

Personnel / Employment Record/Volunteers

Date of Commencement Date of Birth

Surname Given Names

Address Town..... P/Code.....

Phone No Mobile Email.....
(Please update phone/mail/email address if it changes)

Next of Kin Relationship

Phone No Mobile Email.....

Address
(if different to above)

Emergency Contact Phone No

Doctor Phone No

AllergiesPrescriptions.....Eyesight/Spectacles

Other Ailments
(Medical conditions which may effect work capacity or availability)

What is your current Work Status? (Please tick one of the boxes below)

Full Time Employment Retired Home Duties Part time Employment

Are You Registered with Centrelink? YES NO

Please tick your Preferred Preference(s)

Onboard Service Carriage Attendant Administration Assistant Sales and Marketing Assistant

Workshops Assistant Track Worker Train Crew

Certificates of Competency/Qualifications

1..... Expiry Date(s)

2..... Expiry Date(s).....

3..... Expiry Date(s).....

Have you completed our Basic Rail Safety/Workplace Health & Safety Course ?

Yes No Induction Date: ----- (Office Use)

I agree to abide by the health and safety requirements of Mary Valley Heritage Railway Museum Association Inc and to comply with my obligations to the MVHR Safety Management System & Workplace Health & Safety Act in the interest of safety to myself and others.

Signed **Date**

(All information given on this form shall remain confidential)