Permitted Worker Permit (Ref I19-1895)

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 required to use a permit at all times travelling to and when on campus. This permit must be produced when requested by any Police or Health Official or person assisting a Health Official. This form must be produced to any staff member including Campus Security

|  |  |
| --- | --- |
| **Employer details** | **[“Employer”]** |
| Company name | Victoria University |
| ABN | 83 776 954 731 |
| Company address | PO Box 14428, Melbourne, VIC 8001, Australia |
| Trading name [If different to company name] | VU |
| Permitted industry/activity | Essential Campus Activity SECTOR: EDUCATION AND TRAINING OPEN: CLINICAL HEALTH AND BIOMEDICAL SCIENCERESTRICTED OPERATIONS: MAINTAIN AND CONTINUE MEDICAL AND OTHER RESEARCH THAT REQUIRES ON-SITE ATTENDANCEAND TEACHING AND SCIENTIFIC FACILITIES WHICH REQUIRE THE KEEPING OR USE OF ANIMALS |

|  |  |
| --- | --- |
| **Employee details** | **[“Employee”]** |
| Full name |  |
| Date of birth |  |
| Residential address |  |
| Permitted Role for on-site work |  |

|  |
| --- |
| **Employee work location [**If different to company address] |
| Victoria University, Enter campus that you will be accessing |

## Signed

|  |  |  |
| --- | --- | --- |
| **Employer** |  | **Employee** |
| Andrew WilliamsBy signing this permit, the **Employer** confirms compliance with the Permitted Worker Permit Scheme Directions, including**:*** attests that the workplace is compliant with the directions of the Chief Health Officer and the *Occupational Health and Safety Act 2004,* 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;
* 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; and,
* Must complete the VU Safe Daily Screening Tool
 | [Employee signature][Date]By signing this permit, the **Employee**:* 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.
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## 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: Employee Hours on campus for lockdown****

| **Rostered / scheduled work times** |
| --- |
| All weeks | Fri28/05 | Sat29/05 | Sun30/05 | Mon31/05 | Tue01/06 | Wed02/06 | Thu03/06 |
| *Times to be on campus* |  |  |  |  |  |  |  |
| Duty |  |  |  |  |  |  |  |

## 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:

**Employment services that cannot be undertaken from home**

Critical services for the continued safety, service and/or maintenance of critical infrastructure at the University

**Issued by nominated representative of the Employer**

| Nominated representative | Secondary contact (SLG Member) |
| --- | --- |
| Full name | Andrew Williams | Full name |  |
| Title / Role | Senior Coordinator – Critical Incident | Title / Role |  |
| Phone number | 0466695067  | Phone number |  |

## 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.

Any person with any symptoms is not permitted to attend campus.

Any student/staff who is permitted by this permit must log in to the VU Wi-Fi.