

AUSTAR COAL CONTRACTOR APPROVAL FORM

Company Details									
Company Name:	Date Requ								
Name of Requestor:	Phone or Email:								
What Role will this contractor be performing	Electrical or Mechanical Trade	anical Surface General Surface General Surface General			Surf	ırface Consultant 🗆			
CMI checks to be completed by HR prior to approval	o 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 a familiarisation for new	pproval is to att contractors will n		-			-		-	site
SITE APPROVAL – AUSTA	AR (must be sign	ed by a	n Au	thorised Aus	tar rep	resenta	ative	e)	
Full Name:				Signed	d:				
Position:	ition:				Contact #:				
SITE APPROVAL – ALL TR	RADES must be a	pprove	d by	the relevant	Electri	cal or N	Леch	nanical Engine	er
Full Name:				Signed	d:				
Position:				Conta	ct #:				

APPROVED DOCUMENT IS UNCONTROLLED WHEN PRINTED

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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
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):