

# Work Stay Play 2.0 Employer Eligibility Form Preview

## Employer Details

\* indicates a required field

The **Work Stay Play 2.0 Program** is an initiative of the Northern Territory Government to attract critical workers to relocate to the Northern Territory.

**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 not a public sector agency, local government entity, or a statutory body or corporation owned or controlled by the Northern Territory or Australian governments; and
- has an annual turnover of more than \$75 000 and no more than \$10 million; and
- 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 for 6 months or more at the time of application; and
- has its business operation physically located in the Northern Territory; and
- has successfully registered with the Department under the Works Stay Play 2.0 program.

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

**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 2.0 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:

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- Internet search engine       Press Release/  
Announcement

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

## 20/21 Annual Turnover

An **Eligible Employer** must have an annual turnover of more than \$75 000 and no more than \$10 million for the 20/21 financial year.

Evidence **MUST** be provided from accounting software or certified by an accountant/ ATO.

**Valid evidence of turnover can be:**

- Profit and Loss statement; or
- 4 x BAS statements; or
- Notice of Assessment; or
- Letter from a certified accountant detailing **actual income** for the 20/21 financial year.

**Excel spreadsheets, bank statements and/ or incomplete documents are not valid.**

**Select the evidence of annual turnover you are supplying \***

**Upload 20/21 FY annual turnover \***

Attach a file:

## Business Details

**Primary Industry \***

**Specify 'Other' industry \***

**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

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ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

## Entity Name \*

Organisation Name

## Trading Name \*

## Legal Entity Type \*

## Incorporation Number (if applicable)

## 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 as ABC Family Trust
- John Smith the trustee as ABC Family Trust

**Please contact your accountant if you are unsure.**

## Trustee Name \*

## Upload copy of Trust Deed \*

Attach a file:

## Proof of trading in the NT

Upload evidence within the last 3 months to demonstrate that you are actively trading in the NT.

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## Upload 3 most recent invoices/ receipts \*

Attach a file:

## Business Contact Details

**The Department will use the below details to make contact with you, should we require anything further.**

Primary business address MUST be completed in full and include relevant **shop/ office/ unit numbers**.

If your primary business address does not appear in the drop down, click "Can't find your address" and complete address manually

## 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.

## Contact Person

This is the person responsible for this application.

## Applicant contact \*

Title      First Name      Last Name

            

## Position \*

## Phone Number \*

Include area code if a landline

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**Email Address \***

Must be an email address.

## Eligible Worker Information

If you are found to be an Eligible Employer under this program, additional application forms will be made available to you to claim Eligible Workers.

**Claims for Eligible Workers will open from 2 May 2022 at 9am.**

Details collected when claiming for Eligible Workers under the Program may include:

- worker's full name and date of birth
- date of relocation to the Northern Territory
- date of employment commencement
- proof of previous residence of worker outside of the Northern Territory
- payroll summary from date of employment commencement including:
  - Eligible Worker name
  - hours worked each week (meeting the conditions set out in Clause 3.3 Eligible Workers)

Refer to the [Terms and Conditions](#).

**I have read & I understand the requirements stated above when claiming workers under the Work Stay Play Program \***

Yes

No

## Declaration

\* indicates a required field

Unattested Declaration under the Oaths, Affidavits and Declarations Act

**I (insert full name) \***

Must be the Principal of the Business

***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 Requirement Declaration \***

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

## Department of Industry, Tourism and Trade 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.
- I agree to provide all requested documents and information in relation to 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 false in any material particular. \***

Confirm

**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"/>
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Must be the Principal of the Business

**Date of birth \***

**Position title \***

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

**Date of declaration \***