

# EMPLOYEE/CONTRACTOR REGISTRATION and COMPANY INDUCTION TRAINING RECORD

**EMPLOYEE/CONTRACTOR DETAILS:**

**Name in full:** \_\_\_\_\_  
Surname Given Names

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Married/Single/Defacto:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **No. of Children:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_  
 (Post Office Box Not Acceptable)

**Name, Address and Relationship of Next-of-Kin:** (for emergency use)

**Phone No:** \_\_\_\_\_

**Conditions to be considered when providing first aid or emergency treatment:**

<b>Epilepsy</b>	Yes / No	<b>Heart Disease</b>	Yes / No	<b>Asthma</b>	Yes / No
<b>Diabetic</b>	Yes / No	<b>High Blood Pressure</b>	Yes / No	<b>Strokes</b>	Yes / No

<b>Allergic to:</b>	<b>Bites or stings</b>	Yes / No	<b>Penicillin</b>	Yes / No
	<b>Antibiotics</b>	Yes / No	<b>Other</b>	Yes / No

**Trade:** \_\_\_\_\_

**Requirements for use of dangerous chemicals/goods:** Yes / No

**Material Safety Data Sheet submitted:** Yes / No

**Licenses:**

Crane Driver	_____	Hoist Operator	_____	Rigger	_____
Truck Driver	_____	Crane Chase	_____	Dogman	_____
Other: (please specify) _____					

**Other Qualifications:** (ie. First Aid, member Fire Brigade, etc)

**Details:** \_\_\_\_\_  
\_\_\_\_\_

**Name of  
Employer:** \_\_\_\_\_

**Phone  
No.:** \_\_\_\_\_

**Duration of current  
employment:** \_\_\_\_\_

**Employment Details, previous 2  
years:** \_\_\_\_\_  
\_\_\_\_\_

**Status of employment:** (ie. casual, self-  
employed): \_\_\_\_\_

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**Membership:***(Complete only if applicable)***Superannuation  
Scheme:** \_\_\_\_\_**Reg. No.:** \_\_\_\_\_**LSL Reg. No:** \_\_\_\_\_**Expiry  
Date:** \_\_\_\_\_**Union (if applicable):** \_\_\_\_\_**Card No.:** \_\_\_\_\_**Red Card:** \_\_\_\_\_**Yes / No****Card No.:** \_\_\_\_\_**In signing this induction record, I hereby acknowledge that I have attended the  
Site Specific Induction.**

I hereby acknowledge that I have attended and understood the safety requirements of the JG King Projects Induction Training that was held this day. I am aware of the Victorian Occupational Health and Safety Act 2004 and share in JG King Projects' commitment to abide by it.

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**Signed:** \_\_\_\_\_**Date:** \_\_\_\_\_**Trainer's  
Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**Printed Name:** \_\_\_\_\_**Position:** \_\_\_\_\_**Company:** \_\_\_\_\_