### Coversheet

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| --- | --- | --- | --- | --- |
| **Contact name** |  | | | |
| **Organisation** |  | | | |
| **Contact telephone number (optional)** |  | | | |
| **Employment status (if applicable)** | Worker  Employer  Self-employed | Principal contractor  Contractor  OSH professional | | |
| Other (enter details) | | | |
| **Size of workplace** | Small (0-9) | Medium (20-199) | | Large (200+) |
| **Please indicate how you are making this submission (select one of the following categories)** | Individual  Business  Community organisation  Employer organisation  Industry representative | | Academic  Government representative  Professional | |
| Other (enter details) | | | |
| **Which industry sector do you operate in?** |  | | | |
| **Your type of job or business (if applicable)** |  | | | |
| **Is your submission confidential?** | Yes  No | | | |
| Your submission will be published if you do not indicate a preference. | | | | |
| **Number of pages in your submission** | |  | | |