December 2023

# Request the NSW Resources Regulator to commence a prosecution in relation to a mine or petroleum site

# About this form

This form is to be used when making a request to the NSW Resources Regulator under section 231 of the *Work Health and Safety Act 2011* to commence a prosecution in relation to a mine or petroleum site.

Section 231 of the WHS Act allows a person who reasonably considers that a category 1 or 2 offence has been committed, but where no prosecution has been brought, to make a written request to the Regulator to bring a prosecution. The request can only be made if no prosecution has been brought and the request is made between 6 and 18 months after the alleged offence occurred. A request under section 231 of the WHS Act is available only in relation to category 1 or 2 offences.

You should read the fact sheet - [Request the Regulator to commence a prosecution under the *Work Health and Safety Act 2011*](https://www.resourcesregulator.nsw.gov.au/sites/default/files/documents/request-for-the-regulator-to-commence-a-prosecution-fact-sheet.pdf) in relation to a mine or petroleum site available on the Regulator’s website before completing this form.

1. Applicant’s details

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| --- |
| **Details** |
| First name |       |
| Other given name (if applicable) |       |
| Last name |       |
| Daytime contact telephone (contact will primarily be via email) |       | Mobile |       |
| Email address |       |
| Postal address |       |
| What is your relationship with the workplace (that is a mine or petroleum site) to which your request relates? |       |

1. Details of the person conducting the business or undertaking (PCBU) you believe has committed the alleged offence

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| **If known, provide details of the body corporate or individual you believe has committed the alleged offence.** |
| Body corporate |       |
| Registered trading name (if applicable). If the organisation is a trust, include the name of the trust. |       |
| ABN |       |
| ACN |       |

1. Individual PCBU or a contact person for body corporate PCBU (if applicable)

|  |
| --- |
| **Details** |
| First name |       |
| Other given name (if applicable) |       |
| Last name |       |
| Daytime contact telephone  |       | Mobile |       |
| Email address |       |
| Position |       |
| What is your relationship with the workplace (that is a mine or petroleum site) to which your request relates? |       |

1. Street address

|  |
| --- |
| **Details** |
| Unit/street/property number |       |
| Street address |       |
| Suburb |       |
| State |       | Postcode |       |
| Country |       |

1. Date the alleged offence is believed to have occurred

|  |
| --- |
| Details |
|       |

1. Address where the alleged offence occurred

|  |
| --- |
| **Details** |
| Name of workplace (that is a mine or petroleum site) |       |
| Site or street address of mine or petroleum site |       |
| Suburb |       |
| State |       | Postcode |       |

1. Details of the alleged offence

|  |
| --- |
| Please provide information that details the act, manner or thing that you believe occurred and why you reasonably believe that the person committed the office: |
|       |

|  |
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| How or why do you reasonably believe that the above event constitutes a category 1 or 2 offence? |
|       |

1. Details of people who you believe may have information relevant to the alleged offence

|  |
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| Please provide contact details of any person who may have information relevant to the alleged office (including their names, position and organisations they represent). |
|       |

1. Declaration

|  |  |
| --- | --- |
| I declare that: | Check: |
| To the best of my knowledge, the information provided in this form and attachment (s) to this form, is true and correct in every detail; and | [ ]  |
| I consent to the department making enquiries and exchanging information with any relevant parties regarding any matter relevant to this form. | [ ]  |
| **Note:** Giving false or misleading information is a serious offence under section 268 of the Work Health and Safety Act 2011 and Part 5A of the Crimes Act 1900. |
| Name |       |
| Position/title |       |
| Signature |  | Date |       |

Submitting the form

Email this form to cau@regional.nsw.gov.au

Mail: Central Assessment Unit,

NSW Resources Regulator, PO Box 344, HRMC, 2310.

If you have any queries or need assistance completing this form, please call the Central Assistance Unit on 1300 814 609 Option 2 then 4.

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