

Company Details

Company Name:		Date of Request:	
Name of Requestor:		Phone/Email:	

Inductee's Details

Name:	Role being performed at site(s)?	Relevant Qualification or Experience:

Note: The material covered in the site or online induction is an overview of the Moolarben system only. Site training packages and area familiarisations will need to be organised by the **Contract Owner** (Refer to completed Form- WHSE Form).

Training packages identified through the WHSE form for inductees will need to be completed before any work can be conducted. The site approved TNA is the source for relevant training packages.

SITE APPROVAL – Contractor Owner (to be signed by the Contractor Owner only)

I, the undersigned below, am the contractor owner for the above-named person and grant approval for them to undertake the induction(s) outlined below. Additionally, I will be responsible for their activities whilst they are operating in Moolarben controlled areas, as defined in the Contractor Management Procedure and the agreed WHSE Form.

Full Name:		Signed:	
Contract Owner for		Contact #:	
WHSE Form Record Management ID #:		Training Appt Date & Time:	
Operation(s) to be inducted: (please select all that apply)		Trainer:	
<input type="checkbox"/>	Open Cut	<input type="checkbox"/>	CHPP
<input type="checkbox"/>		<input type="checkbox"/>	Projects
<input type="checkbox"/>		<input type="checkbox"/>	Underground
What area(s) will they be working?			
<input type="checkbox"/>	Operations	<input type="checkbox"/>	Maintenance
<input type="checkbox"/>		<input type="checkbox"/>	Other (Details):

OPEN CUT APPROVAL (must be signed by an authorised Moolarben representative)

I, the undersigned below, am authorised to grant approval for workers entering the Open Cut, and by providing my signature I give that approval.

Full Name:		Signed:	
Position:		Contact #:	

CHPP APPROVAL (must be signed by an authorised Moolarben representative)

I, the undersigned below, am authorised to grant approval for workers entering the CHPP, and by providing my signature I give that approval.

Full Name:		Signed:	
Position:		Contact #:	

APPROVED DOCUMENT IS UNCONTROLLED WHEN PRINTED

Title: Form- Contractor Approval Form		Owner: Stephen Robertson	
Document ID: MCO-SITE-7129		Revision Number: 5	
Last Review:	Next Review: 30/08/2024		

UNDERGROUND APPROVAL (must be signed by an authorised Moolarben representative)

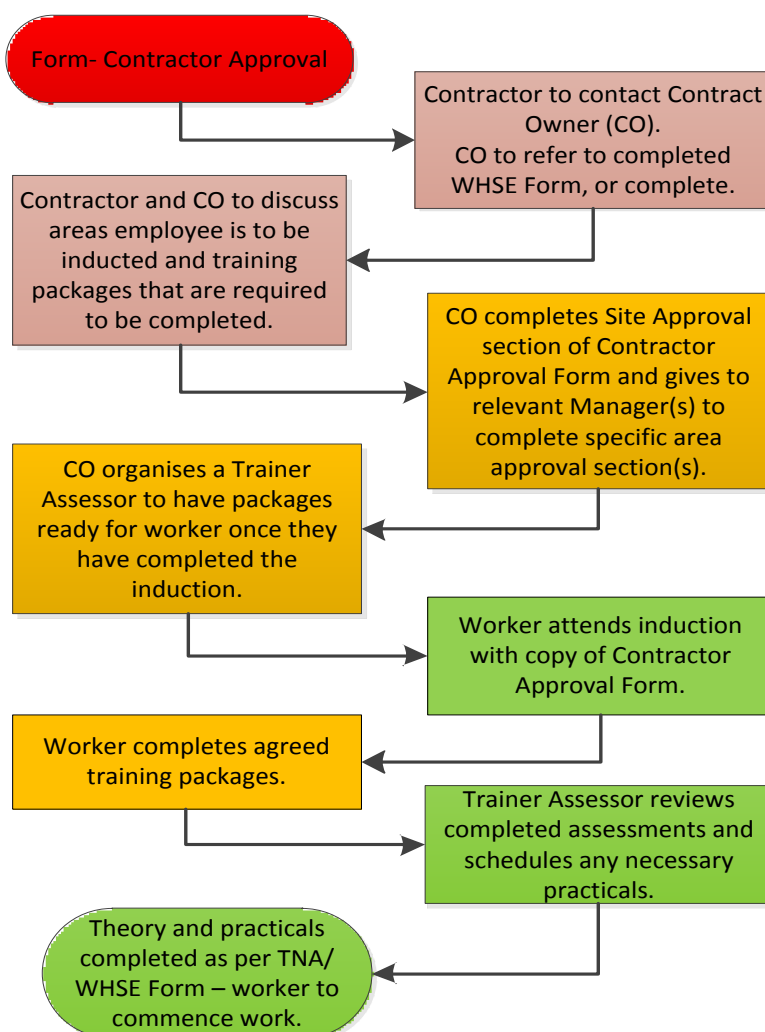
I, the undersigned below, am authorised to grant approval for workers entering the Underground, and by providing my signature I give that approval.

Full Name:		Signed:	
Position:		Contact #:	

PROJECTS APPROVAL (must be signed by an authorised Moolarben representative)

I, the undersigned below, am authorised to grant approval for workers entering the Projects, and by providing my signature I give that approval.

Full Name:		Signed:	
Position:		Contact #:	



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