

<b>Induction Request Form</b>
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FMO-FRM-0054
Classification: FRM

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Ver: 8.3 – 26/05/2023

## ONBOARDING / INDUCTION AUTHORISATION FORM

The Pegasus Contractor Portal enables contracting companies to register employees, book inductions and maintain compliance of documentation directly via Pegasus 24hours / 7 days a week.

Please refer all contractor companies requiring an induction to:

<http://fitzroyozcontractors.com.au/> or directly to Pegasus 1300 306 384 during business hours

**Minimum paperwork requirements for induction:**

- **Surface:** Current Standard 11, QLD Coal Board Medical and X ray (with Medical Management Plan attached if required), Driver's licence (Pic, Name, DOB & Classes visible)
- **U/Ground:** Current UG Standard 11, QLD Coal Board Medical and X ray (with Medical Management Plan attached if required), Driver's licence (Pic, Name, DOB & Classes visible)
- **Trades:** Trade completion certificate, Electrical licence (electrical workers)

**NOTE:** Please read the instructions on the Pegasus Contractor Portal thoroughly to avoid delays.

## ONBOARDING / INDUCTION & CONTRACTOR RE-ASSOCIATION PROCESS

The following process is to be followed for all induction bookings:

1. **Contract Owner** – to send the Contract Company the Onboarding/ Re-association Authorisation Form
2. **Contracting Company** - to complete and return to Contract Owner
3. **Contract Owner** – to obtain required approval signatures a week prior to requested induction date
4. Once signed - **Contract Owner** – to scan and forward to Contracting Company
5. **Contracting Company** - to upload into Contractor Portal

**ALL FINALISED/SIGNED INDUCTION DOCUMENTATION TO BE SUBMITTED BY CLOSE OF BUSINESS WEDNESDAY PRIOR TO THE REQUESTED INDUCTION**

*Incomplete forms will not be processed.*

*All signatures and evidence are required prior to submission.*

*Failure to meet all requirements will result in the request not being processed.*

### A. WORKER DETAILS *(to be completed by Contracting Company)*

Full Name:	<input type="checkbox"/> Re-Association	<input type="checkbox"/> New Inductee
Date of Birth:	Phone Number:	
Address:	Email:	
Position Title:	Crew/Team:	
Brief description of key tasks of position:		



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Who will provide direction to the worker?	<input type="checkbox"/> Fitzroy Leader	<input type="checkbox"/> Contracting Company
Expected duration of worker at Fitzroy site:	<input type="checkbox"/> < 1 week	<input type="checkbox"/> < 1 mth
	<input type="checkbox"/> < 3 mths	<input type="checkbox"/> > 3 mths
Proposed Induction Date:	Option 1:	Option 2:
Type of Induction:	<input type="checkbox"/> Surface	<input type="checkbox"/> Underground
Is the worker an experienced Surface Coal Mine Worker? (more than 360 hours work experience on surface area of a coal mine)	<input type="checkbox"/> Yes – provide transcript / resume with authorisation	<input type="checkbox"/> No – Person to complete inexperienced Surface CMW package
Is the worker an experienced Underground Coal Mine Worker? (more than 540 hours work experience in the underground area of a coal mine)	<input type="checkbox"/> Yes - provide transcript / resume with authorisation	<input type="checkbox"/> No – Person to complete inexperienced UG CMW package
Proposed Work Site:	<input type="checkbox"/> CD	<input type="checkbox"/> Ironbark
	<input type="checkbox"/> CHPP	<input type="checkbox"/> Exploration
	<input type="checkbox"/> Broadlea	
Is camp accommodation required for the duration of the worker's engagement with Fitzroy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, contact: <a href="mailto:Fitzroy.accommodation@fitzroyoz.com">Fitzroy.accommodation@fitzroyoz.com</a> to arrange an accommodation booking request		

**B. WORKER NEXT OF KIN (to be completed by Contracting Company)**

Full Name:	Relationship:
Address:	Phone Number:

**C. CONTRACTING COMPANY (CCompany) (to be completed by Contracting Company)**

Name of CCompany:	CCompany Rep Name:
CCompany Rep Phone:	CCompany Rep Email:
Contractor Management:	<input type="checkbox"/> Existing/Pre-approved Contractor
	<input type="checkbox"/> New Contractor (not yet approved)

NOTE: All Contracting Companies must have Fitzroy Vendor Approval PRIOR to submitting an induction request.

Signature of CCompany Rep:	Date:
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**D. FITZROY CATEGORISATION OF WORKER (to be completed by Fitzroy Contract Owner)**

Is the TYPE of work to be performed by the worker typically performed by a Fitzroy employee?	<input type="checkbox"/> Yes (NE-FTE) All of Part D is mandatory	<input type="checkbox"/> No Go to Part E	<input type="checkbox"/> Unsure See HR
Fitzroy Position Title:	Fitzroy Position Number:		
Expected duration of engagement with Fitzroy:	<input type="checkbox"/> < 1 week	<input type="checkbox"/> < 1 mth	<input type="checkbox"/> < 3 mths
	<input type="checkbox"/> > 3 mths		

**E. FITZROY APPROVAL OF CONTRACTOR WORKER**



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FITZROY CONTRACT OWNER

Name:		Position Title:	
Department:		Site:	

I confirm that I have verified that the Contracting Company is an approved Fitzroy vendor:  Yes  No

Fitzroy Department responsible for direction to worker:

Fitzroy Department Manager (SLT level) name:

Signature:		Date:	
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HR AUTHORISATION

Name:		Position Title:	
Signature:		Date:	

I confirm that I have verified that the worker has passed the Fitzroy HR check:  Yes  No

I confirm that I have verified that there is a vacant approved position (NE-FTE)  Yes  No

Category of worker:  Non-employee FTE  Contractor

HST – INDUCTION BOOKED AND ATTENDED

FULL NAME	INDUCTION BOOKED	DATE OF INDUCTION	ATTENDED	COMPLETED

PLEASE ATTACH THIS FORM TO THE CONTRACTOR PORTAL