

*Workplace Health and Safety Act 2007***Section 88****Internal Review Application Form**

Use this form to ask the Work Health Authority to review certain decisions, or the lack of a decision, under the [Workplace Health and Safety Act 2007](#).

- > An application for review can only be made for reviewable decisions by a person affected by the decision. (See No. 1 on page 2 for 'reviewable decision').
- > Please read Information Bulletin [09.01.08 Review and appeal – guide to how to apply](#) before completing this form.
- > Applications should be made within 14 days of the decision in relation to which review is sought.

Provide complete information

It is important that you provide as much information and detail as you can in your application.

If there is information missing from your application you will be contacted and invited to provide further information.

If the person making this application is not the employer, then the employer will be notified that the review is occurring and may be invited to provide information.

The Internal Review Officer may seek more information from any relevant person, eg Health and Safety Representative.

Notifying the internal review decision

You will be advised of the outcome of this application by telephone and in writing.

The Work Health Authority will provide reasons for the decision made in response to your application for review.

External review – Appeal

A person who is dissatisfied with the decision on review may appeal to the Work Health Court against the decision.

An appeal must be made within 21 days after the date of the decision though the Court may extend the time for an appeal in a particular case if it is satisfied that there is good reason to do so.

The notice of appeal must set out the grounds of the appeal in detail.

The Court may summarily reject an appeal if it considers the appeal frivolous, vexatious or lacking in substance.

Powers of the Court on an Appeal

On an appeal, the Court may confirm or set aside the decision being appealed.

If the Court sets aside the decision it may make any decision that should, in its opinion, have been made in the first instance and give directions it considers necessary or desirable to give effect to that decision.

putting safety first >



Withdraw and Application

If you wish to withdraw an application before a decision is made, please advise by email to: internal.review@nt.gov.au or phone 1800 019 115.

For further assistance

If you have any questions about your application or our review processes, please visit our website, email: internal.review@nt.gov.au or phone 1800 019 115.

Privacy collection statement

Personal information collected in connection with this application maybe used for the purpose of processing this application and reviewing the original decision. The information may also be used for the purpose of the administration and enforcement of legislation administered by NT WorkSafe, the administration and evaluation of NT WorkSafe's programs generally and legal proceedings.

Personal information about you may also be collected from other persons who can provide information relevant to the original decision.

NT WorkSafe may disclose such personal information to its contractors and agents, to other regulatory agencies, to a court or tribunal and to any person or organisation authorised by the individual to whom it relates, or by law to obtain it. The fact that you have made an application for internal review, and the basis for making such an application (including any information provided), may be disclosed to other persons affected by the original decision or about whom the information relates.

Collection of this personal information may be required to process the application. If you do not provide any or all of this information, your application may not be able to be processed.

Individuals have rights to have access to personal information NT WorkSafe holds about them. If you wish to apply to access your information please put your request in writing and address it to the Executive Director, NT WorkSafe.

Application details

1. What decision would you like reviewed? If the decision is not in this list it cannot be reviewed

	Tick	Decision	Section
a	<input type="checkbox"/>	A decision by the Authority to disclose confidential information	Section 19
b	<input type="checkbox"/>	A decision by the Authority to establish a work group	Section 34
c	<input type="checkbox"/>	A decision by the Authority to disqualify a person from holding office as a health and safety representative	Section 37
d	<input type="checkbox"/>	A decision by the Authority to remove an authorized union OH&S representative from office for breach of a condition of appointment or to disqualify a person from holding office as an authorized union OH&S representative	Section 52
e	<input type="checkbox"/>	A decision by the Authority determining a dispute about the powers of an authorized union OH&S representative	Section 53
f	<input type="checkbox"/>	A decision by a workplace safety officer to take possession of an object or material under section 70(1)(g)	Section 70(1)(g)
g	<input type="checkbox"/>	A decision by a workplace safety officer to issue an enforcement notice (eg – extension of 'compliance date' required)	
h	<input type="checkbox"/>	A refusal by a workplace safety officer to withdraw a prohibition notice	
i	<input type="checkbox"/>	A decision by the Authority determining a dispute about whether a serious and immediate risk to the health or safety of a worker exists	Section 77

2. Are you eligible to seek review?

Only a person affected by the decision is eligible to seek review.

Tick	I am eligible to seek review as:
<input type="checkbox"/>	An employer who is affected by the decision
<input type="checkbox"/>	A person who received a notice
<input type="checkbox"/>	A health and safety representative who represents a person affected by the decision
<input type="checkbox"/>	A health and safety representative who issued a Notice of Safety Hazard or directed a worker to stop work
<input type="checkbox"/>	Other Please explain:

3. Is this application within the time specified in the Act? Yes No

Date of this application Date of decision

If the date of this application is more than 14 days after the decision was made, please explain why.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

4. Details of applicant

Title			
Given name			
Family name			
Workplace name			
Workplace address			
Email			
Mobile Phone		Work Phone	
Home phone		Fax	
Preferred method of contact			

5. If you are completing this form on behalf of someone else

Relationship to applicant			
Title			
Given name			
Family name			
Workplace name			
Workplace address			
Email			
Mobile Phone		Work Phone	
Home phone		Fax	
Preferred method of contact			

About the decision

If you wish to have more than one decision reviewed, photocopy and complete this page for each decision.

6. Name of NTWS Officer or Workplace Safety Officer who made the decision

.....

7. Date of the visit (if applicable) Visit Report Reference No

8. Give details of the decision that was made or not made and the Notice Reference Number (if applicable).

.....

9. If you are not the respondent to the notice or the person named in the decision, in what way do you believe your interests are affected by the decision?

.....

11. If seeking an extension of time to the compliance date, what interim measures will you put in place to reduce the risk to health or safety?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

12. What other information would you like the Internal Review Committee to consider?

.....

.....

.....

.....

.....

.....

Attachments

It is important that you provide as much information and detail as you can in your application.

13. What information are you attaching with your application?

Tick	Attachment
<input type="checkbox"/>	Copies of Visit Reports
<input type="checkbox"/>	Copies of Notices
<input type="checkbox"/>	Please specify other documentation to support your request

Declaration

I declare that the information on this form is true and correct to the best of my knowledge

Signature		Date of signing	
Print Name			

Lodging your Application

Forward your application for a review to:

NT WorkSafe

Attention: Internal Review Committee
(Private and Confidential)

GPO Box 1722

Darwin NT 0801

Email: internal.review@nt.gov.au