



Surname: _____

Given names: _____

Date of birth: _____

Applicant Declaration

For the purposes of determining my fitness to perform the required duties, any reasonable steps that need to be taken to accommodate any disability I may have and whether I can safely perform the required duties, I, _____ consent to the following:

(Complete the applicable statement)

1. _____ *Employer's Name* _____, Coal Mines Insurance Pty Ltd and any applicable SIRA (State Insurance Regulatory Authority) may provide information relevant to the above matters (including my workers compensation history) to and discuss the details of that information with _____ *Mine Operator's Name* _____ and _____ *Mine Operator's Name* _____ may collect that information.

OR

2. _____ *Contractor's Name* _____, Coal Mines Insurance Pty Ltd and any applicable SIRA Authority may provide information relevant to the above matters (including my workers compensation history) to and discuss the details of that information with the mine operator(s) of the specific sites at which _____ *Contractor's Name* _____ proposes that I perform duties and those mine operator(s) may collect information.

I understand that without the above consent to the disclosure of information, a mine operator may not have sufficient information on which to make a decision to allow me on-site to perform the required duties.

Signed: _____

Dated: _____

Witness: _____

Witness name (print): _____

Dated: _____