<input type="checkbox"/> Shopfitter
<input type="checkbox"/> Boilermaker	<input type="checkbox"/> Instrument tradesperson technician	<input type="checkbox"/> Shower screen installer
<input type="checkbox"/> Bricklayer	<input type="checkbox"/> Labourer	<input type="checkbox"/> Signwriter
<input type="checkbox"/> Cabinetmaker	<input type="checkbox"/> Lagger	<input type="checkbox"/> Sprinkler pipe fitter
<input type="checkbox"/> Cable joiner	<input type="checkbox"/> Landscaper (hard only)	<input type="checkbox"/> Steelfixer
<input type="checkbox"/> Carpenter/joiner	<input type="checkbox"/> Painter/decorator	<input type="checkbox"/> Stone mason
<input type="checkbox"/> Carpet layer	<input type="checkbox"/> Pest controller	<input type="checkbox"/> Surveyor's assistant
<input type="checkbox"/> Chainman	<input type="checkbox"/> Plant mechanic (not vehicular)	<input type="checkbox"/> Tiler
<input type="checkbox"/> Cleaner (new construction)	<input type="checkbox"/> Plant operator/driver	<input type="checkbox"/> Trades assistant
<input type="checkbox"/> Communications technician	<input type="checkbox"/> Plasterer	<input type="checkbox"/> Traffic controller
<input type="checkbox"/> Concrete pumper	<input type="checkbox"/> Plumber/drainer/gasfitter	<input type="checkbox"/> Tree lopper
<input type="checkbox"/> Concrete worker	<input type="checkbox"/> Pool builder/installer	<input type="checkbox"/> Truck driver (roadwork)
<input type="checkbox"/> Crane driver	<input type="checkbox"/> Powdercoater	<input type="checkbox"/> Waterproofer
<input type="checkbox"/> Data cable installer	<input type="checkbox"/> Refrigeration mechanic	<input type="checkbox"/> Welder
<input type="checkbox"/> Electrician	<input type="checkbox"/> Rigger/splicer/dogger	<input type="checkbox"/> Window assembler/installer
<input type="checkbox"/> Fitter	<input type="checkbox"/> Roof plumber	<input type="checkbox"/> Other
<input type="checkbox"/> Floor layer	<input type="checkbox"/> Roof tiler	describe your occupation:
<input type="checkbox"/> Floor polisher/sander	<input type="checkbox"/> Safety officer	<input type="text"/>
<input type="checkbox"/> Foreperson/subforeperson	<input type="checkbox"/> Sandblaster	
<input type="checkbox"/> Formwork carpenter	<input type="checkbox"/> Scaffolder	
- Are you a supervisor? Yes No (please proceed to Worker details – Engagement type)
- Do your daily duties require you to: (select all that apply)
 - supervise eligible workers? perform managerial, clerical, or professional duties?
 - use tools of the trade as required?

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WORKER DETAILS - ENGAGEMENT TYPE

1. How are you paid? (select one only)

Employee of the business (proceed to Employer Details when one of the following is selected.)

- PAYG employee, OR
- PAYG employee of a trust, OR
- PAYG working director of your own company

Sole trader (proceed to question 2 when one of the following is selected.)

- using your own ABN and not employing other workers (labour only or substantially labour only - contract of/for service) OR
- using your own ABN and employing other workers

Partner in a partnership receiving a share of the partnership's profits from the building and construction work
(Proceed to Question 3.)

Trustee of a trust (Proceed to Question 3.)

Contractor using your own Pty Ltd ABN and not engaging workers (proceed to Question 2.)

2. For sole traders and contractors only (select all that apply)

- You are paid to achieve a stated result or outcome (e.g. direct invoice and payment for work)
- You supply all, or substantially all, of the plant and equipment or tools of trade needed to perform the work
- You are, or would be, liable for the costs for fixing a fault with the work you performed

3. Do you have an ABN or ACN?

ABN:

ACN:

- No

EMPLOYER DETAILS

ABN

Registered business name

Employer address

Suburb / Town

State

Postcode

Employer phone

Employer mobile

Employer email

What date did you start work with this employer?

/ /

Select your employer business activities

(Select from the list below the activity that best describes your employer's business.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Air conditioning | <input type="checkbox"/> Glazing | <input type="checkbox"/> Roof tiling |
| <input type="checkbox"/> Bricklaying | <input type="checkbox"/> Labour hire | <input type="checkbox"/> Scaffolding |
| <input type="checkbox"/> Cabinet maker | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Security screens, awnings & shower screens |
| <input type="checkbox"/> Carpentry/joinery | <input type="checkbox"/> Lifts | <input type="checkbox"/> Security systems - installation |
| <input type="checkbox"/> Civil engineering | <input type="checkbox"/> Metal fabrications (sheet metal) | <input type="checkbox"/> Shop fitting |
| <input type="checkbox"/> Concreting | <input type="checkbox"/> Metal/general engineering | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Painting | <input type="checkbox"/> Steel fixer (fixing) |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Plant operation | <input type="checkbox"/> Stone masonry |
| <input type="checkbox"/> Electrical contracting | <input type="checkbox"/> Plastering | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Fire protection | <input type="checkbox"/> Plumbing/draining | <input type="checkbox"/> Thermal insulation |
| <input type="checkbox"/> Fixed soft furnishing | <input type="checkbox"/> Pool installation | <input type="checkbox"/> Wall & floor tiling |
| <input type="checkbox"/> Floor coverings | <input type="checkbox"/> Refrigeration | |
| <input type="checkbox"/> Formworker | <input type="checkbox"/> Roof installation | |

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MORE THAN ONE EMPLOYER?

Are you currently working for more than one employer?

Yes - please complete additional employer details. No - please proceed to declaration.

ADDITIONAL EMPLOYER DETAILS

ABN	Registered business name		
<input type="text"/>	<input type="text"/>		
Employer address			
<input type="text"/>			
Suburb / Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer phone	Employer mobile		
<input type="text"/>	<input type="text"/>		
Employer email			
<input type="text"/>			
What date did you start work with this employer? <input type="text"/> / <input type="text"/> / <input type="text"/>			
From the list on the previous page, which activity best describes your employer's business <input type="text"/>			

ADDITIONAL EMPLOYER DETAILS

ABN	Registered business name		
<input type="text"/>	<input type="text"/>		
Employer address			
<input type="text"/>			
Suburb / Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer phone	Employer mobile		
<input type="text"/>	<input type="text"/>		
Employer email			
<input type="text"/>			
What date did you start work with this employer? <input type="text"/> / <input type="text"/> / <input type="text"/>			
From the list on the previous page, which activity best describes your employer's business <input type="text"/>			

DECLARATION *Penalties may apply for providing false or misleading information*

I declare that the information provided is true and correct.

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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LONG SERVICE
LEAVE**

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