

# EMPLOYEE INDUCTION FORM

This induction form must be completed by the worker, contractor or self-employed person in the presence of a Company Representative conducting the induction.

Name:	
Address:	
Contact Number:	
Employed / Contracted by:	
With a Trade Certification of:	
General Construction Induction Card Number:	
Class of High-Risk Work License/s: (e.g. WP, DG)	



# SAMPLE

ORDER NOW AND GET FULL ACCESS

Workers have an obligation under workplace health and safety legislation to wear all of the necessary personal protective equipment to perform a work task safely.

**Any breach of mandatory PPE requirements may result in instant dismissal from site.**

All PPE must be maintained as per the manufacturer's instructions.

Tick **Yes** to indicate that you have the personal protective equipment (PPE) item.

The Company Representative will assess your PPE requirements and may request you obtain items



# SAMPLE

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