

Application for registration, or for renewal of registration, as an adventure activity operator

Use this application if you are applying for registration as an Adventure Activity Operator under regulation 6A of the Health and Safety at Work (Adventure Activities) Regulations 2016 (the Regulations), or if you are renewing your current registration in accordance with regulation 7L of the Regulations

Applicant details

All fields mandatory unless stated otherwise.

Full name: (company name or, if an individual, full legal name)

Trading name(s) if different from above:

Web/internet site: (if applicable)

New Zealand Business Number (NZBN):

Business phone number:

Business email:

Business physical address: (including postcode)

Business postal address: (if different from above)

Business contact person details

Full name: (first name, last name)

Position:

Email address:

Contact phone:

Application type

Select option:

New adventure activity operator registration

or

Renewal of current adventure activity operator registration

AAO registration number: (renewals only)

Expiry date of current registration: (renewals only)

DD / MM / YEAR

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Activity details

DESCRIPTION OF ACTIVITY <small>(as per safety audit certificate)</small>	LOCATION(S) WHERE ACTIVITY PROVIDED <small>(as per safety audit certificate)</small>	ESTIMATED NUMBER OF PEOPLE THAT WILL PARTICIPATE PER YEAR

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Activity details

DESCRIPTION OF ACTIVITY <small>(as per safety audit certificate)</small>	LOCATION(S) WHERE ACTIVITY PROVIDED <small>(as per safety audit certificate)</small>	ESTIMATED NUMBER OF PEOPLE THAT WILL PARTICIPATE PER YEAR

Additional information required to assess application

Please answer the following questions and provide further details if you answer 'Yes' to any question.

Note: First time applicants who have never been registered before may select NA (not applicable) for Questions 1, 3, 4 which relate to past performance as a registered adventure activity operator.

- Q1** Have you ever had a previous adventure activity operator registration suspended or cancelled due to safety concerns?
- Yes
 No
 NA

Details: (if yes)

- Q2** Have you ever been prosecuted for failing to comply with any of the duties under the Health and Safety at Work Act 2015 or the Health and Safety at Work (Adventure Activities) Regulations 2016?
- Yes
 No

Details: (if yes)

- Q3** Have you ever failed to comply with any conditions on your current safety audit certificate or any previous safety audit certificate?
- Yes
 No
 NA

Details: (if yes)

- Q4** Have you ever failed to comply with any conditions on any previous registration?
- Yes
 No
 NA

Details: (if yes)

- Q5** Have you previously provided adventure activities where you needed to be registered to do so, but were not?
- Yes
 No

Details: (if yes)

- Q6** Have there been any situations in the past where your failure to safely provide adventure activities, so far as was reasonably practicable, endangered or may have endangered a person's life (whether registered as required or operating while unregistered)?
- Yes
 No

Details: (if yes)

Q7 Is there any other reason you may not safely provide one or more of the adventure activities you are seeking registration for? **Note:** WorkSafe may consider the applicant's general health and safety compliance history, and/or the health and safety compliance history of a body corporate, relevant to the application.

- Yes
 No
 NA

Details: (if yes)

Q8 Is there any other relevant information you would like us to consider as part of your application?

- Yes
 No

Details: (if yes, or attach information with application)

Safety auditor details

Recognised Safety Auditor name:

Reference number issued to applicant by Recognised Safety Auditor:

Supporting documents

The following documents are required for us to assess your application: (tick to show that each one has been included)

- evidence of personal identity (individual applicants only), for example, copy of New Zealand drivers licence, passport, New Zealand firearms licence, birth certificate etc
- or
- evidence of incorporation if applicant is an incorporated body, for example, company, incorporated trust, incorporated society, or other suitable evidence if an unincorporated body of persons, for example, trust deed
- evidence that payment has been made (see below section on Fees), for example, screen shot of online payment
- a copy of the safety audit certificate issued to the applicant. **Note:** The safety audit certificate must be issued by a safety auditor recognised by WorkSafe
- a copy of the audit report(s) relating to the safety audit the applicant passed to obtain the new certificate
- a copy of the auditor's activity Technical Expert evaluation report(s) for the activities provided
- a copy of the completed Stage one audit form (document review)

Fees

The following fees apply for registration:

\$100 plus GST for each year or part-year of registration.

Note: The registration period for successful registrations will be for the period of the safety audit certificate, minus the time to process the application and make a decision.

Fee payment examples:

SAFETY AUDIT CERTIFICATE PERIOD	REGISTRATION FEE
3 years (or between 2-3 years)	\$300 + GST ¹
2 years (or between 1-2 years)	\$200 + GST
1 year (or up to 1 year)	\$100 + GST

Fee payments can be made by internet banking or over the counter at any Westpac branch. **Note:** WorkSafe offices cannot accept cash, cheque or card payments.

How to pay

Account name: WorkSafe New Zealand
Bank: Westpac
Account: 03-0251-0040445-000
Particulars: AAO REGO
Reference: Business or applicant name

Remember to fill in the Particulars and Reference fields as shown so we can track your payment. A receipt will be sent as soon as the payment has been processed.

If a decision is made to refuse your application, then the registration fee will be fully refunded.

¹ Most common situation.

Declaration

If the applicant for registration is an individual, this declaration **must** be completed by that individual. If the applicant is a corporate entity or unincorporated group of persons, this declaration **must** be completed by an authorised representative who is involved in the governance and management of the entity or group of persons, that is, a company director, a member of a trust board, an officer of an incorporated society, a trustee or trustees of an unincorporated trust, or the people who identify as being part of the management body of an unincorporated society.

Tick each statement to declare it is correct:

- I understand the information set out in this form is required by the Health and Safety at Work (Adventure Activities) Regulations 2016 for the purpose of enabling WorkSafe to determine whether the applicant should be granted registration as an adventure activity operator
- I am authorised to complete this declaration on behalf of myself and each person involved in the governance and management of the applicant for registration
- I declare that the information I have provided in the application is, to the best of my knowledge, true, correct and complete
- I understand that if false or misleading information is provided, or if relevant information is not provided, the application may be refused

Full name: (person completing the form)

Acting on behalf of: (insert name of applicant if corporate entity or unincorporated body of persons, or mark NA if not applicable)

Position: (relevant to applicant)

Signature:

Date: DD / MM / YEAR

What happens next?

Once we've received your application with all required information, we will begin our assessment. If we require additional information to assess your application and make a decision, we will contact you. The timeframe for us to make a decision will vary depending on our assessment of your application. However, we can often advise an outcome in 20 working days.

Note: If you apply to renew a registration before the current registration expires, then your existing registration is taken to continue in effect until we give you notice of a decision on your application.

Privacy statement

This application form collects information from you, under the Health and Safety at Work (Adventure Activities) Regulations 2016 (the Regulations) for the purposes of allowing the Registrar of Adventure Activities² to assess whether you can be registered, or have your registration renewed, as an Adventure Activity Operator. The personal information collected may include:

- names of identifiable individuals
- other personal information such as personal information of workers, for example, as may appear in safety audit reports
- contact details of individuals
- driver's licence details or other identity document details
- information pertaining to suspended or cancelled registrations
- information pertaining to prosecutions under the Health and Safety at Work Act 2015 or the Health and Safety at Work (Adventure Activities) Regulations 2016.

You do not have to provide the information requested. However, if you choose not to provide any of the information sought, we may be unable to approve your application.

This information is being collected and held by WorkSafe New Zealand. We will also use any personal information collected for the purpose of carrying out any of our functions, and for other purposes permitted by law. WorkSafe may disclose the information to other parties where it is lawful to do so.

Your information is kept in line with the Public Records Act 2005 and WorkSafe's disposal schedule at which point we securely destroy it. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please visit our website [worksafe.govt.nz](https://www.worksafe.govt.nz) for details about how to contact us.

² Currently WorkSafe New Zealand.