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| ***STEP 1 – Complete the below Request Details and forward through to your site contact to approve your request.*** | | | | | | | | |
| COMPANY DETAILS | | | | | | | | |
| Company: Click here to enter text. | | | | | | | | |
| Company ABN: Click here to enter text. | | | | | Booking Contact: Click here to enter text. | | | |
| PH/Mob: Click here to enter text. | | | | | Email: Click here to enter text. | | | |
| INDUCTEE’S DETAILS: | | | | | | | | |
| Name (first and surname): Click here to enter text. | | | | | | Date of Birth: Click here to enter a date. | | |
| Job Title: Click here to enter text. | | | | | | PH/Mobile: Click here to enter text. | | |
| NEXT OF KIN DETAILS: Name: Click here to enter text. Contact number: Click here to enter text. | | | | | | | | |
| INDUCTION DETAILS | | | | | | | | |
| FULL Induction | REFRESHER Induction  Last onsite (date): ***Choose an item.*** | | | | | | Previous Induction Date: Choose an item. | |
| ***Where will you be working on-site? (please tick all areas you will be working in)***  Surface  Underground  Coal Preparation Plant  Main Administration  Other (Please specify): Click here to enter text. | | | | | | | | |
| ***Will your job role be any of the following (tick all that apply):***  Supervisor  Electrician  Fitter/Mechanic  ERZ Controller  Trainer/Assessor  Boilermaker  Other (Please specify): Click here to enter text. | | | | | | | | |
| **NGC SITE CONTACT** | | | | | | | | |
| Name: Click here to enter text. | | | Signature: | | | | | Date Click here to enter a date. |
| Email: Click here to enter text. | | | | | | | | PH:Click here to enter text. |
| **NGC SLT APPROVING MANAGER** | | | | | | | | |
| This position is in the budget | | Reason: Click here to enter text. | | | | | | Duration: Click here to enter text. |
| Name: Click here to enter text. | | Signature: | | | | | | Date Click here to enter a date. |
| Email: Click here to enter text. | | | | | | | | PH: Click here to enter text. |
| **SSE APPROVAL** | | | | | | | | |
| Approved  NOT Approved  Conditional: | | | | | | | | Signature: |
| ***STEP 2 – Once your Induction Request is approved, complete the below Requirements/Prerequisites checklist. Copies of applicable prerequisites are to be forwarded to*** [***ngcinductions@peabodyenergy.com***](mailto:ngcinductions@peabodyenergy.com)***. Training Department will notify you of booking date once prerequisites are approved by site.*** | | | | | | | | |
| DOCUMENTATION REQUIREMENTS/PRE-REQUISITES | | | | | | | | |
| Signed Induction Request | | | | Drug and Alcohol Test *(Less than 30 days old)* | | | | |
| Driver’s Licence | | | | Coal Board Medical | | | | |
| Standard 11 Induction  Surface  Underground | | | | Kinnect Pre-Employment Functional Assessment | | | | |
| Relevant job specific competencies  Trade papers | | | | Medical Management Plan | | | | |