

Company Details	
Company Name:	Date of Request:
Name of person requesting induction:	Phone or Email:

Inductee's Details	
Name:	What Role will this contractor be performing:
Occupation:	<input type="checkbox"/> Electrical or Mechanical Trade <input type="checkbox"/> Surface General Contractor <input type="checkbox"/> Surface Consultant
Task/s or Job being performed at site/s:	
All relevant paperwork supplied with application:	
<input type="checkbox"/> Letter of Competency <input type="checkbox"/> Proof of ID <input type="checkbox"/> Qualifications ( <i>please list</i> ) _____ <input type="checkbox"/> Licences ( <i>please list</i> ) _____	
Which current Health Assessment / Medical has your employee been medically assessed under?	
<input type="checkbox"/> Order 43 <input type="checkbox"/> Order 45 <b>Category A</b> <input type="checkbox"/> Order 45 <b>Category B</b> <input type="checkbox"/> Order 45 <b>Category C</b>	

CMI Check to be completed by Yancoal HR prior to approval		
Name:	Signed:	Date:

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

SITE APPROVAL – <b>AUSTAR</b> (must be signed by an Authorised Austar representative)	
I have received and reviewed the contractor's documentation and agree the contractor is qualified for the task	
Additional Plans required for contractor to perform task:	
Full Name:	Signed:
Position:	Contact No:

SITE APPROVAL – <b>ALL TRADES</b> must be approved by the relevant Electrical or Mechanical Engineer	
Full Name:	Signed:
Position:	Contact No:

**APPROVED DOCUMENT IS UNCONTROLLED WHEN PRINTED**

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# Contractor/Mine Operator Authority

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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: \_\_\_\_\_