



Instructions

1. Please email to this form to historychecks@coalservices.com.au.
2. Coal Services will provide CMI History check results that are required to be unloaded into applicants GWOS profile for processing.

Applicant Declaration

Surname:

Given Names:

Date of Birth:

___ / ___ / _____

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 requested by _____ (Employer).

Coal Mines Insurance Pty Ltd and any applicable Work Cover 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 HV Operations Pty Ltd as manager of the Hunter Valley Operations Joint Venture may collect that information.

I understand that without the above consent to the disclosure of information, a mine operator may not have sufficient information on which to decide to allow me on-site to perform the required duties.

Applicant name (print):

Signature:

Date: ___ / ___ / 20___

Witness name (print):

Witness Signature:

Date: ___ / ___ / 20___