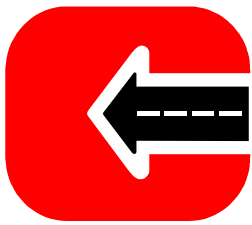


Welcome to Carrington's Group

Please complete all the steps to the best of your knowledge and return to Carrington's management staff for processing.

Name of Applicant: _____

<u>MANAGEMENT USE ONLY</u>	Completed (Y / N)
Step 1 - Application form	<input type="checkbox"/>
Step 2 - Tax Declaration	<input type="checkbox"/>
Step 3 - Superannuation	<input type="checkbox"/>
Step 4 - USI Number	<input type="checkbox"/>
Step 5 - Downer Induction Process	<input type="checkbox"/>
Step 6 - Online Inductions List	<input type="checkbox"/>
Step 7 - Traffic Scheduling	<input type="checkbox"/>
Step 8 - Passport / Birth Cert and Tickets	<input type="checkbox"/>



CARRINGTONS TRAFFIC SERVICES

ABN: 15 104 744 103

Head Office: 38 Beaconsfield Avenue, Midvale WA 6056
Tel: (08) 9356 7750 Fax: (08) 9356 7751
www.carringtonswa.com

Important Information for Applicants:

Please read this before you commence your employment application for a position with Carringtons Traffic Services.

The information you provide within this employment application form will be used to assess your suitability for employment with Carringtons Traffic Services.

When completing this employment application form, it is important that:

- You answer **all** sections accurately and provide detailed information to the best of your knowledge and ability.
- Answer all sections.
- Attach copies of any relevant additional information that you believe to be applicable to your employment application.
- Attach copies of current traffic management accreditation and / or other competencies information that you believe to be applicable to your employment application.
- Attach a copy of your resume.

Making an application for employment does not constitute an 'offer of employment' by Carringtons Traffic Services.

Confidentiality Statement:

All information provided will be treated in the strictest confidence and will be used by Carringtons Traffic Services personnel only in assessing your application for employment. Your personal information will not be disclosed to any party external to Carringtons Traffic Services for any reason.

If you are successful in obtaining employment with Carringtons Traffic Services, the company may have a future obligation to provide information contained within your employment application to certain agencies as requested, which may include:

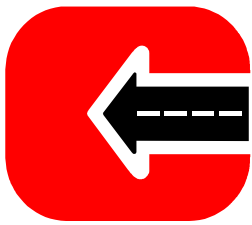
- Officers of the State Government of Western Australia.
- Insurance Agencies.
- Legal agencies / people such as lawyers.
- Our clients (*to verify traffic management accreditation only*).

In all instances, where the release of information is a breach of the 'right to privacy' or 'freedom of information' laws, Carrington's Traffic Services will seek your approval to release information when requested to do so by external parties.

In proceeding with this application, you acknowledge the conditions of confidentiality and accept these conditions without limitation.

Position Applying for within Carrington's:

Traffic Controller	<input type="checkbox"/>
Crew Leader	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>



CARRINGTONS TRAFFIC SERVICES

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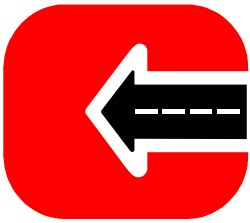
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www.carringtonswa.com

Applicant information:

Name			
Date of Birth		Age	
Place of Residence			
Suburb		Postcode	
Mailing Address if Different to Above			
Suburb		Postcode	
Mobile Contact Number			
Email Address			

Driver's License Details:

Driver's License Number:							
Please detail the class of vehicle you are authorized to drive.							
Type of vehicle authorized to drive	Manual <input type="checkbox"/>			Auto <input type="checkbox"/>			
Is your driver's license suspended at the time of making this application?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you had your driver's license cancelled or suspended in the last 5 years for any reason?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you committed any driving offences or had any accidents in the last 5 years?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you been refused insurance cover, had insurance cover cancelled or any special conditions imposed on insurance coverage in the last 5 years for any reason?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you made a claim for a motor vehicle accident or associated property damage in the last 5 years?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you had a car stolen or burnt out in the last 5 years?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, please specify offences / accidents (write NA if not applicable).							
Date of Incident	Details of each Incident			Your Insurer		Person at Fault	
<i>E.G. Feb 2007</i>	<i>Speeding: 80 km/h in a 60 km/h zone, lost 3 points.</i>			<i>-</i>		<i>Self</i>	



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Traffic Management Accreditation:

Do you currently hold a valid traffic management accreditation?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
What type of Traffic Management accreditation do you hold?					
Type	BWTM	TC	WTM / AWTM	TMA/O	
Accreditation Number					
Date of Expiry					
Do you have a Construction Safety Awareness Training Card (White Card)?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accreditation Number					
Date of Expiry					

Bank Details:

NOTE: Carrington's Traffic Services will pay superannuation to your fund provider as directed. If you do not provide an existing superannuation fund, you will be required to join Australian Super and you will be required to fill in an application form.

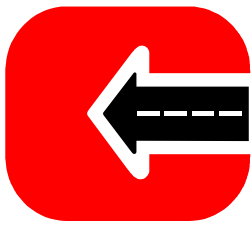
It is the responsibility of the applicant to maintain current superannuation and banking details during the term of employment.

Bank										
Branch										
BSB Number:										
Account Number:										

Medical History:

IMPORTANT NOTICE

Section 79 of the Workers' Compensation Act 1981 (WA) gives the Workers' Compensation Board discretion to refuse to award compensation which would be payable, where it is proved that the worker has, at the time of seeking or entering employment, willfully and falsely represented him or herself as not having previously suffered the disability, the subject for the claim for compensation. Failure to accurately and completely provide the information requested may lead to Carringtons Traffic Services taking disciplinary action against you, including possible termination of employment.



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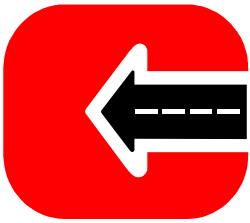
Medical History Continued...

Please answer the following questions:

1. Have you ever or do you currently have a back injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever, or do you currently have a neck/shoulder/wrist/knee sprain or strain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever, or are you currently experiencing chest or heart disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever, or do you currently have any broken bones?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you ever, or are you currently experiencing infection of the nose, throat, or ear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you have diabetes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you have asthma or similar respiratory conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Have you ever, or are you currently experiencing skin trouble such as dermatitis, psoriasis, or similar conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Do you have an eyesight deficiency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Do you have a bone disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Do you have any history of Hepatitis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Have you ever, or are you currently experiencing hernia or joint problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Have you ever, or are you currently experiencing any disability or impairment that may affect your ability to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Are you currently on workers compensation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Are you currently taking any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Are you a smoker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Are you currently undergoing any treatments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Do you have any other conditions, illness or injuries that may be relevant in assessing your ability to perform specified work duties or limit your abilities to perform specified work duties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please list any additional information to assist in determining your suitability for employment, if you answered yes to any of the above questions.

<u>NUMBER</u>		
<u>NUMBER</u>		
<u>NUMBER</u>		
<u>NUMBER</u>		
<u>NUMBER</u>		
Have you ever made any claims for workers compensation for any reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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Medical History Continued...

Please list additional information if you answered yes to the above. If you have had more than 2 compensation claims during your working career, please advise at the interview stage.

(1)

Date		Days absent from work	
Employer			
Were you cleared to return to work by a medical practitioner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were you declared to be fully fit to return to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

(2)

Date		Days absent from work	
Employer			
Were you cleared to return to work by a medical practitioner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were you declared to be fully fit to return to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Fitness For Work:

Carringtons Traffic Services require that you are medically fit to perform work duties as required by the company during your term of employment.

If an offer of an employment is made to you, do you agree to undergo a full medical assessment by a licensed medical practitioner nominated by Carringtons Traffic Services, at the company's expense?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you agree to undergo additional medical assessments during your employment at Carringtons Traffic Services, as directed by the company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

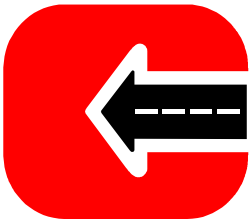
Drug & Alcohol:

Carringtons Traffic Services have a zero tolerance to the use of illegal drugs and / or alcohol within the workplace, including being under the influence of illegal drugs and / or alcohol within the workplace whilst performing work duties.

Do you agree to undertake a pre-employment drug and alcohol screen at the company's expense?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you willingly participate in random drug and alcohol testing whilst employed by Carringtons Traffic Services, including testing by our clients when performing work duties at a work site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Emergency Contact:

Name			
Relationship to you			
Home Phone		Mobile 1	
Work Phone		Mobile 2	



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Criminal History:

Carringtons Traffic Services have an obligation to declare information to clients about an employee's criminal history. Whilst any information that may be requested does not necessarily preclude you from receiving an offer of employment, it may be used in assessing your suitability for an offer of employment or suitability for specific projects undertaken by Carringtons Traffic Services which you may be engaged in.

PPE Requirements:

Carringtons Traffic Services have a policy for minimum requirements about wearing PPE at the work site and will abide by the Client's site-specific requirements as requested.

Are you prepared to wear the PPE to meet the minimum requirements for Carringtons Traffic Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you prepared to wear the PPE to meet the site-specific requirements for Carringtons Traffic Services Client's?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Carringtons Traffic Services will provide financial assistance in meeting the minimum PPE requirements.

Are you prepared to pay a \$100 PPE bond, to be deducted from your first pay, to cover initial expenses for minimum PPE requirements? Please note, this will be refunded to you when you have worked with Carringtons Traffic Services for a period of 3 months continuously.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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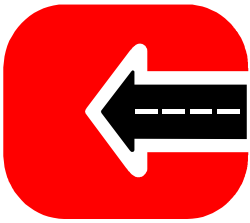
Work Conditions / Hours of Work:

Your employment with Carringtons Traffic Services will include varying hours of work between Monday to Sunday and may be rostered to work at any time of the day.

Whilst employed at Carringtons Traffic Services, there will be occasions where you may be engaged to work weekends or night shifts.

Are you available to work night shifts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work weekends, including at least 1 in every 2 weekends if required, during peak business periods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work weekdays?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work six days a week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work in regional areas where you will be required to stay in accommodation other than your place of residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work for prolonged periods in regional areas where you will be required to stay in accommodation other than your place of residence, for long term periods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work on a rotational roster system such as 3 weeks on / 1 week off roster, or similar rosters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any restrictions on your availability to Carringtons Traffic Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please detail additional information if you answered yes to availability restrictions:



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Employment History (Last 5 Years):

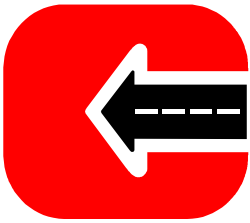
Company Name			
Position			
Employed From Date		Employed To Date	
Referee		Contact Number	
Work Duties and Responsibilities			
Reason for Leaving			

(2)

Company Name			
Position			
Employed From Date		Employed To Date	
Referee		Contact Number	
Work Duties and Responsibilities			
Reason for Leaving			

(3)

Company Name			
Position			
Employed From Date		Employed To Date	
Referee		Contact Number	
Work Duties and Responsibilities			
Reason for Leaving			



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Consent Authority:

I consent to Carringtons Traffic Services and their insurers, as well as the company's appointed service providers, to collect personal information, inclusive of sensitive information such as medical information, about me and use it for the purpose of assessing and managing my workers' compensation claim, including determining liability and whether my claim is true.

This consent extends to Carringtons Traffic Services and their insurers disclosing my personal information, inclusive of sensitive information, to other insurers, medical practitioners, rehabilitation providers, investigators, legal practitioners and other experts or consultants for the purpose of assessing and managing my current or subsequent claim.

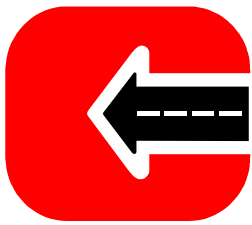
My personal information, inclusive of sensitive information, may also be disclosed as required or permitted by law. I also consent to Carringtons Traffic Services and their insurers disclosing my personal details to Work Cover WA, which is authorized to use this information to fulfill its functions and obligations under the *Workers' Compensation and Rehabilitation Act 1981 (WA)*.

I certify that all this information is true to the best of my knowledge. I have read all the information and understood all the company's terms and conditions of employment. I authorize Carringtons Traffic Services to obtain my personal information from my doctor and where applicable the insurance company for any workers' compensation at the time. I understand that if I have falsified any work details or medical details my employment will be terminated. I will comply with all the client/company policies and relevant safe work practices and observe the requirement of the relevant Occupational Health and Safety Act and Regulations.

Carringtons Traffic Services is collecting personal information through this application process to enable it to select and recruit staff. Carringtons Traffic Services, its advisors and any persons engaged by them to assist in the selection and recruitment may use and disclose your information for selection and recruitment purposes. This may include contacting any referee nominated by you.

Please note that, if your application with Carringtons Traffic Services is successful, the personal information that Carringtons Traffic Services holds about you, which relates to your selection, recruitment and employment by Carringtons Traffic Services will become an employee record under the Privacy Act (1988). This means that Carringtons Traffic Services will generally be exempt from the requirements of the Privacy Act in respect of that information. Other statutory obligations may apply.

SIGNED (APPLICANT)	
NAME (APPLICANT)	
DATE	



Tax Declaration:



Australian Government
Australian Taxation Office

ato.gov.au

Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
Print X in the appropriate boxes.
Read all the instructions including the privacy statement before you complete this declaration.

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Suburb/town/locality

State/territory Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

5 What is your primary e-mail address?

E-mail address input fields

6 What is your date of birth? Day / Month / Year

7 On what basis are you paid? (select only one) Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

8 Are you: (select only one) An Australian resident for tax purposes A foreign resident for tax purposes OR A working holiday maker

9 Do you want to claim the tax-free threshold from this payer? Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt? Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number? Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address? Suburb/town/locality State/territory Postcode

5 What is your primary e-mail address?

E-mail address input fields

6 Who is your contact person? Business phone number

7 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to: Australian Taxation Office PO Box 9004 PENRITH NSW 2740

IMPORTANT See next page for: payer obligations lodging online.

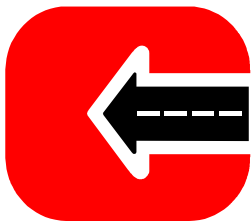
Print form

Save form

Reset form



30920619



Superannuation:



Australian Government
Australian Taxation Office

Superannuation Standard choice form

For use by employers when offering employees a choice of fund and by employees to advise their employer of their chosen fund.

Section A: Employee to complete

1 Choice of superannuation (super) fund

I request that all my future super contributions be paid to: (place an X in one of the boxes below)

The APRA fund or retirement savings account (RSA) I nominate Complete items 2, 3 and 5

The self-managed super fund (SMSF) I nominate Complete items 2, 4 and 5

The super fund nominated by my employer (in section B) Complete items 2 and 5

2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

i You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate. Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.

3 Nominating your APRA fund or RSA

You will need current details from your APRA regulated fund or RSA to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town

State/territory

Postcode

Fund phone

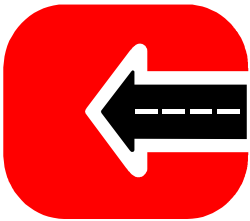
Unique superannuation identifier (USI)

Your account name (if applicable)

Your member number (if applicable)

Required documentation

You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Correct information about your super fund is needed for your employer to pay super contributions.



Superannuation Continued...

4 Nominating your self-managed super fund (SMSF)

You will need current details from your SMSF trustee to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town

State/territory

Postcode

Fund phone

Fund electronic service address (ESA)

Fund bank account

BSB code (please include all six numbers)

Account number

Required documentation

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au/>

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an X in the box below):

I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer.

5 Signature and date

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an X in the box below.

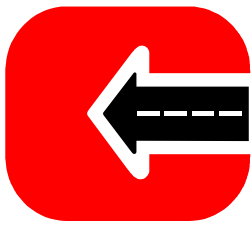
I have attached the relevant documentation.

Signature

Date

Day: / Month: / Year:

Return the completed form to your employer as soon as possible.



Superannuation Continued....

Section B: Employer to complete

You must complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.

! Sign and date the form when you give it to your employee.

6 Your details

Business name

ABN

Signature

Date

Day / Month / Year
 / /

7 Your nominated super fund

If the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below:

Super fund name

Unique superannuation identifier (USI)

Phone (for the product disclosure statement for this fund)

Super fund website address

Section C: Employer to complete

! Complete this section when your employee returns the form to you with section A completed.

8 Record of choice acceptance

In the two months after you receive the form from your employee you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

! If you don't meet your obligations, including paying your employee superannuation contributions to the correct fund, you may face penalties.

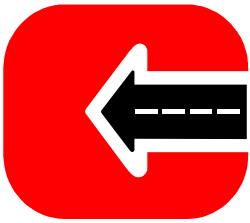
Date employee's choice is received / /

Date you act on your employee's choice / /

! Employers must keep the completed form for their own record for five years. **Do not send it to the Australian Taxation Office, the employer's nominated fund or the employee's nominated fund.**

PRIVACY STATEMENT

The ATO does not collect this information; we provide this form as a means for employees to identify and provide necessary information to their employer. An employer is authorised to collect an employee's TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence for an employee not to quote their TFN. However, quoting a TFN reduces the risk of administrative errors and if the employee does not quote their TFN their contributions may be taxed at a higher rate. An employee can get more details regarding their privacy rights by contacting their superannuation fund.



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Unique Student Identifier (USI) Number:



Australian Government
Department of Industry

Skills

Unique Student Identifier

What is a USI?

Your USI links to an online account that contains all your training records and results that you have completed from **1 January 2015** onwards. Your results from 2015 will be available in your USI account in 2016.

The USI is available online and at **no cost** to the student. This USI will stay with the student for life and be recorded with any nationally recognized VET course that is completed from when the USI comes into effect on 1 January 2015.

Creating a USI

Individuals can **create their USI** for free by themselves. It is a quick and easy process and will only take a few minutes.

For more information on USI and how to create a USI please follow this link

<http://usi.gov.au/Pages/default.aspx#>

My Name is (Print) _____

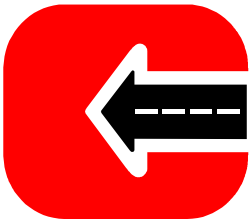
My Name is (Sign) _____

Date _____

MY USI number is (enter 10 characters in squares provided below)

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Please obtain your USI number, record it on this form, and return the form to CTS



CARRINGTONS TRAFFIC SERVICES

ABN: 15 104 744 103

Head Office: 38 Beaconsfield Avenue, Midvale WA 6056
Tel: (08) 9356 7750 Fax: (08) 9356 7751
www.carringtonswa.com

CARRINGTON'S ONLINE INDUCTION LINKS

Georgiou Group <http://www.georgiou.com.au/online-induction-portal/>

Choose Step 2 Employee's, Subcontractors & Labour Hire Personnel and click on register with Beakon. Select Carrington's Traffic Services as your Company

You will need to complete the OHS Induction first and make sure you upload clear pictures of your Construction Card, Driver's License, Traffic Control Cards Back and Front and either a valid Australian/NZ passport, Australian birth certificate, Australian Citizenship, or a Working Visa, which will need to be taken to your first site visit.

Water Corporation <https://contractorhsetraining.watercorporation.com.au/signuplocal.html>

First time user hit create account fill in all your details

City of South Perth <http://www.onlineinduction.com/cityofsouthperth/>

Create account if first time and choose contractor fill out all details, will need to make sure you have all your relevant traffic control tickets with you as they will need to be uploaded

RJ Vincent <http://www.onlineinduction.com/rjv/>

Create account if first time and choose contractor 8-00 fill out all details, will need to make sure you have all your relevant traffic control tickets with you as they will need to be uploaded.

Western Power <https://www.pts-training.com.au/>

Click on Western Power – Operational Induction, then click on Login to complete Enrolment, this course will cost around \$130, this is fully returnable via tax returns, Carrington's can discuss options regarding paying for course via an approval process, please ask the Operations team for more information.

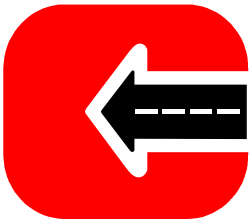
Downer – DM Roads WA <https://downeraustralia.integralcs.com/home/login/induction>

Create a new account. Follow the instructions and select the following at course choice: **Infrastructure services**, and then **DM Roads Subcontractor** and **DM Roads WA**, click **update** to commence induction

Fulton Hogan <https://fultonhogan.tfaforms.net/73?SCRID=a4X8t00000003k7>

Enter your email address to be guided through the details & commence the induction process.

Please ensure that all induction certificates are in PDF format are sent to the Operations email address - operations@carringtonswa.com



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Carrington's Group Scheduling System

Can you please either go to the App Store (*Apple Phones*) or the Play Store (*Android phones*) and download the Traffio App:

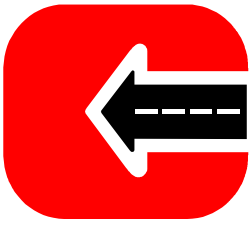
App & Play Store: Type in Traffio and look for this app icon, then select download.



Once you have downloaded the app onto your phone and all your information has been sent to the management team as per below Copies of Tickets / Passport etc.

You will be added onto the system and Traffio will automatically send you your login details.

Carrington's Operations team are your first point of contact for any queries regarding this System.



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Copies of Tickets / Passport etc.

Please only send good quality photos of all relevant tickets required,

These will be added to your personal file for Payroll & Induction records.

Please send back this pack in full, no pages missing along with photos of the below:

- Driver's License
- TC / BWTM Ticket
- Construction White Card
- COVID – 19 Vaccination Certificate
- Birth Cert / Passport
- Any Visa documents if a non-Australian Citizen

These must all be separate individual good quality photos of the front & back of each if needed, please do not send bad copy scans as these cannot be used for any future inductions that we may induct you into for our clients.