

# PATRICIA BALEEN GAS PLANT UPGRADE

## REGISTRATION OF INTEREST

Position Registered For

### **PERSONEL DETAILS:**

[Ms/Miss/Mrs/Mr] Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Post Code: \_\_\_\_\_ PO Box: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

List any other Name By Which You Have Been Employed: \_\_\_\_\_

Name your Next of Kin: \_\_\_\_\_

Address of Next of Kin: \_\_\_\_\_

Telephone Number of Next of Kin: (\_\_\_\_) \_\_\_\_\_ Relationship to You: \_\_\_\_\_

### **DECLARATION OF USUAL PLACE OF RESIDENCE:**

I, \_\_\_\_\_ declare that my usual place of residence is:

[Address] \_\_\_\_\_

\_\_\_\_\_ [Phone] (\_\_\_\_) \_\_\_\_\_

I understand that this declaration shall be used to initially determine my eligibility to any "non-local personnel provisions" (such as living way from home allowance) and any subsequent change of address which would otherwise entitle a payment of such provisions shall have no such effect. I also understand that nothing in this declaration shall cause any such provision to apply when an absolute entitlement in accordance with the site conditions does not exist

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

### **QUALIFICATIONS (please attach copies)**

School [Level Attained]: \_\_\_\_\_

Tertiary (TAFE, Uni, other) [Successfully Completed]: \_\_\_\_\_

Trade Qualifications [Held]: \_\_\_\_\_

Trade Certificates [Held]: \_\_\_\_\_

Other – Licenses/Tickets [Held]: \_\_\_\_\_

First Aid Certificate [Level Held]: \_\_\_\_\_ Safety Supervisor Certificate [Yes/No]

**EMPLOYMENT HISTORY**

Employment History must cover **last 5 years** (commencing with your **CURRENT** status)

**Current Employer:** \_\_\_\_\_ Position: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Project/s: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Position: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Project/s: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Position: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Project/s: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Position: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Project/s: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Project/s: \_\_\_\_\_

\_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Project/s: \_\_\_\_\_

\_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Project/s: \_\_\_\_\_

\_\_\_\_\_



## **FITNESS FOR WORK**

I understand that the Patricia Baleen Gas Plant Upgrade ('The Project') is pursuing an active Fitness For Work programme which is aimed at ensuring the health and safety of all construction personnel on site.

I acknowledge that the employer has a duty to all it's employees to provide a safe place of work and that, in pursuance of that duty, the employer must properly investigate any incident which occurs on site which may have the potential to jeopardise the health and safety of employees.

I agree that the provisions of the Fitness For Work programme form part of my contract of employment whilst I am employed on the Project and I agree that I will at all times comply with the Programme.

I understand that as part of this programme and my employment at the Patricia Baleen Gas Plant Upgrade Project site, my employer may require any employee/s, in particular but not exclusively those involved in accidents or incidents, to undertake alcohol and/or drug testing. I consent to undergo an alcohol and/or drug test if requested by my employer.

Furthermore, I understand that I may be subject to disciplinary action, including suspension without pay or ultimately termination of employment, for any unsafe action by me or for refusing to undergo an alcohol and/or drug test or for returning a positive result therein.

I have been advised that any such testing would be carried out by suitably qualified personnel on site and that the results of any tests taken would be held by the appointed Clinic. I consent to the disclosure of my test results by the appointed Clinic to my employer and/or the 'client's representative'.

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

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

**MEDICAL:**

Do you have any medical condition or physical disability which could prevent you from:

**(Please circle answer)**

|  |     |    |
|--|-----|----|
| Working at Heights                               | Yes | No |
| Working in dusty/dirty conditions                | Yes | No |
| Working in hot/humid climatic conditions         | Yes | No |
| Working in a stooped/cramped position            | Yes | No |
| Heavy lifting activities                         | Yes | No |
| Performing other general construction activities | Yes | No |
| Working in a construction environment            | Yes | No |

If you have answered **Yes** to any of the above, please detail condition or disability below:

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**ARE YOU PREPARED TO:**

**(Please circle answer)**

|  |     |    |
|--|-----|----|
| Comply with the Project Site Terms & Conditions      | Yes | No |
| Comply with Project Safety Rules                     | Yes | No |
| Work to full extent of you competence and capability | Yes | No |
| Comply with the Project security requirements        | Yes | No |
| Comply with the Community Standard Code of Conduct   | Yes | No |
| Work the Project scheduled hours of work             | Yes | No |
| Work additional time if required                     | Yes | No |
| Work shift work if required                          | Yes | No |

Availability to commence work:

If considered for employment when could you commence? Date: \_\_\_\_\_

**DECLARATION:**

***I, \_\_\_\_\_ understand that any false information stated on this form will render my employment registration void. If employed, such falsification may result in termination of my employment. If any of the above information changes I will notify the Mobilisation Facility within 7 days.***

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

**OFFICE USE ONLY:**

Date Received: \_\_\_/\_\_\_/\_\_\_ Received By: \_\_\_\_\_ Date Processed: \_\_\_/\_\_\_/\_\_\_ Processed By: \_\_\_\_\_

Comments: \_\_\_\_\_