

**Application for Induction / ID Number / ID Card Brisbane
& Tarong Power Station (TPS) - Stanwell Corporation – for
Employee/Contractors/Supply Labour**

A REQUEST FOR INDUCTION STANWELL CORPORATION EMPLOYEE TO COMPLETE			
<input type="checkbox"/> STANWELL EMPLOYEE		<input type="checkbox"/> CONTRACTOR <i>(engaged directly by Stanwell through an MSA)</i>	<input type="checkbox"/> SUPPLY LABOUR <i>(engaged through a third party)</i>
<input type="checkbox"/> FIRST APPLICATION	<input type="checkbox"/> RENEWAL: - Approx date last inducted / /	START DATE: / /	END DATE: / /
NOTE: If an end date is not provided all access will be terminated after three months.			
TARONG POWER STATION INDUCTION <input type="checkbox"/> (code: GEN 01000)		BRISBANE CORPORATE OFFICE INDUCTION <input type="checkbox"/> (code: TEC 01128)	
REPORTING TO / STANWELL EMPLOYEE CONTACT:		BUSINESS UNIT:	
WORK BEING PERFORMED:			
COMPANY NAME:			
COMPANY ADDRESS:		STATE:	POST CODE:
COMPANY PHONE NUMBER:		COMPANY EMAIL ADDRESS:	
RESPONSIBLE STANWELL EMPLOYEE (Please Print)	Signature	Date / /	
If personnel require computer access, please contact <u>The People Team</u> and complete <u>Form T-1067 Log In access form</u> and return to <u>IS</u>. All <u>EMPLOYEES</u> require this form to be completed.			

B INDUCTEE PERSONAL INFORMATION		
SURNAME:	FIRST NAME:	PREFERRED NAME:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE: (unique identifier) / /	
DATE OF INDUCTION: / /		

C THE PEOPLE TEAM TO COMPLETE		
Employee Number:	Position Number:	Position Reason:
L M S	If LMS access required please contact The People Team to complete the following:	
	LMS Profile Check: <input type="checkbox"/> Username <input type="checkbox"/> Email address <input type="checkbox"/> Reporting Line	

**Application for Induction / ID Number / ID Card Brisbane
& Tarong Power Station (TPS) - Stanwell Corporation – for
Employee/Contractors/Supply Labour**

E L L I P S E	Employment Type	<input type="checkbox"/> Agency Temp	<input type="checkbox"/> Trainee	<input type="checkbox"/> Apprentice	
		<input type="checkbox"/> Supply Labour	<input type="checkbox"/> Contractor	<input type="checkbox"/> Employee	
	Staff Category	<input type="checkbox"/> Apprentice	<input type="checkbox"/> Administration	<input type="checkbox"/> Vacation Student	<input type="checkbox"/> Agency temp
		<input type="checkbox"/> Trainee	<input type="checkbox"/> Maintenance / Trade	<input type="checkbox"/> Supply Labour	
<input type="checkbox"/> Consultant		<input type="checkbox"/> Fire Service	<input type="checkbox"/> Security		
<input type="checkbox"/> Canteen		<input type="checkbox"/> Nurses	<input type="checkbox"/> Contractor		
	<input type="checkbox"/> Cleaners	<input type="checkbox"/> Overhaul	<input type="checkbox"/> Work Experience		
<input type="checkbox"/> Enter contract expiry date as per Section A					

Processed by (People Rep):	Date: / /
-----------------------------------	----------------------

D	LEGISLATIVE COMPLIANCE INDUCTEE TO COMPLETE
----------	--

1.	I will ensure that any electrical equipment I use at a TPS workplace is currently tested, tagged, & that suitable protective devices are provided, to comply with Electrical Safety Legislation.	<input type="checkbox"/>
2.	I will ensure that any hazardous substances I use at a TPS workplace will be accompanied by a Material Safety Data Sheet (MSDS). I agree to read & comply with the requirements of this MSDS.	<input type="checkbox"/>
3.	I will ensure that any plant, equipment or tools requiring engineering design approval &/or statutory maintenance or testing I use at a TPS workplace complies with relevant Codes of Practice, Standards, or Legislative requirements.	<input type="checkbox"/>
4.	I certify that that the company I represent, holds current copies of relevant Licenses, Certification / Qualifications, Prescribed Occupations of this position, and will produce copies on demand.	<input type="checkbox"/>
5.	I acknowledge that it is strongly recommended that I discuss any medical conditions eg; diabetes, epilepsy, heart and any allergies, with the TPS Occupational Health Nurse. It is further recommended that I discuss this information with a First Aider if I require treatment from that person. This information will be filed as 'Confidential' with Medical Records at the Tarong Power Station Occupational Health/First Aid Centre.	<input type="checkbox"/>
6.	I acknowledge that TPS has alcohol and other drugs testing programs in place, and that participating in alcohol and other drugs testing programs is a condition of entry to Stanwell sites.	<input type="checkbox"/>
7.	I acknowledge that if I am granted a Tarong Power Station log in account, I will comply with Acceptable Use of Information Services Policy CORP-POL-30	<input type="checkbox"/>
	I certify that I have received a copy of the Site Work Conditions for the site I am working at.	<input type="checkbox"/>

Inductee Name (Please Print)	Inductee Signature	/ / Date
-------------------------------------	---------------------------	--------------------

E	INDUCTION DETAILS INDUCTION OFFICER TO COMPLETE
----------	--

All above sections of this form have been completed, authorised and signed appropriately. Section C to be completed by The People Team	Yes <input type="checkbox"/>
--	------------------------------

INDUCTION COMPLETED The inductee has been deemed competent <input type="checkbox"/>	EXPIRY DATE OF INDUCTION: / / (Expiry date should be no more than 2 years from the date of induction.)
---	--

This inductions was completed via <input type="checkbox"/> LMS <input type="checkbox"/> Face-to-Face (a copy of the induction assessment/s is/are attached)

ACCESS CARD ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No	ACCESS CARD EXPIRY DATE: / /
--	---

Name (Please Print)	Signature	/ / Date
----------------------------	------------------	--------------------