

# REGISTRATION OF INTEREST FORM

## ICHTHYS ONSHORE PROJECT



Please read and ensure you understand the following before completing this form.

1. Complete all sections. Incomplete forms cannot be processed.
2. Attach photocopies of supporting documentation such as licenses and certificates to this form. Do not attach originals. If you do not have copies with you when completing this form, your registration cannot be processed until you provide your copies.
3. Submitting this form is not an offer of employment and does not guarantee employment on Ichthys Onshore Project (the Project).
4. We may contact any of your previous employers shown on this form for the purpose of confirming your employment details and determining your suitability for employment.
5. If you are being considered for work on the Project, the information supplied on this form and our confirmation of your work history shall be provided to the Project via their authorised service provider Bright People Technologies Pty Ltd and this information will be held on a database. (See further details in the Declaration at the end of the form).
6. If you are offered and accept work on the Project, information will be provided to the Project and Bright People Technologies Pty Ltd about your mobilisation, work and demobilisation on the project and may be used in relation to other projects that may arise in the future. (See further details in the Declaration at the end of the form).

### PERSONAL INFORMATION

Title:  Mr  Ms  Mrs  Miss  Dr

Surname:

First Name(s):

Preferred Name:

Date of Birth:

dd/mm/yy

Usual Residential Address  
(number and street)

Suburb:

State:

Post Code:

Country:

Home Phone:

Work Phone:

Mobile Phone:

Preferred Email:

Current Occupation:

Are you legally entitled to work in Australia without a Visa?  Yes  No

*If you are not an Australian Resident please attach details of the immigration visa which allows you to work in Australia.*

Visa Details:

457 Temporary Business (Long Stay)  
Standard Business Sponsorship

Other State type:

Visa Number:

Issue Date

Expiry Date

Are you of Aboriginal or Torres Strait Islander descent (optional)?

Yes  No

### EMERGENCY CONTACT INFORMATION 1

*This person must be a next of kin who can be contacted in the event of an emergency.*

*The address must be their actual home address. A post office box is not acceptable.*

*At least one of these contacts must be in Australia.*

Surname:

First Name:

Relationship:

Address:

Suburb:

State:

Post Code:

Country:

Home Phone:

Work Phone:

Mobile Phone:

### EMERGENCY CONTACT INFORMATION 2

Surname:

First Name:

Relationship:

Address:

Suburb:

State:

Post Code:

Country:

Home Phone:

Work Phone:

Mobile Phone:

# REGISTRATION OF INTEREST FORM

## ICHTHYS ONSHORE PROJECT



**POSITION SOUGHT** PLEASE TICK ONE POSITION YOU ARE INTERESTED IN FROM THE LIST BELOW:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Accountant                              | <input type="checkbox"/> Employee Relations                        | <input type="checkbox"/> Operator – Crane up to 100 tonnes                                  | <input type="checkbox"/> Painter                        |
| <input type="checkbox"/> Accounts                                | <input type="checkbox"/> Engineer                                  | <input type="checkbox"/> Operator – Crane up to 20 tonnes                                   | <input type="checkbox"/> Painter - Industrial           |
| <input type="checkbox"/> Administration/Clerical                 | <input type="checkbox"/> Environmental Advisor                     | <input type="checkbox"/> Operator – Crane up to 60 tonnes                                   | <input type="checkbox"/> Paramedic                      |
| <input type="checkbox"/> Administration Manager                  | <input type="checkbox"/> Environmental Coordinator                 | <input type="checkbox"/> Operator – Crane Tower   | <input type="checkbox"/> Payroll                        |
| <input type="checkbox"/> Boilermaker                             | <input type="checkbox"/> Environmental Engineer                    | <input type="checkbox"/> Operator – Crawler Tractor 104 to 171kW                            | <input type="checkbox"/> Physiotherapist                |
| <input type="checkbox"/> Bricklayer                              | <input type="checkbox"/> Environmental Manager                     | <input type="checkbox"/> Operator – Crawler Tractor over 228 kW                             | <input type="checkbox"/> Pipelayer                      |
| <input type="checkbox"/> Bricklayer - Apprentice                 | <input type="checkbox"/> Extinguisher Technician                   | <input type="checkbox"/> Operator – Crawler Tractor up to 67kW                              | <input type="checkbox"/> Planner                        |
| <input type="checkbox"/> Bus Driver                              | <input type="checkbox"/> Fire Alarm Technician                     | <input type="checkbox"/> Operator – Excavator 0.5 to 5.5m <sup>3</sup>                      | <input type="checkbox"/> Plumber                        |
| <input type="checkbox"/> Cable Joiner                            | <input type="checkbox"/> Form Worker/Carpenter                     | <input type="checkbox"/> Operator - Excavator over 100BHP                                   | <input type="checkbox"/> Plumber - Apprentice           |
| <input type="checkbox"/> Carpenter                               | <input type="checkbox"/> General Practitioner                      | <input type="checkbox"/> Operator - Excavator up to 0.5m <sup>3</sup>                       | <input type="checkbox"/> Procurement Purchasing Officer |
| <input type="checkbox"/> Carpenter - Apprentice                  | <input type="checkbox"/> HSE Administrator                         | <input type="checkbox"/> Operator - Excavator up to 100BHP                                  | <input type="checkbox"/> Project Controls Manager       |
| <input type="checkbox"/> Ceiling Fixer                           | <input type="checkbox"/> HSE Advisor                               | <input type="checkbox"/> Operator - Excavator up to 2.3 tonnes                              | <input type="checkbox"/> Project Manager                |
| <input type="checkbox"/> Chef                                    | <input type="checkbox"/> HSE Manager                               | <input type="checkbox"/> Operator – Forklift up to 2.3 tonnes                               | <input type="checkbox"/> QA/QC Inspector                |
| <input type="checkbox"/> Cleaner                                 | <input type="checkbox"/> Human Resources Manager                   | <input type="checkbox"/> Operator – Forklift over 2.3 tonnes                                | <input type="checkbox"/> Quality Control                |
| <input type="checkbox"/> Commissioning                           | <input type="checkbox"/> Hydraulic Fitter                          | <input type="checkbox"/> Operator - Front End Loader 2.5m <sup>3</sup> to 4.7m <sup>3</sup> | <input type="checkbox"/> Refrigeration Mechanic         |
| <input type="checkbox"/> Concrete Cutting Machinery              | <input type="checkbox"/> Industrial Relations Manager              | <input type="checkbox"/> Operator - Front End Loader over 4.7m <sup>3</sup>                 | <input type="checkbox"/> Rigger Advanced                |
| <input type="checkbox"/> Concrete Finisher/Grouter               | <input type="checkbox"/> Information Technology                    | <input type="checkbox"/> Operator - Front End Loader up to 2.5m <sup>3</sup>                | <input type="checkbox"/> Rigger Basic                   |
| <input type="checkbox"/> Concrete Gun or Pump Operator           | <input type="checkbox"/> Instrument Fitter                         | <input type="checkbox"/> Operator - Grader Final Trim                                       | <input type="checkbox"/> Rigger Intermediate            |
| <input type="checkbox"/> Concrete Labourer                       | <input type="checkbox"/> Instrument Tradesperson Complex Systems   | <input type="checkbox"/> Operator - Grader over 100BHP                                      | <input type="checkbox"/> Scaffolder Advanced            |
| <input type="checkbox"/> Construction Manager                    | <input type="checkbox"/> Instrumentation and Controls Tradesperson | <input type="checkbox"/> Operator - Loader Pneumatic Tyred 105 to 500kW                     | <input type="checkbox"/> Scaffolder Basic               |
| <input type="checkbox"/> Contracts Administrator                 | <input type="checkbox"/> Insulation Cryogenic                      | <input type="checkbox"/> Operator - Manitou   | <input type="checkbox"/> Scaffolder Intermediate        |
| <input type="checkbox"/> Contracts Manager                       | <input type="checkbox"/> Insulation Non-Cryogenic                  | <input type="checkbox"/> Operator – Mobile Plant  | <input type="checkbox"/> Security Officer               |
| <input type="checkbox"/> Cook                                    | <input type="checkbox"/> Kitchen Hand                              | <input type="checkbox"/> Operator - Pile Driver   | <input type="checkbox"/> Service Attendant              |
| <input type="checkbox"/> Cook - Breakfast                        | <input type="checkbox"/> Labourer                                  | <input type="checkbox"/> Operator – Road Paving Machinery                                   | <input type="checkbox"/> Serviceperson                  |
| <input type="checkbox"/> Cost Control                            | <input type="checkbox"/> Material Controller                       | <input type="checkbox"/> Operator – Roller  | <input type="checkbox"/> Steel Fixer                    |
| <input type="checkbox"/> Document Control                        | <input type="checkbox"/> Mechanic                                  | <input type="checkbox"/> Operator – Scraper over 26m <sup>3</sup>                           | <input type="checkbox"/> Superintendent                 |
| <input type="checkbox"/> Dogger                                  | <input type="checkbox"/> Mechanical Fitter                         | <input type="checkbox"/> Operator – Scraper up to 18m <sup>3</sup>                          | <input type="checkbox"/> Supervisor                     |
| <input type="checkbox"/> Drainer                                 | <input type="checkbox"/> Mechanical Tradesperson Special Class     | <input type="checkbox"/> Operator – Tractor over 150BHP                                     | <input type="checkbox"/> Surveyor                       |
| <input type="checkbox"/> Driller                                 | <input type="checkbox"/> Mechanical/Metal Trades Assistant         | <input type="checkbox"/> Operator – Tractor up to 150BHP                                    | <input type="checkbox"/> Surveyors Assistant – Chainman |
| <input type="checkbox"/> Driver – Motor Vehicle over 1.27 tonnes | <input type="checkbox"/> Metal Trades - Apprentice                 | <input type="checkbox"/> Operator – Tractor Pneumatic Tyred up to 110kW                     | <input type="checkbox"/> Technical Services             |
| <input type="checkbox"/> Driver – Motor Vehicle over 6.09 tonnes | <input type="checkbox"/> NDT Technical Assistant                   |   | <input type="checkbox"/> Training                       |
| <input type="checkbox"/> Driver – Truck over 20 tonnes           | <input type="checkbox"/> NDT Technical Officer                     |   | <input type="checkbox"/> Vacation Student               |
| <input type="checkbox"/> Driver – Truck up to 20 tonnes          | <input type="checkbox"/> NDT Technician                            |   | <input type="checkbox"/> Warehouse/Storeperson          |
| <input type="checkbox"/> Electrical - Apprentice                 | <input type="checkbox"/> Nurse (Registered)                        |   | <input type="checkbox"/> Warehouse Supervisor           |
| <input type="checkbox"/> Electrical Mechanic                     | <input type="checkbox"/> Operator – Aggregate Crushing Plant       |   | <input type="checkbox"/> Welder                         |
| <input type="checkbox"/> Electrical Trades Assistant             | <input type="checkbox"/> Operator - Backhoe                        |   | <input type="checkbox"/> Welder - Tack                  |
| <input type="checkbox"/> Electrician Special Class               | <input type="checkbox"/> Operator – Crane over 100 tonnes          |   | <input type="checkbox"/> Welder Special Class           |
| <input type="checkbox"/> Electronics Tradesperson                |  |   | <input type="checkbox"/> Welding Inspector              |
| <input type="checkbox"/> Emergency Response Officer              |  |   | <input type="checkbox"/> Yard Supervisor                |

Experience in position selected: ..... years ..... months

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### CONSTRUCTION/PROJECT EXPERIENCE

Are you currently employed by the company that you are completing this form for?	<input type="checkbox"/> YES <input type="checkbox"/> NO	if YES, how long for? ..... years ..... months
Have you ever worked in the construction industry?	<input type="checkbox"/> YES <input type="checkbox"/> NO	if YES, how long for? ..... years ..... months
Have you ever worked on an LNG project in Australia?	<input type="checkbox"/> YES <input type="checkbox"/> NO	if YES, which project(s)? .....
If not, have you ever worked in Darwin?	<input type="checkbox"/> YES <input type="checkbox"/> NO	if YES, how long for? ..... years ..... months
Are you currently completing an Apprenticeship?	<input type="checkbox"/> YES <input type="checkbox"/> NO	if YES, what year of your apprenticeship are you in?
Are you interested in completing an Apprenticeship?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently completing a Traineeship?	<input type="checkbox"/> YES <input type="checkbox"/> NO	if YES, how long for? ..... years ..... months
Are you currently in a leadership role?	<input type="checkbox"/> YES <input type="checkbox"/> NO	if YES, how long for? ..... years ..... months

### CERTIFICATE II

#### Building and Construction

<input type="checkbox"/> Asset Maintenance (Fire Protection Equipment) (PRM20404)	Cert/Ref Number:	Registered Training Organisation:	Completed:
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#### Other

<input type="checkbox"/> Drilling Operations	Cert/Ref Number:	Registered Training Organisation:	Completed:
<input type="checkbox"/> Process Manufacturing (MSA20107)	Cert/Ref Number:	Registered Training Organisation:	Completed:
<input type="checkbox"/> Process Plant Operation (PMA20108)	Cert/Ref Number:	Registered Training Organisation:	Completed:

### CERTIFICATE III

#### Building and Construction

<input type="checkbox"/> Bricklaying (Housing)	Cert/Ref Number:	Registered Training Organisation:	Completed:
<input type="checkbox"/> Bricklaying/Blocklaying	Cert/Ref Number:	Registered Training Organisation:	Completed:
<input type="checkbox"/> Carpentry and Joinery	Cert/Ref Number:	Registered Training Organisation:	Completed:
<input type="checkbox"/> Painting and Decorating	Cert/Ref Number:	Registered Training Organisation:	Completed:
<input type="checkbox"/> Plumbing & Gas Fitting	Cert/Ref Number:	Registered Training Organisation:	Completed:
<input type="checkbox"/> Refrigeration and Air Conditioning	Cert/Ref Number:	Registered Training Organisation:	Completed:

#### Electrical and Electronics

<input type="checkbox"/> Engineering – Electrical/Electronic Trade	Cert/Ref Number:	Registered Training Organisation:	Completed:
<input type="checkbox"/> Electrical - Instrumentation	Cert/Ref Number:	Registered Training Organisation:	Completed:
<input type="checkbox"/> Instrumentation and Control	Cert/Ref Number:	Registered Training Organisation:	Completed:

#### Food

<input type="checkbox"/> Hospitality (Commercial Cookery)	Cert/Ref Number:	Registered Training Organisation:	Completed:
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### CERTIFICATE III

#### Metals, Manufacturing and Services

- Engineering Fabrication (Boilermaking/Welding)

Cert/Ref Number: Registered Training Organisation: Completed:

- Engineering – Fabrication Trade (Light Fabrication – Sheetmetal)

Cert/Ref Number: Registered Training Organisation: Completed:

- Engineering – Mechanical

Cert/Ref Number: Registered Training Organisation: Completed:

#### Other

- Drilling Operations

Cert/Ref Number: Registered Training Organisation: Completed:

- Frontline Management

Cert/Ref Number: Registered Training Organisation: Completed:

- Hazardous Areas

Cert/Ref Number: Registered Training Organisation: Completed:

- Transport and Logistics (Warehousing and Storage)

Cert/Ref Number: Registered Training Organisation: Completed:

### CERTIFICATE IV

#### Electrical and Electronics

- Engineering – Electrical/Electronic Trade

Cert/Ref Number: Registered Training Organisation: Completed:

- Electrical - Instrumentation

Cert/Ref Number: Registered Training Organisation: Completed:

- Instrumentation and Control

Cert/Ref Number: Registered Training Organisation: Completed:

#### Food

- Hospitality (Commercial Cookery)

Cert/Ref Number: Registered Training Organisation: Completed:

#### Metals, Manufacturing and Services

- Engineering – Mechanical

Cert/Ref Number: Registered Training Organisation: Completed:

#### Other

- Frontline Management

Cert/Ref Number: Registered Training Organisation: Completed:

- Hazardous Areas

Cert/Ref Number: Registered Training Organisation: Completed:

- Occupational Health and Safety

Cert/Ref Number: Registered Training Organisation: Completed:

- Transport and Logistics (Warehousing and Storage)

Cert/Ref Number: Registered Training Organisation: Completed:

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### DANGEROUS GOODS AND EXPLOSIVES

Bulk Dangerous Goods Drivers Licence

Cert/Ref Number:

Expiry Date:

State Certified

### DRIVER TRAINING

Operate & Maintain a 4WD (RIIVH305A)

Cert/Ref Number

Details

Date Completed

Drive & Recover a 4WD (SRODRV001B)

Cert/Ref Number

Details

Date Completed

Operate a 4WD in Rugged Terrain (SRODRV002B)

Cert/Ref Number

Details

Date Completed

Advanced Recovery Techniques (SRODRV003B)

Cert/Ref Number

Details

Date Completed

Defensive Driving (TLIC107C)

Cert/Ref Number

Details

Date Completed

Defensive Driving on Gravel Road (TLIC107C)

Cert/Ref Number

Details

Date Completed

Operate light vehicle (RIIVH201A)

Cert/Ref Number

Details

Date Completed

### DRIVERS LICENCE

Cert/Ref Number:

Expiry Date:

State Issued:

Class:

Description:

Class

Description

C

Car

R-N

Moped

LR

Light Rigid

R-E

Motorcycle (max 250cc)

MR

Medium Rigid

R

Motorcycle

HR

Heavy Rigid

F

Endorsement Commercial Passenger Vehicle (Bus)

HC

Heavy Combination

H

Endorsement Commercial Passenger Vehicle

MC

Multi Combination

### ELECTRICAL LICENCE (NT)

Cert/Ref Number

Expiry Date:

A Grade Licence

- Electrical Mechanic
- Electrical Linesperson
- Electrical Fitter
- Electrical Cable Joints

Restricted Electrical Licence

- Pre-assembled Neon Signs
- Water Plumbing
- Gas Equipment
- Refrigeration and Air-conditioning Equipment
- Specialised Commercial/Industrial Equipment
- Instrumentation and Control Equipment
- Explosion Protection Equipment
- Disconnection and Reconnection (Basic)
- Self Propelled High-voltage Earthmoving Equipment
- Plug and Cord Connected Equipment
- Domestic Appliances and Equipment

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### FIRST AID

Cert/Ref Number:

Expiry Date:

State Issued:

Details:

- |   |  |
|---|--|
| <input type="checkbox"/> CPR/Low Voltage Rescue (Switchboard Rescue)                                  | <input type="checkbox"/> Industrial Health Care – PM / Medic (Industrial Medic Care) |
| <input type="checkbox"/> Perform CPR (HLTCPR201A)   | <input type="checkbox"/> Remote Area First Aid                                       |
| <input type="checkbox"/> Emergency First Aid (Introductory First Aid)                                 | <input type="checkbox"/> Senior First Aid  |
| <input type="checkbox"/> Industrial Health Care – ER / Emergency Response (Industrial Ambulance Care) | <input type="checkbox"/> Basic Workplace First Aid (Worksafe Level 1)                |
| <input type="checkbox"/> Industrial Health Care – OER / Offshore Emergency Response                   | <input type="checkbox"/> Workplace First Aid (Worksafe Level 2)                      |
| <input type="checkbox"/> Industrial Health Care – OP / Offshore Medic                                 | <input type="checkbox"/> Occupational First Aid (Worksafe Level 3)                   |

### GASFITTING LICENCE (NT)

Cert/Ref Number

Expiry Date:

- Domestic/Commercial  
 Provisional  
 Autogas

### HIGH RISK WORK LICENCE

Licence/Ref Number:

Issue Date:

Expiry Date

State:

#### CONCRETE PLACING BOOM

- PB – Concrete-placing Boom Operation

#### CRANE

- C2 – Slewing Mobile Crane Operation (up to 20 Tonne)  
 C6 – Slewing Mobile Crane Operation (up to 60 Tonne)  
 C1 – Slewing Mobile Crane Operation (up to 100 Tonne)  
 C0 – Slewing Mobile Crane Operation (open/greater than 100 Tonne)  
 CN – Non-slewing Mobile Crane Operation (greater than 3 Tonne)  
 CT – Tower Crane Operation  
 CD – Derrick Crane Operation  
 CP – Portal Boom Crane Operation  
 CB – Bridge and Gantry Crane Operation  
 CV – Vehicle-loading Crane Operation (greater than or equal to 10 Tonne)  
 CS – Self Erecting Tower Crane

#### DOGGING

- DG - Dogging

#### ELEVATING WORK PLATFORM

- WP – Boom-type Elevating Work Platform

#### HOISTS

- HM – Material Hoist Operation (Cantilever Platform)  
 HP – Hoist Operation (Personnel & Materials)

#### LOADSHIFTING (Forklift)

- LF – Forklift Truck Operation  
 LO – Order-picking Forklift Truck

#### PRESSURE EQUIPMENT (BOILERMAKER)

- BB – Basic Boiler Operation  
 BI – Intermediate Boiler Operation  
 BA – Advanced Boiler Operation  
 TO – Turbine Operation  
 ES – Reciprocating Steam Engine Operation

#### RIGGING

- RB – Basic Rigging  
 RI – Intermediate Rigging  
 RA – Advanced Rigging

#### SCAFFOLDING

- SB – Basic Scaffolding  
 SI – Intermediate Scaffolding  
 SA – Advanced Scaffolding

### HIGHEST EDUCATION LEVEL

Name of organisation:

Year Completed:

State:

- |  |  |
|--|--|
| <input type="checkbox"/> High School         | <input type="checkbox"/> Diploma/Certificate |
| <input type="checkbox"/> Trade Certification | <input type="checkbox"/> Bachelor Degree     |
| <input type="checkbox"/> Certificate IV      | <input type="checkbox"/> Masters Degree      |
| <input type="checkbox"/> Diploma             | <input type="checkbox"/> PhD                 |

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### MARITIME SECURITY IDENTIFICATION CARD

Do you hold a Maritime Security Identification Card? (The card must have been received for clearance to apply)

Yes  No

MSIC Card Number:

Expiry Date:

If No: have you applied for a Maritime Security Identification Card?

Yes  No

MSIC Application Number:

Application Date:

### MEDICAL PRACTITIONER REGISTRATION

Cert/Ref Number:

Expiry Date:

State:

### MOBILE PLANT OPERATION

Cert/Ref Number

Date Completed:

#### Mobile Plant Type

Dozer Operator

Dump Truck (Rigid or Articulated) Operator

Excavator Operator

Front End Loader Operator

Front End Loader/Backhoe Operator

Grader Operator

Roller Operator

Scraper Operator

Skid Steer Loader Operator

Water Cart Operator

Other

### NON-DESTRUCTIVE TESTING

Certification in Non-Destructive Testing Level 1

Cert/Ref Number:

Registered Training Organisation (RTO)

Date Completed:

Certification in Non-Destructive Testing Level 2

Cert/Ref Number:

Registered Training Organisation (RTO)

Date Completed:

Certification in Non-Destructive Testing Level 3

Cert/Ref Number:

Registered Training Organisation (RTO)

Date Completed:

### NURSE

Cert/Ref Number:

Expiry Date

State:

Registered Nurse (RN)

Enrolled Nurse (EN)

### OHS CONSTRUCTION INDUCTION CARD

Cert/Ref Number

Issue Date:

State Certified

### PLUMBERS LICENCE (NT)

Cert/Ref Number

Expiry Date:

#### Journeyman Registration

Plumber & Drainer

Plumber

Drainer

#### Advanced Tradesman Licence

Plumber & Drainer

Plumber

Drainer

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### RADIATION SAFETY LICENCE

Cert/Ref Number:	Expiry Date	State:
<input type="checkbox"/> Compliance Testing – Fixed Radiation Gauges	<input type="checkbox"/> Radiography - Industrial	
<input type="checkbox"/> Gauges – Fixed Industrial	<input type="checkbox"/> X-ray Analysis	
<input type="checkbox"/> Gauges - Logging	<input type="checkbox"/> Radioactive Ores – Mining and/or Processing	
<input type="checkbox"/> Gauges – Portable Density/Moisture	<input type="checkbox"/> Other: please specify	

### SECURITY LICENCE

Security Officer Licence	Licence Number:	Expiry Date:	State Issued:
Crowd Controller Licence	Licence Number:	Expiry Date:	State Issued:
Dual Licence – Security Officer and Crowd Controller	Licence Number:	Expiry Date:	State Issued:

### TRADE QUALIFICATIONS

#### Automotive

<input type="checkbox"/> Automotive Electrician	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Automotive Technician (Light)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Automotive Technician (Heavy)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Automotive Technician (Marine Light)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Automotive Technician (Motor Cycle)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Automotive Technician (Outdoor Power Equipment)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Panel Beater	Cert/Ref Number:	Year Completed:	State:

#### Building and Construction

<input type="checkbox"/> Bricklaying	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Bricklaying (Housing)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Carpentry (Housing)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Carpentry and Joinery	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Carpentry Fixing (Housing)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Carpentry Formwork (Housing)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Carpentry Framing (Housing)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Drainer	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Floor Finishing	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Joinery (Housing)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Painting (Housing)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Painting and Decorating	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Plastering	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Plumbing and Gasfitting	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Roof Plumbing	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Roof Tiling	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Sprinkler Fitting	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Steel Framing (Housing)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Wall and Ceiling Fixing (Housing)	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Wall and Floor Tiling	Cert/Ref Number:	Year Completed:	State:



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## ICHTHYS ONSHORE PROJECT



### TRADE QUALIFICATIONS

#### Electrical and Electronics

<input type="checkbox"/> Cable Joiner	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Electrical	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Electrical Powerline	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Electronic Instrument	Cert/Ref Number:	Year Completed:	State:

#### Food

<input type="checkbox"/> Cook or Chef	Cert/Ref Number:	Year Completed:	State:
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#### Metals, Manufacturing and Services

<input type="checkbox"/> Fitter and Machinist	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> General Fabrication Engineering	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> General Mechanical Engineering	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Mechanical Fitter	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Metal Fabricator	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Metal Machinist	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Refrigeration and Airconditioning Mechanic	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Sheetmetal Work	Cert/Ref Number:	Year Completed:	State:
<input type="checkbox"/> Welding	Cert/Ref Number:	Year Completed:	State:

#### Other Trades

<input type="checkbox"/> Driller	Cert/Ref Number:	Year Completed:	State:
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### WELDING QUALIFICATIONS

Cert/Ref Number:

Please indicate your current and lapsed codings including the process used and the State of Australia in which you gained certification:

<input type="checkbox"/> GAS METAL ARC WELDING (GMAW) <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Issue Date	State Certified
<input type="checkbox"/> GAS SHIELDED FLUX CORE <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Issue Date:	State Certified:
<input type="checkbox"/> MANUAL METAL ARC WELDING (MMAW) <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Issue Date:	State Certified:
<input type="checkbox"/> STICK ELECTRODES <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Issue Date:	State Certified:
<input type="checkbox"/> SUB ARC WELDING (SAW) <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Issue Date:	State Certified:
<input type="checkbox"/> TIG WELDING <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Issue Date:	State Certified:
<input type="checkbox"/> TUNGSTEN ARC WELDING (GTAW) <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Issue Date:	State Certified:
<input type="checkbox"/> OTHER	Issue Date:	State Certified:

# REGISTRATION OF INTEREST FORM

## ICHTHYS ONSHORE PROJECT



### PLEASE TELL US MORE ABOUT YOURSELF:

If you have had any experience in Leading Hand, Supervisory or Leadership roles, please detail all relevant information

What, in your experience, is the best way to go about correcting or making safe a work area that has hazards?

What do you believe to be the most important thing that helps create a safe working environment?

What do you believe is the best way to resolve any work related issues or grievances?

In order of priority 1 – 4 (1 being the highest), who is accountable for your Safety?

Employer  Yourself  Work mates  Worksafe

### EMPLOYMENT HISTORY

Beginning with your current or most recent employment, please provide details of the last FIVE years, including any periods of unemployment.

**IMPORTANT:** We will contact any of your previous employers listed below for the purpose of confirming your employment details and determining your suitability for employment. **May we also contact your CURRENT employer?**  Yes  No

1.	Company name:	Position Held:
	Name of Supervisor:	Telephone Number:
	Employment dates: FROM: (month/year)	TO: (month/year)
	Your main duties and responsibilities:	
	Location/project:	Reasons for leaving:
2.	Company name:	Position Held:
	Name of Supervisor:	Telephone Number:
	Employment dates: FROM: (month/year)	TO: (month/year)
	Your main duties and responsibilities:	
	Location/project:	Reasons for leaving:
3.	Company name:	Position Held:
	Name of Supervisor:	Telephone Number:
	Employment dates: FROM: (month/year)	TO: (month/year)
	Your main duties and responsibilities:	
	Location/project:	Reasons for leaving:
4.	Company name:	Position Held:
	Name of Supervisor:	Telephone Number:
	Employment dates: FROM: (month/year)	TO: (month/year)
	Your main duties and responsibilities:	
	Location/project:	Reasons for leaving:

# REGISTRATION OF INTEREST FORM

## ICHTHYS ONSHORE PROJECT



### EMPLOYMENT HISTORY

5. Company name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Employment dates: FROM: \_\_\_\_\_ (month/year) TO: \_\_\_\_\_ (month/year)  
 Your main duties and responsibilities: \_\_\_\_\_  
 Location/project: \_\_\_\_\_ Reasons for leaving: \_\_\_\_\_

6. Company name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Employment dates: FROM: \_\_\_\_\_ (month/year) TO: \_\_\_\_\_ (month/year)  
 Your main duties and responsibilities: \_\_\_\_\_  
 Location/project: \_\_\_\_\_ Reasons for leaving: \_\_\_\_\_

7. Company name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Employment dates: FROM: \_\_\_\_\_ (month/year) TO: \_\_\_\_\_ (month/year)  
 Your main duties and responsibilities: \_\_\_\_\_  
 Location/project: \_\_\_\_\_ Reasons for leaving: \_\_\_\_\_

8. Company name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Employment dates: FROM: \_\_\_\_\_ (month/year) TO: \_\_\_\_\_ (month/year)  
 Your main duties and responsibilities: \_\_\_\_\_  
 Location/project: \_\_\_\_\_ Reasons for leaving: \_\_\_\_\_

**PREVIOUS EMPLOYMENT HISTORY** (provide further history here if insufficient space above to cover the **last THREE years**)

Company Name	Position Held	Name of Supervisor	Telephone Number/s	Employment Dates (Month / Year)	Location/ Project

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### HEALTH

A) A previous Workers' Compensation claim is not a barrier to the consideration of an application for employment. To assist in assessing opportunities for placement in appropriate employment, please complete this section accurately.

The information provided in this section may be made available to an insurer in connection with any claim for workers compensation. A worker may not be eligible for compensation for an injury or disability sustained in the workplace where it is proved that the worker made wilful and false representations as not having previously sustained the injury or disability at the time of seeking or entering employment. Therefore, it is important that your answers are correct.

Have you ever made a claim for Worker's Compensation?:  YES  NO (if YES, please provide details below)

Description of Injury or Disability	Date Occurred (dd/mm/yyyy)	Duration	Employer

B) A disability or injury is not a barrier to the consideration of an application for employment. To assist in assessing opportunities for placement in appropriate employment, please complete the following:

i) Do you have a disability, injury, illness or condition that may affect any aspect of your work performance or that may be aggravated or accelerated by the type of work you are applying for?  YES  NO

If you answered "YES" to the above, please provide details:

C) Are you currently taking any prescribed medications?  YES  NO

If you answered "YES" to the above, please provide brief details:

D) Do you have any allergies?  YES  NO

If you answered "YES" to the above, please provide brief details:

E) Do you wear contact lenses or prescription glasses?  YES  NO

### FITNESS FOR WORK

It is important that you be medically fit to perform the duties associated with the occupation or positions you are registering or applying for.

Do you agree to undergo a full pre-employment medical and physical assessment (including a drug and alcohol screen) at the Company's expense?  YES  NO

Part of the Project's Fitness for Work policy includes a random Drug and Alcohol Program to help ensure employees are not impaired whilst at work. Do you agree to participate in this Program?  YES  NO

Depending on the requirements of the work, some activities may be carried out at heights. Is there any medical condition or other reason to prevent you working at heights?  YES  NO

Do you agree to not be in possession of or under the influence of, intoxicating liquor or drugs on the Project?  YES  NO

Is there any reason preventing you from wearing or using Personal Protective Equipment (PPE)?  YES  NO

If you answered "YES" to the above; please provide details

# REGISTRATION OF INTEREST FORM

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### OTHER PROJECT REQUIREMENTS.

The Project involves construction activity within mining lease boundaries and operational areas. It is therefore very important to observe certain rules and requirements. **Are you prepared to:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Comply with all Company and Project safety rules and procedures?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Wear and use the Project security swipe and identification card to enter and leave the site?                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Wear and use the appropriate safety harness when working at heights?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Comply with all security requirements including vehicle, baggage and personal searches?                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If you are a smoker, are you prepared to comply with all Project rules, which restrict smoking?             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Wear and use the correct personal protective equipment?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Not carry or use any personal mobile phones at the workplace unless authorised by the Project?              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Not carry or use any form of camera (including mobile phone cameras) on the Project?                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Not use, carry, or be in possession of any weapons or firearms on the Project?                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Not use, carry or be in possession of any matches, lighters or other spark emitting devices on the Project? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Agree to work shift work if required, subject to being medically fit to do so?                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Agree to motel in project camp accommodation and follow all camp rules?                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### DECLARATION OF USUAL PLACE OF RESIDENCE

If you are engaged on the Project, the following declaration will determine your employment entitlement as either a "Local Employee" or a "Non-Local Employee".

I, ..... declare that my usual place of residence is:

..... Post Code: .....

Telephone number ( ) .....

I understand that this declaration determines, for the duration of my employment, my entitlements to either that of a 'local employee' or that of a 'non-local employee'.

Signed: .....

# REGISTRATION OF INTEREST FORM

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Before signing the declaration below, please read the following points and clarify anything that you are unsure of with this Company's Recruitment Staff

### DECLARATION

1. If I am considered suitable for an interview I understand that the information I have provided, and subsequent confirmation of my work history by this Company, shall be provided to the Project via authorised service provider Bright People Technologies Pty Ltd, for the purpose of confirming my suitability for employment opportunities on the Project.
2. If I am offered and accept employment on the Project, information will be provided to the Project, via Enable about my mobilisation, including that I have satisfactorily met pre-employment checks, such as a Fitness for Work Medical; and information gathered during the project, such as induction and training records and my demobilisation details.
3. I understand that if I am offered and accept employment on the Project, the Project and Bright People Technologies Pty Ltd may provide the information to authorised service providers, engaged to manage matters relating to employment on the Project.
4. I understand that the information may also be used and disclosed by Bright People Technologies Pty Ltd for the purpose of confirming my suitability for employment opportunities in connection with other projects that may arise in the future, and for managing matters in connection with my employment on other future projects.
5. Should I be engaged with a contractor organisation on the Project and subsequently be engaged with a new or additional contractor organisation, I authorise the information held about me by the Project and Enable ERMS to be made available to that new or additional contractor organisation.
6. I understand that the information will be held on a database and if I wish to, I can contact Bright People Technologies Pty Ltd at PO BOX 1010, West Perth WA 6872 to request this information. I can also request to correct or update the information.
7. I certify that the information set out in this form to the best of my knowledge, true and accurate.
8. I understand the Company reserves the right to verify all information and any false statements will be sufficient to cause my rejection as an applicant, my dismissal if hired, or termination of my agreement or contract.
9. Bright People Technologies Pty Ltd will only collect, use, disclose and manage your personal information in a manner which is consistent with its obligations under Australian privacy law.

### SIGNATURE

I,..... have read, understood and agree to the terms above.  
(print name)

.....  
(signature)

.....  
Date:

**PLEASE NOTE: NO GUARANTEE OF EMPLOYMENT IS GIVEN BY THE COMPLETION OF THIS FORM.**