

# Worker Authorisation Application Form

*(All fields must be completed for the application to be processed)*

Worker's details					
First name		Middle name(s)			
Family name		Western Power Id Number <i>(For a new or renewal of authorisation or replacement)</i>			
Job title		Contact number			
DOB		Date of application			
Service Provider details (e.g. worker's employer)					
Company Name					
Supplier code					
Address					
Telephone					
Facsimile					
Contact person name					
Contact person telephone					
Contact person email					
Subcontractor details <i>(if the applicant is employed by a subcontractor engaged by the Service Provider)</i>					
Name					
Authorisation details					
New application	<input type="checkbox"/>	New authorisation	<input type="checkbox"/>	Authorisation renewal	<input type="checkbox"/>
				Replacement Card	<input type="checkbox"/>
Categories of authorisation required					
<p>The following documentation must be submitted with the application form:</p> <ul style="list-style-type: none"> <li>Copy of drivers licence with photo or copy of passport photo page or a copy/extract of birth certificate</li> <li>Digital photograph – colour, passport style (head and shoulders)</li> <li>Evidence to support the categories of authorisation required</li> </ul> <p><b>Acceptance</b> Any attempt to falsify or mislead Western Power will result in the Network authorisation being refused.</p>					
Office use only					
Date received		Processed by		Date completed	
Western Power Id Number <i>(For new authorisations)</i>					

The Service Provider, and the Worker named above, each confirms that the information above is true and correct in all material particulars and requests that Western Power grants Worker Authorisation and issues a Network Authority Card in respect of the Worker named above.

It is understood that the Worker Authorisation may be suspended or cancelled as a result of an Authorisation Investigation involving the Worker and that the Network Authority Card remains the property of Western Power and must be returned to Western Power on demand.



By signing this Application Form the Worker agrees to:

1. While performing any Authorised Works on Western Power's assets, abide by and ensure compliance with Western Power's Policies & Procedures including Environmental and Occupational Safety and Health.
2. Notify their Western Power Formal Leader of any change in the Worker's work details and or any accreditations, courses attended and passed.
3. Undertake any training/refresher courses and/or assessments pertinent to the position.
4. Western Power disclosing details of the Worker's Authorisation current status to another Australian Electricity Utility or to any of Western Power's Service Providers. The personal information above (and any other such information provided by the Worker subsequently) will otherwise be dealt with in accordance with Western Power's Privacy Policy.

SERVICE PROVIDER

Signature:.....

Print Name:.....

Position / Title:.....

Service Provider / Company:.....

Date:.....

WORKER

Signature:.....

Print Name:.....

Position / Title:.....

Date:.....

This form, together with all attachments, should be scanned and emailed to the following address:

networkauthoritycard@westernpower.com.au

