

Application Form – Plumbing Inspector/Surveyor - Permit Authority



Surname	Given Names
Address	
Email	Preferred Phone
Working Rights	
Australian Resident Y or N	VISA Expiry Date: VISA Number:
Referees <i>I hereby give consent to the below referees being contacted.</i>	
1. Name	Position
Contact Number	Relationship
2. Name	Position
Contact Number	Relationship
Application Checklist	
This Form Completed Y / N	Resume Y / N
Pre-employment Health Disclosure Form Completed Y / N	Application Cover Letter Responding to Position Description Selection Criteria Y / N
Declaration by Applicant <i>I hereby declare that all information contained in this application is true and accurate and has been prepared directly by me and not another party on my behalf.</i>	
_____ Signature	_____ Print Name
_____ Date	

Pre-Employment Health Disclosure Form



Purpose

Glamorgan Spring Bay Council is committed to ensuring it provides a safe place of work as required under the *Work Health and Safety Act 2012*. As part of fulfilling this commitment, Glamorgan Spring Bay Council requires that people disclose any real or potential health illness or injury or medication which may impact upon performing the above mentioned role.

In addition, Glamorgan Spring Bay Council also has a range of other safety practices to ensure a safe place of work such as testing for alcohol and drugs, monitoring fatigue and similar.

Position Risks

The below risks have been identified for the above mentioned role.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Use of visual display unit (IPad and Laptop) | <input checked="" type="checkbox"/> Repetitive use of mouse/keyboard |
| <input checked="" type="checkbox"/> Working under pressure | <input checked="" type="checkbox"/> Sitting for extended period (1.5 + hours) |
| <input type="checkbox"/> Standing for extended period (1.5 + hours) | <input checked="" type="checkbox"/> Driving |
| <input checked="" type="checkbox"/> Lifting less than 20kg | <input type="checkbox"/> Lifting 20-35kg |
| <input type="checkbox"/> Lifting more than 35kg | <input checked="" type="checkbox"/> Climbing ladders |
| <input checked="" type="checkbox"/> Working at heights (greater than 2 metres) | <input checked="" type="checkbox"/> Sun exposure |
| <input checked="" type="checkbox"/> Dust exposure | <input checked="" type="checkbox"/> Noise exposure |
| <input checked="" type="checkbox"/> Walking uneven surfaces | |

Disclosure

Print Name		
Date Completed		
Item	Date	Details <i>(Name injury/illness/medication, impact, treatment)</i>
Illnesses <i>Disclose any past or current illness that may re occur, be triggered or exacerbated by the risks identified.</i>		

Injuries <i>Disclose any past or current injuries that may re occur, be triggered or exacerbated by the risks identified.</i>		
Current Medications <i>Disclose any medications that may impact upon the performance of the role as per the risks identified.</i>		
Past Workers Compensation <i>Disclose any current or past workers compensation that may impact upon the performance of the role as per the risks identified.</i>		

Note: add additional pages to this if required.

Declaration and Authorisation

I declare that the information provided in this Pre-Employment Health Disclosure Information Form is true and accurate at the time of completion and acknowledge that failure to provide true and accurate information could later result in termination of employment in the event I was appointed to the above mentioned position.

I authorise for this information to be passed on to a medical professional as part of any pre-employment medical I may be required to undertake during the recruitment and selection process.

Print Name	
Signature	

