

ASHTON COAL OPERATIONS CONTRACTOR APPROVAL FORM

Company Deta	ils											
company beta												
Company Name	Date of Request:											
Name of Requestor:		Phone				or Email:						
What area will this / these contractors be working?		СНРР	HDD		Surface (Buildings / Grounds)			Un	Underground			
CMI checks to be completed by HR prior to approval		o Name:	ne:			ned:			Date:			
Inductee's Det	ails											
Name:			Task / s or performed	_	Occupation:			APPROVED? (To be completed by Yancoal)				
any site	familia	is approva Prisation f	or new	со	ntracto			•				
SITE APPROVAL	– ASHTC	N (must be	signed by a	n A	uthorised	Ashto	n rep	reser	ntativ	e)		
Full Name:					Si	gned:						
Position:					Co	ontact #	# :					

APPROVED DOCUMENT IS UNCONTROLLED WHEN PRINTED

Title: «dcDocumentsTypeID»- «dcDocumentsDocumentTitle»								
Document ID: «dcDocumentsDocumentNumber»								
Last Review: Next Review:			Revision Number:					
«dcDocumentsLastDate» «dcDocumentsNextDate»		lextDate»	${\it ``dcDocumentRevisionsCurrentViewRevisionNu"}$					



Contractor/Mine Operator Authority

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)
I. <u>Employer's Name</u> , 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 <u>Mine Operator's Name</u> and <u>Mine Operator's Name</u> may collect that information.
OR 2. <u>Contractor's Name</u> , Coal Mines Insurance Pty Ltd and any applicable SIRA Authority may provide 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 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 duites.
Signed:
Dated:
Witness:
Witness name (print):