

## Territory Generation INDUCTION REQUEST FORM – EMPLOYEES AND CONTRACTORS

### 1. Inductee's Details (Completed by the person requiring the induction)

Full Name:	First:	Last:
Employment Basis:	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	
AGS Number <i>(For Employee Only)</i>		DOB:
Position Title:		Phone:
Email:		
Company Name: <i>(For Contractor Only)</i>		
Induction Type <i>(Tick where appropriate)</i>	<input type="checkbox"/> New <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal	

### 2. Inductee's Signature and Declaration

*I certify that the information given above is correct. I understand that any false or misleading information may result in termination of my site access. NOTE: If completing this declaration on behalf of the Inductee, in signing below the TGen Person responsible confirms the above Declaration has been stated to and acknowledged by the Inductee. No person's name may be entered by another person unless consent has been given.*

Signature:	Date:
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### 3. Induction/Training Requirements (Completed by the TGen person responsible for the Inductee )

<b>GENERAL INDUCTION</b>	<input type="checkbox"/> YES (required for all first time site inductions)	<input type="checkbox"/> NO
<b>SITE SPECIFIC INDUCTION</b>	<input type="checkbox"/> HQ Berrimah <input type="checkbox"/> Channel Island PS <input type="checkbox"/> Weddell PS <input type="checkbox"/> Katherine PS <input type="checkbox"/> Tennant Creek PS <input type="checkbox"/> Kings Canyon PS <input type="checkbox"/> Ron Goodin PS <input type="checkbox"/> Owen Springs PS <input type="checkbox"/> Yulara PS <input type="checkbox"/> BESS Sadadeen	<input type="checkbox"/> NO
<b>SAFE SYSTEMS OF WORK AUTHORISATIONS REQUIRED</b>	<input type="checkbox"/> Worker <input type="checkbox"/> Worker Confined Space <input type="checkbox"/> PICW <input type="checkbox"/> PICW Confined Space <input type="checkbox"/> PICW Minor Work Permit <input type="checkbox"/> Requester <input type="checkbox"/> Isolation Officer <input type="checkbox"/> Worker Self Isolation <input type="checkbox"/> PTWO <input type="checkbox"/> PTWO Minor Works	<input type="checkbox"/> N/A
<b>ADDITIONAL HV AUTHORISATIONS REQUIRED</b>	<input type="checkbox"/> Worker High Voltage <input type="checkbox"/> PICW High Voltage <input type="checkbox"/> Requester HVAP <input type="checkbox"/> PTWO High Voltage <input type="checkbox"/> Isolation Officer High Voltage <b>NOTE: Section 5 below must be completed for all HV authorisations.</b>	<input type="checkbox"/> N/A

### 4. Endorsement of Application (Completed by the TGen person responsible for the Inductee )

*I endorse this application and confirm the authorisations applied for above are in line with the type of work to be completed.*

PRINT NAME:	Position:
Signature:	Date:

### 5. HV Authorisation Endorsement (Completed by the relevant Site Manager or their Delegate)

*I approve the HV authorisation applications above in accordance with Territory Generation Requirements.*

PRINT NAME:	Position:
Signature:	Date: