

# Contractor Application

Department of Transport Contact Name	test
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## 1. Employee Personal Details

First Name *	Zane	Middle Name	
Last Name *	Sutton	Occupation *	test
Home Phone		Mobile Phone *	0490345160
Email Address *	zane@360south.com.au		
Home Address *	test		

## 2. Employee Emergency Contact Details

First Name *	test	Last Name *	test
Phone *	0490345160	Relationship to you *	test

## 3. Company Contact Details

Company Name *	A Grade Hire	Time Worked With Company *	test
Company Address *	est		
Authorised Company Officer *	test	Telephone Number *	0490345160
		Facsimilie	
Contact Name *	test	Email Address *	Zane@360south.com.au

## 4. Work Permit Status

<b>Are you an Australian Citizen / Permanent Resident? *</b>	<input checked="" type="radio"/> <b>Yes</b> <span style="margin-left: 200px;"><input type="radio"/> <b>No</b></span>
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## 5. Employee Qualifications

Construction Induction Card *	Number *	Date of Issue or Course Date blocked *
<input checked="" type="radio"/> <b>Red</b> <input type="radio"/> <b>Blue</b> <input type="radio"/> <b>White</b> <input type="radio"/> <b>Green</b>	test	2022-07-20
Drivers License *	Number *	Date of Expiry *
<input checked="" type="radio"/> <b>Car</b> <input type="radio"/> <b>Light Rigid</b> <input type="radio"/> <b>Medium Rigid</b> <input type="radio"/> <b>Heavy Rigid</b> <input type="radio"/> <b>Heavy Combination</b> <input type="radio"/> <b>Multi Combination</b>	test	2022-07-21
Operating Permits / Trade Cert *	Number/Description *	Date of Completion *
	test	2022-07-15

## 6. Employee Work History

Position *	Start *	End *	Company *	Duties *
test	2022-07-21	2022-07-20	test	test

## 7. Employee References

Name *	Company *	Contact Number *
test	test	0490345160

## 8. Access

Reason for Access *	Date Of Access *
test	2022-07-08

# IMPORTANT

## The following are required to be completed BEFORE access to the West Gate Bridge is allowed

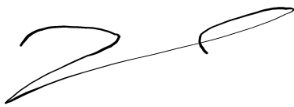
- Confidentiality Agreement signed for the company and by each member
- Application to Access the West Gate Bridge form signed by each member, submitted and approved by the West Gate Bridge Management Team
- Project Induction Completed

## The following is the minimum PPE that MUST be worn by all personnel working on the West Gate Bridge

- Hard hat with chin strap. Chin strap must be used when accessing the bridge deck area
- Safety glasses
- Hi-visibility vest with reflective strips (i.e. day / night vest)
- Gloves (as required)
- Long sleeves & long pants
- Safety steel cap boots
- Torch or head light if visiting inside the bridge
- Rotating beacon for vehicles accessing work areas. Eg. Areas outside the designated car parking facilities at Sardine Street

## Terms & Conditions of Employment

1. I understand that the information provided to the Department of Transport WGBMT, is provided as general information only. It is not intended as, or does not constitute, an Offer of Employment.
2. I confirm that the information I have provided in this registration is true and correct. I have made no attempt to mislead WGBMT in the process.
3. I understand that the information provided to the Department of Transport WGBMT, is provided as general information only. It is not intended as, or does not constitute, an Offer of Employment.
4. If required, I understand and agree for the WGBMT to contact my current employer or past employers for reference purposes and employment verification.
5. I hereby give consent for my employer to release any personal information pertaining to my employment on the WGB for the duration of my presence on the aforementioned site/s



2022-07-08

.....  
**Signature**

.....  
**Date**

I consent to signing this document electronically and will be bound by my electronic signature

**Note 1:**

**Note for people seeking permission to access the West Gate Bridge**

In signing the above form, I fully understand and confirm that I will be of no security risk to Department of Transport and its stakeholders in accessing the bridge and I accept full responsibility for my actions and consequences.

**Note 2:**

**Declaration by Authorised Company Officer.**

I confirm that the person/s listed in the above form are currently employed by this company and has/have a legitimate reason to access the bridge and that there is no reason why the person/s would pose a security risk to Department of Transport or its stakeholders if granted access to the requested area(s) of the West Gate Bridge.

Signature Authorised Company Officer: ..... (Refer to Note 2)

Print Name: ..... Position: ..... Date: .....

**(Office Use Only)**

WGBMT Officer requesting access to the WGB: .....

Signature: .....

Date: ..... Access Card Required  Day Pass Required

**Department of Transport Approving Officer:**

I, ..... of the West Gate Bridge Management Team, as an approved delegate by the Regional Director of Department of Transport Metropolitan North West Region, have reviewed this application and based on the information provided to me and the acceptance of the certifying company representative hereby APPROVE access to the bridge.

Where access is approved then the people listed in the table will only be allowed to access the bridge after undertaking a site induction and completing the site induction form.

**Signed:** ..... **Date:** .....  
Delivery Manager – West Gate Bridge

**Valid until:** .....

Specific Area(s) to Access:	Bridge Deck (BD) <input type="checkbox"/>	Steel Section (SS) <input type="checkbox"/>	Concrete Section (CS) <input type="checkbox"/>
	East Ground (EG) <input type="checkbox"/>	West Ground (WG) <input type="checkbox"/>	Road Reserve (RR) <input type="checkbox"/>
	East Abutment (EA) <input type="checkbox"/>	West Abutment (WA) <input type="checkbox"/>	All Areas (AA) <input type="checkbox"/>
	M&M Building (MM) <input type="checkbox"/>	Other <input type="checkbox"/>	