



Employee to be HVO Inducted Details

Employee Name:			
Damstra ID:		Date of Birth	___/___/___
Employer:		Duration employed	_____mths/yrs
Describe scope of works to be undertaken			

Works being completed under which HVO Department

<input type="checkbox"/>	Mining	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Commercial / Warehouse
<input type="checkbox"/>	Mining Services	<input type="checkbox"/>	CHPP	<input type="checkbox"/>	Environment & Community
<input type="checkbox"/>	Technical Services	<input type="checkbox"/>	Projects	<input type="checkbox"/>	Health Safety & Training
Job Title Description – Refer to Contractor Skills Matrix			Approved		Notes
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Representative Acknowledgement

Has completed an employee verification application within the GWOS portal.
 Correct skills/job profiles have been identified for the work being undertaken.
 The worker will only be appointed / authorised for the skills listed above.

Name:		Date:	___/___/20___
Signature:			

Principal Contractor Company Representative. (Required for Sub-contractors only)

The sub-contractor has been assessed by the principal contractor and is approved for use at Hunter Valley Operations.

Principal Contracting company name			
Name:		Date:	___/___/20___
Signature:			

Approval Section

HVO Principal Representative Signature (or Delegate)

Correct skills/job profiles have been listed above for the scope of works being undertaken as per the Contractor Skills matrix.
 The worker is essential to the business needs and will be required presently.

Name:		Date:	___/___/20___
Signature:			