

Work Stay Play - Payment 1 Application

Form Preview

Employer Details

* indicates a required field

The **Work Stay Play Program** is a time-limited initiative of the Northern Territory Government to attract tourism and hospitality workers to relocate to the Northern Territory or new local workers to transition from unemployment into a tourism and/ or hospitality job.

BEFORE YOU START: you must read and agree to the Program [Terms and Conditions](#) in full. Note in particular:

Eligible Employer means:

A Territory Enterprise that:

- is a legal entity (a natural person or an incorporated entity), with or without a registered business name, and
- holds a valid Australian Business Number, and
- is operating in either the 'Tourism' or 'Hospitality' sectors or both; and
- is not an excluded employer, and
- has successfully registered with the Department.

Excluded Employer means a business:

- in which the Eligible Worker or a Relative of the Eligible Worker is Related to the Eligible Employer, or
- that is a public sector agency, local government entity, or a statutory body or corporation owned or controlled by the Northern Territory or Australian governments.

Tourism Business means a business whose primary activity is the provision of goods or services to facilitate business, pleasure or leisure activities away from the home environment. The Department will determine whether a business is a Tourism Business with reference to participation in the Australian Tourism Data Warehouse or other distribution platforms, and/or membership of a Regional Tourism Organisation.

Hospitality Business means a business whose primary activity is to provide services related to leisure and customer satisfaction across the following categories:

- service of prepared food and beverages
- short term accommodation

Plant Production means growers of produce for sale on open commercial market/s, whether the produce is for human or animal consumption, broad acre, horticulture or forestry.

Are you eligible?

I am an Eligible Employer as defined under the Program Terms and Conditions *

☐ Yes ☐ No - ineligible

This application is not submitted by anyone other than myself as the Eligible Employer *

☐ Yes ☐ No - ineligible

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I consent to my personal information being shared between/ with relevant NT Government and external agencies/ advisers/ bodies for the purposes of ascertaining and validating my eligibility under this program *

☐ Yes

☐ No - ineligible

Monitoring and evaluation of Work Stay Play Program

PLEASE NOTE: These questions are for research and evaluation purposes only. Your answers are not used to determine your eligibility and will remain confidential.

How did you hear about the Program? *

☐ Newspaper

☐ TV

☐ Friend/ family/
acquaintance

☐ Social media

☐ Radio

☐ Other:

☐ Internet search engine

☐ Press Release/
Announcement

What do you expect the outlook for your business to be in the next 12 months? *

Employer Application Details

Please select what you are applying as: *

☐ Business

☐ Not-for-Profit Organisation

Business type: *

Have you listed job vacancies on the Territory Jobs Board? (This question is for the department's reporting purposes only) *

☐ Yes

☐ No

<https://territoryjobs.nt.gov.au/submit-job>. This is for reporting purposes only

Legal Entity Name/ Trustee Name/ Organisation Name *

Organisation Name

Legal entity name (not trading name). If a Trust, you must give the name of the Trustee of the Trust and attach a copy of the entire trust deed further below in this application form

Incorporation Number

Trading Name *

Legal Entity Type *

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☐ Company ☐ Partnership ☐ Sole Trader ☐ Trust

Australian Business Number (ABN) *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

The primary business address MUST include shop/ office or unit numbers where applicable.

Primary business address *

Address

Please remember to include shop/office/unit numbers. If no search results are found, please click "Can't find your address?"

Phone Number *

Please provide a phone number you can be contacted on if required. Include area code if a landline. Must contain 10 characters eg 0889995511

Email Address *

Please enter your preferred email address for all written correspondence, if approved your voucher/s will be sent here.

Vendor ID number

Leave blank if you don't know your Vendor ID

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Contact Person

The Department will use the below details to make contact with you, should we require anything further. This is also the person responsible for this application.

Applicant contact *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone Number *

Include area code if a landline

Email Address *

Must be an email address.

Trust Deed

If your Legal Entity is a **Trust**, you will need to upload a copy of the Trust Deed to provide confirmation of who your Trustee is.

Legal Entity name in the Business details section should be written as;

ABC Pty Ltd the trustee for ABC Family Trust

or

John Smith the trustee for ABC Family Trust

Please contact your accountant if you are unsure.

Upload copy of Trust Deed *

Attach a file:

Eligible Worker Details

* indicates a required field

Maximum Grant Amount is the sum of \$60 000.

To be Eligible to receive payments an **Eligible Worker** must be a natural person who:

- is an Australian citizen or permanent resident or is otherwise legally authorised to work in Australia; and
- the Eligible Worker either
 - has relocated to the Northern Territory from outside the Territory for the purposes of taking up employment with an Eligible Employer; or
 - is a Northern Territory resident who was unemployed for a period of at least one month immediately prior to commencing employment with the Eligible Employer; and

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- commenced employment with an Eligible Employer on or after 30 April 2021, and
- is working a minimum of 20 hours per week; and
- is not Related to or a Relative of the Eligible employer.

Funding amount per Eligible Worker is capped at \$1500; in other words, should the Department have already paid \$750 for an Eligible Worker, the maximum amount still payable for that worker cannot be higher than \$750, regardless of whether the Eligible Worker has changed employers.

Excluded Worker means a person who has received (or will receive after approval of an existing application) assistance from the Northern Territory and/ or Australian Governments to relocate (for example through the 'Relocation Assistance to Take Up a Job' program).

Payments

Amounts

Evidence required

First Payment

\$750 upon the Eligible Worker commencing employment in the Northern Territory

- First payslip (**MUST include worker name & hours worked**)
- Worker details

Second Payment

\$750 after 8 weeks of continuous employment

- Payslip for the 8th week of employment (**MUST include worker name & hours worked**)
- Worker details
- Evidence of payment of the first \$750 to the Eligible Worker (if no cash payment has been made, evidence of at least \$750 in value of costs borne by the Eligible Employer, eg. free accommodation or flights)

TOTAL

\$1500

Are your workers eligible?

The workers I am claiming for satisfy all requirements stated above *

☐ Yes ☐ No - ineligible

Worker Details

If you are still eligible to apply for additional workers following this claim, please email us at workstayplay@nt.gov.au

How many workers are you claiming under this application? *

Worker 1

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Worker name *

Title

First Name

Last Name

Job title/ role *

Date of birth *

Must be a date.

Worker's previous suburb/ town *

Address

Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month immediately prior to employment commencing

Date worker commenced with you *

Must be a date.

Upload first payslip (must include worker name & hours worked) *

Attach a file:

Must include the worker name and hours worked

Worker 2

Worker name *

Title

First Name

Last Name

Job title/ role *

Date of birth *

Must be a date.

Worker's previous suburb/ town *

Address

Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month immediately prior to employment commencing

Date worker commenced with you *

Must be a date.

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**Upload first payslip
(must include worker
name & hours worked) ***

Attach a file:

Must include the worker name and hours worked

Worker 3

Worker name *

Title

First Name

Last Name

Job title/ role *

Date of birth *

Must be a date.

**Worker's previous
suburb/ town ***

Address

Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month
immediately prior to employment commencing

**Date worker commenced
with you ***

Must be a date.

**Upload first payslip
(must include worker
name & hours worked) ***

Attach a file:

Must include the worker name and hours worked

Worker 4

Worker name *

Title

First Name

Last Name

Job title/ role *

Date of birth *

Must be a date.

**Worker's previous
suburb/ town ***

Address

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Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month immediately prior to employment commencing

Date worker commenced with you *

Must be a date.

Upload first payslip (must include worker name & hours worked) *

Attach a file:

Must include the worker name and hours worked

Worker 5

Worker name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Job title/ role *

Date of birth *

Must be a date.

Worker's previous suburb/ town *

Address

Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month immediately prior to employment commencing

Date worker commenced with you *

Must be a date.

Upload first payslip (must include worker name & hours worked) *

Attach a file:

Must include the worker name and hours worked

Worker 6

Worker name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Job title/ role *

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Date of birth *

Must be a date.

Worker's previous suburb/ town *

Address

Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month immediately prior to employment commencing

Date worker commenced with you *

Must be a date.

Upload first payslip (must include worker name & hours worked) *

Attach a file:

Must include the worker name and hours worked

Worker 7

Worker name *

Title

First Name

Last Name

Job title/ role *

Date of birth *

Must be a date.

Worker's previous suburb/ town *

Address

Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month immediately prior to employment commencing

Date worker commenced with you *

Must be a date.

Upload first payslip (must include worker name & hours worked) *

Attach a file:

Must include the worker name and hours worked

Worker 8

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Worker name *

Title

First Name

Last Name

Job title/ role *

Date of birth *

Must be a date.

Worker's previous suburb/ town *

Address

Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month immediately prior to employment commencing

Date worker commenced with you *

Must be a date.

Upload first payslip (must include worker name & hours worked) *

Attach a file:

Must include the worker name and hours worked

Worker 9

Worker name *

Title

First Name

Last Name

Job title/ role *

Date of birth *

Must be a date.

Worker's previous suburb/ town *

Address

Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month immediately prior to employment commencing

Date worker commenced with you *

Must be a date.

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**Upload first payslip
(must include worker
name & hours worked) ***

Attach a file:

Must include the worker name and hours worked

Worker 10

Worker name *

Title

First Name

Last Name

Job title/ role *

Date of birth *

Must be a date.

**Worker's previous
suburb/ town ***

Address

Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month
immediately prior to employment commencing

**Date worker commenced
with you ***

Must be a date.

**Upload first payslip
(must include worker
name & hours worked) ***

Attach a file:

Must include the worker name and hours worked

Worker 11

Worker name *

Title

First Name

Last Name

Job title/ role *

Date of birth *

Must be a date.

**Worker's previous
suburb/ town ***

Address

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Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month immediately prior to employment commencing

Date worker commenced with you *

Must be a date.

Upload first payslip (must include worker name & hours worked) *

Attach a file:

Must include the worker name and hours worked

Worker 12

Worker name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Job title/ role *

Date of birth *

Must be a date.

Worker's previous suburb/ town *

Address

Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month immediately prior to employment commencing

Date worker commenced with you *

Must be a date.

Upload first payslip (must include worker name & hours worked) *

Attach a file:

Must include the worker name and hours worked

Worker 13

Worker name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Job title/ role *

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Date of birth *

Must be a date.

Worker's previous suburb/ town *

Address

Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month immediately prior to employment commencing

Date worker commenced with you *

Must be a date.

Upload first payslip (must include worker name & hours worked) *

Attach a file:

Must include the worker name and hours worked

Worker 14

Worker name *

Title First Name Last Name

Job title/ role *

Date of birth *

Must be a date.

Worker's previous suburb/ town *

Address

Worker category *

- ☐ Relocating to the Northern Territory
☐ Territory resident unemployed for at least one month immediately prior to employment commencing

Date worker commenced with you *

Must be a date.

Upload first payslip (must include worker name & hours worked) *

Attach a file:

Must include the worker name and hours worked

Workers Overview

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Number of workers claimed under this application

Declaration

* indicates a required field

Unattested Declaration under the Oaths, Affidavits and Declarations Act

I (insert full name) *

solemnly and sincerely declare

- The new COVID-19 vaccination requirements apply to all NTG service providers and grant recipients from 25 December 2021.
- To view the COVID-19 Vaccination Requirements, visit <https://nt.gov.au/industry/procurement/understanding-the-rules/conditions-contract/covid-19-mandatory-requirements>

COVID-19 Vaccination Declaration *

☐ I and my personnel are fully vaccinated for COVID-19 or have an exemption in accordance with the Mandatory Vaccination Requirements (COVID-19)

Grant Recipient Declaration

- I have read, understood and agree to comply with the [Terms and Conditions](#) of the Work Stay Play Program.
- I have read, understood and agree to the [Privacy Statement](#).
- No other application for funding under this Program has been made by any other person within the business in relation to the employees included in this application.
- I have obtained all consents required by law from the employees listed in this application to the disclosure of their personal information for the purposes of this application.
- I agree to provide all requested documents and information in relation to this application and employees claimed under this application.
- I will advise the Department immediately if any of the information and details provided in this application change during the course of the program.
- I accept that the Department will carry out spot audits of employers throughout the duration of the program and for 12 months after it has ended.

**This declaration is true
and I know that it is
an offence to make
a declaration that is**

☐ Confirm

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false in any material particular. *

This declaration is made at *

Location or town the declaration is made at, eg. Darwin, Alice Springs etc.

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth *

Position title *

Must be a principal of the business applying eg. Director, Sole Trader, Partner etc.

Date of declaration *

Must be a date.