

Permitted Worker Permit

Important: This form can only be issued in accordance with Permitted Worker Permit Scheme Directions. If it is not issued in accordance with the Permitted Worker Permit Scheme Directions, it is invalid.

Individuals are not required to carry permits before 11.59pm Wednesday 5 August.

Employer details		["Employer"]
Company name	Vulnerable person's name:	
ABN	Not Applicable	
Company address	Vulnerable person's address:	
Trading name [If different to company name]	Vulnerable person's name:	
Permitted industry/activity	Health care social assistance (disability services)	

Employee details		["Employee"]
Full name	Support worker's name:	
Date of birth	Support worker's date of birth:	
Residential address	Support worker's residential address:	
Permitted Role for on-site work	Community-based services required to ensure the health, safety and well-being of vulnerable people	

Employee work location [If different to company address]
[If more than one, must be accompanied by a log recording each work location, and date and time of attendance]

Signed

Employer	Employee
<p>..... [Employer representative signature]</p> <p>..... [Date]</p> <p>By signing this permit, the Employer confirms compliance with the Permitted Worker Permit Scheme Directions, including:</p> <ul style="list-style-type: none"> attests that the workplace is compliant with the directions of the Chief Health Officer and the <i>Occupational Health and Safety Act 2004</i>, all reasonable steps have been, and will continue to be taken, to maintain a safe working environment for the employee, and has a COVIDSafe plan in place; attests that the employer is a Permitted Employer engaged in providing a Permitted Service; attests that the information provided on this permit is a true representation relating to a current employee and their employment details; acknowledges that the nominated representatives may be contacted if deemed necessary to confirm these details; and acknowledges the information provided by the employer in the Permitted Worker Permit is true and correct, and that presenting false, misleading or fraudulent information may incur penalties. 	<p>..... [Employee signature]</p> <p>..... [Date]</p> <p>By signing this permit, the Employee:</p> <ul style="list-style-type: none"> attests that their name, address, work hours, place of work, and employer, as contained in this Permitted Work Permit are true and correct that presenting false, misleading or fraudulent information may incur penalties; acknowledges that the nominated representatives may be contacted if deemed necessary to confirm these details and provides consent to the disclosure and collection of this information; understands the wording in this Permitted Work Permit relating to Diagnosed Persons and Close Contacts and agrees to not attend the Work Premises if either of these terms apply to the Employee's circumstances and will notify the Employer immediately if this occurs; and understands that if they develop symptoms or potential symptoms of COVID-19 they are not to attend or remain at the Work Premises and will immediately notify their employer.

Penalties

Completing this document with false or misleading information may cause you to be in breach of the Permitted Worker Permit Scheme Directions and liable to penalties up to \$19,826.40 (individuals) and \$99,132 (bodies corporate).

Hours of work

- Fill in **either Table 1 or Table 2**, as appropriate for the Employee's working situation.
- Enter the Employee's start and finish **times** for each day of the stage 4 restriction period.
- You do not need to include meal breaks or the total number of hours worked each day.
- Leave days **blank** or mark with an **X** when the Employee is not scheduled to work.

Table 1: Full-time employee (or working the same hours each week)

Rostered / scheduled work times							
All weeks	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<i>[Example only]</i>	8.30–5.00	8.30–5.00	8.30–5.00	X	8.30–5.00	X	X
26 Oct 2020 – 6 Dec 2020							

Table 2: Part-time or casual employee (or working irregular hours each week)

Rostered / scheduled work times								
Week	Commencing	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<i>[Example only]</i>		11.00–5.00	X	8.30–6.00	9.00–5.00	9.00–5.00	10.00–6.00	X
1	26 Oct 2020							
2	2 Nov 2020							
3	9 Nov 2020							
4	16 Nov 2020							
5	23 Nov 2020							
6	30 Nov 2020							

Statement from the Employer

I declare that the Employer has taken all reasonable steps to avoid the necessity for the Employee to attend the Work Premises, but the Employer has determined that it is not reasonably practicable for the Employee to work from the premises at which the Employee ordinarily resides and the attendance of the Employee at the Work Premises is required for the provision of a Permitted Service of:

Community-based services required to ensure the health, safety and well-being of vulnerable people

[Nominate industry or nature of work undertaken]

Issued by nominated representative of the Employer

Nominated representative		Secondary contact	
Full name	Vulnerable person's name:	Full name	Not applicable
Title / Role	Employer	Title / Role	Not applicable
Phone number	Vulnerable person's phone number:	Phone number	Not applicable

Diagnosed Persons and Close Contacts

If a person is a Diagnosed Person or Close Contact for the purposes of the Diagnosed Persons and Close Contacts Directions (No 8) that person cannot be provided with a Permitted Worker Permit or permitted to enter or remain upon work premises.

An employer who completes a Permitted Work Permit for a person who is a Diagnosed Person or Close Contact may be in breach of the Permitted Worker Permit Scheme Directions and liable to penalties.

If an Employee is displaying symptoms or potential symptoms of COVID-19, the Employee must not attend the Work Premises and must immediately notify the Employer of these symptoms.