



Surname: \_\_\_\_\_

Given names: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Applicant Declaration**

For the purposes of determining my fitness to perform the required duties, any reasonable steps that need to be taken to accommodate any disability I may have and whether I can safely perform the required duties, I, \_\_\_\_\_ consent to the following:

(Complete the applicable statement)

1. \_\_\_\_\_ *Employer's Name* \_\_\_\_\_, Coal Mines Insurance Pty Ltd and any applicable SIRA (State Insurance Regulatory Authority) may provide information relevant to the above matters (including my workers compensation history) to and discuss the details of that information with \_\_\_\_\_ *Mine Operator's Name* \_\_\_\_\_ and \_\_\_\_\_ *Mine Operator's Name* \_\_\_\_\_ may collect that information.

OR

2. \_\_\_\_\_ *Contractor's Name* \_\_\_\_\_, Coal Mines Insurance Pty Ltd and any applicable SIRA Authority may provide information relevant to the above matters (including my workers compensation history) to and discuss the details of that information with the mine operator(s) of the specific sites at which \_\_\_\_\_ *Contractor's Name* \_\_\_\_\_ proposes that I perform duties and those mine operator(s) may collect information.

I understand that without the above consent to the disclosure of information, a mine operator may not have sufficient information on which to make a decision to allow me on-site to perform the required duties.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness name (print): \_\_\_\_\_

Dated: \_\_\_\_\_

Company Details						
Company Name:				Date of Request:		
Name of Requestor:			Phone or Email:			
What Role will this contractor be performing	Electrical or Mechanical Trade	<input type="checkbox"/>	Surface or Underground Contractor	<input type="checkbox"/>	Surface Consultant	<input type="checkbox"/>
CMI checks to be completed by HR prior to approval	Name:		Signed:		Date:	

Inductee's Details			
Name:	Task / s or Job being performed at site/s?	Occupation:	All relevant paperwork supplied with application to site eg, qualifications/ licences

**Please note:** this approval is to attend/complete the ABEL/DONALDSON Site Specific Induction; any site familiarisation for new contractors will need to be organised with your Site Contract Coordinator.

SITE APPROVAL – <b>ABEL/DONALDSON</b> (must be signed by an Authorised representative)			
Full Name:		Signed:	
Position:		Contact #:	

SITE APPROVAL – <b>ALL TRADES</b> must be approved by the relevant Electrical or Mechanical Engineer			
Full Name:		Signed:	
Position:		Contact #:	

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