

ATTACHMENT 2

6.2 AMENDMENT TO EMPLOYER REGISTRATION DETAILS



Please use block letters.

Employer name: _____

Employer ID number: _____

Australian Business Number (ABN): _____

I request that the following changes be made to my employer registration details.

Please tick the relevant box to indicate the changes required and print in block letters the details to be changed.

NEW DETAILS

Employer name: _____

Address: _____

Telephone number: _____

Fax number: _____

Contact Email: _____

Change of ownership. *Please provide a copy of the first page of the contract transferring ownership:*

Closure of business (date): _____

Delete authorised person/s (list name/s): _____

Add authorised person/s below

NAME	POSITION	SIGNATURE

Name: _____

Signature: _____

Position: _____ Date: _____

This information may be used for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36(1)(f) of the *Commission for Children and Young People Act 1998*.

NOTE: This form is to be sent to the relevant Approved Screening Agency. No cover sheet is required.

APPROVED SCREENING AGENCY CONTACTS

- | | |
|--|---------------|
| Commission for Children and Young People | Fax 9286 7201 |
| NSW Department of Education and Training | Fax 9836 9222 |
| NSW Department of Health | Fax 9391 9795 |
| NSW Department of Arts, Sport and Recreation | Fax 9006 3900 |
| Catholic Commission for Employment Relations | Fax 9267 9303 |