



PROJECT PERSONNEL DETAILS

Please complete the following and provide copies of the requested documents at the time of induction or before to RMS. If you are unable to provide specific copies you will NOT be permitted onto the project.

Name		Date		Position	
Address			Contact No.		
Company Name			Contact No.		
Email Address					
Are you of Aboriginal or Torres Strait Islander Origin?	YES / NO	Circle: ABORIGINAL / TORRES STRAIT			
Are you suffering from any medical condition or receiving medication that may reduce your ability to work safely?		Yes	No		
Provide Details:					
Do you suffer from any known allergies?		Yes	No		
Provide Details:					

Emergency Contact Information			
Next of Kin Name		Relationship	Spouse
Primary Emergency Contact No.		Secondary Contact Phone No.	

Copies of Documentation Required			
Construction Industry Card or Equivalent (Construction Work Only)			
Certificate(s) of Competency (According to Employment Position) i.e. Forklift, Rigger			
Provide Details:			
Senior or First Aid Competency			
Driver's Licence No.		Expiry:	
Type:		Authorising State:	
Trade Certificates or Other (According to Employment Position)			
Provide Details:			
Medical Certificate (If Requested)			
Drug / Alcohol Testing (If Requested)			

Additional Information