

WESTERN QUEENSLAND CORRECTIONAL ADVISORY COMMITTEE
APPLICATION FOR WORK PROGRAM ASSISTANCE

DATE: _____

REF NO. _____

WORK CAMP – WINTON

NAME OF APPLICANT:

NAME OF ORGANISATION (IF APPLICABLE):

ADDRESS:

CONTACT PHONE NUMBER:FAX:

WORK LOCATION ADDRESS:

STATE BRIEFLY YOUR REASONS FOR ASSISTANCE: (eg Financial hardship, charity, natural disaster):
.....
.....

DESCRIPTION OF ASSISTANCE REQUIRED:

ESTIMATE OF JOB DURATION:MANPOWER REQUIRED:

Please note the following information and sign where indicated your awareness and understanding of these requirements.

I understand that I/Organisation will be responsible for the supply of all essential tools/equipment/materials and specialized project supervision where necessary.

I will conform with all the requirements relating to Work Place Health and Safety legislation in all aspects involving workers from the WORK Program. I am aware that the WORK program will provide workers with the essential personal protective equipment and any specialised additional safety equipment will be my/our responsibility.

I understand that the committee will consider this application and if approval is granted, the WORK program will undertake to complete the designated work in the required time frame. Exceptions to this condition may occur at times due to operational demands or other work priorities.

I understand that if this application is approved that I will have to provide feedback to the WORK Advisory Committee on the assistance provided by the WORK program.

The WORK Program reserves the right to cancel any work assistance if safety standards are not adhered to, or if in the opinion of the Field Supervisor and the Advisory Committee, the project is deemed unsuitable for any specific reason.

SIGNATURE OF APPLICANT:

ADVISORY COMMITTEE: RECOMMENDED / NOT RECOMMENDED

.....
(Signature)

DATE:/...../.....

APPROVED / NOT APPROVED:
(General Manger)

DATE:/...../.....