**Application for renewal of Registration as a Self-insured Employer**

[Evaluator Name]

Scheme Improvement and Regulation

ReturnToWorkSA

GPO Box 2668

ADEALIDE SA 5001

To the Manager, Self-insured

**Self-insurance renewal:**

**Registration number:**

(Name of self-insurer) is registered as a self-insured employer until (date of self-insurance registration expiry).

Pursuant to Section 129 (1) of the *Return to Work Act 2014* (Name of self-insurer) would like to apply for a period of registration as a self-insured employer beyond (date of current expiry).

The number of employees employed by (Name of self-insurer) and calculated in accordance with clause 3.5.4 (b) of the Code of conduct for self-insured employers is (enter number of employees)

In accordance with clause 3.5.10 (Name of self-insurer) has sought the opinion of the relevant industrial associations in relation its application for renewal.

Attached to this letter are copies of all correspondence to industrial associations and any responses received to date.

Should you wish to discuss this matter, please do not hesitate to contact me on XXXXXX or at email address

Yours sincerely

NAME

Title

Organisation

Date