



Employer Information Request Form

Instructions

Please complete the following information to assist DTW Designs Qld Pty Ltd with registration of your business as a client. All information is subject to the DTW Privacy Policy and will assist us with managing our relationship with you.

Use the Submit Button to submit via email or the Print Button to print and fax to 07 33002633.

Business Details

Trading Name	<input type="text"/>	Employer Type	<input type="text"/>
Legal Name	<input type="text"/>	A.B.N.	<input type="text"/>
ANZSIC/Business Type	<input type="text"/>	Business Location Number	<input type="text"/>
Business Address	<input type="text"/>		
Postal Address	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
		Mobile	<input type="text"/>
Business Email Address	<input type="text"/>		
Business Description	<input type="text"/>		

Plant Details

Please complete the following based on the Plant that will be utilised for training.

Manufacturer	<input type="text"/>	Serial Number	<input type="text"/>
Type/Model	<input type="text"/>		
Capacity/Output	<input type="text"/>	WHS Rego Number	<input type="text"/>

Contact Details

Primary Contact's Name	<input type="text"/>	Position	<input type="text"/>
Primary Contact's Phone	<input type="text"/>	Email Address	<input type="text"/>
Mentor's Name	<input type="text"/>	Position	<input type="text"/>
Mentor's Phone	<input type="text"/>	Email Address	<input type="text"/>
WHS Licence/s	<input type="text"/>	Licence Number	<input type="text"/>
		Expiry Date	<input type="text"/>