

EMPLOYEE DETAILS
DORRIAN CONSULTANCY PTY LTD ACN 115 608 609

Print details clearly below in **block/capital** letters:

Mr / Mrs / Miss / Ms (circle) Surname:

First name: Second (middle) name:

Australian Postal Address:

Town/suburb: State: Post Code:

Ensure email address is correct as all correspondence, including pay advices, will be sent via email where possible.

Email address: Home phone number:

Mobile phone number: Date of birth:

Passport number: Country of issue:

Medicare number: Medicare Card Expiry Date:

Next of Kin Name: Next of Kin Contact Phone Number:

Next of Kin Address:

Emergency Contact (if different to next of kin):

Emergency Contact Address:

Emergency Contact Phone Number:

Have you previous worked on any Dorrian Farms properties? Yes / No (circle)

NOTE: If you wish for your super to be paid into your nominated superannuation fund, all details in Section "A" of the 'Choosing a super fund form' must be completed. If not, you will automatically be placed in our default fund, namely SUNSUPER.

BANK ACCOUNT MUST BE IN YOUR OWN NAME, CHEQUES OR CASH WILL NOT BE ISSUED.

Name of Bank/Building Society/Credit Union:

Bank account in name of: BSB:

Branch location: Account Number:

Employee Signature: Date:

OFFICE USE ONLY	
Position: Farm: Permanent / Casual (circle) Hourly rate: \$ Start date: Supervisor's Name:	<p>All forms have been completed and signed (tick)</p> Tax File Number Declaration Form <input type="checkbox"/> Health Assessment Record <input type="checkbox"/> Fitness Form <input type="checkbox"/> Choosing a super fund form <input type="checkbox"/> Austsafe Member Application Form (if applicable) <input type="checkbox"/>

HEALTH ASSESSMENT RECORD
DORRIAN CONSULTANCY PTY LTD ACN 115 608 609

Strictly confidential employee information sheet

The purpose of this health assessment and the consequent opinion expressed is in the interest of prevention of workplace injury and illness. This assessment will enable employees to be placed in positions best suited to their physical capabilities. To the best of your knowledge, do any of the following apply to you? Note: Answering yes to any of the following does not preclude you from gaining employment with the company.

Description	Yes	No	Unsure	Comments/Details
Back pain				
Neck stiffness/pain				
Shoulder stiffness/pain				
Arm, elbow, or wrist pain				
Leg, knee, ankle or foot pain				
Any joint abnormality e.g. arthritis				
Abdominal hernia				
Fits, epilepsy, blackouts, or fainting				
Heart condition				
Sensitivity to chemicals, dust, or mango sap				
Asthma or bronchitis				
Skin conditions e.g. dermatitis, eczema				
Allergy to substance or medication				
Hearing condition				
Eye condition or loss of eyesight				
Have you been immunized against tetanus?				
Have you been immunized against hepatitis B?				
Do you agree to wear sun protection clothing?				

The answers given to the abovementioned questions are true and correct to the best of my knowledge.

Employee's full name:

Employee signature: Date:

FITNESS FORM
DORRIAN CONSULTANCY PTY LTD ACN 115 608 609
("THE COMPANY")

Fruit picking is strenuous work involving working long hours and doing repetitious tasks that can be physically demanding. As a consequence, sufficient physical fitness is an inherent requirement of working as a fruit picker.

Generally, if you exercise regularly and maintain a base level of fitness, you should be able to safely work as a fruit picker.

In order to properly complete your role, you must be able to safely:-

- lift at least 20 kilograms;
- walk up and down hills at a brisk pace for 8-9 hours a day, 7 days a week for a period of up to 6 weeks; and
- work outdoors in hot conditions up to 35 degrees Celsius (sun safe clothing and sunscreen is compulsory).

If you are unable to satisfy all of the above requirements, then this poses a health and safety risk not only to yourself but also to others in the workplace. Accordingly, if you are unable to satisfy any of the above requirements, please immediately notify us.

If you are confident that you can satisfy all of the requirements set out above, please complete the box below.

If at any stage during your employment it becomes evident that you cannot satisfy any of the above requirements, then the Company reserves the right to take appropriate steps, which may include immediate termination of your employment, in the interests of maintaining a safe work environment.

I confirm that I can satisfy all of the above requirements in carrying out my position.

Full Name: Date:

Signature:

DRUG AND ALCOHOL POLICY
DORRIAN CONSULTANCY PTY LTD ACN 115 608 609
("THE COMPANY")

DRUG & ALCOHOL POLICY

1. PURPOSE

The aim of this procedure is to outline the Company's policy on the use and/or abuse of drugs and alcohol in the workplace.

2. SCOPE

This policy applies to all employees of the Company, including those employed on a casual or part-time basis. Prohibition of the use of drugs and alcohol while at work also applies to contractors employed by Dorrian Consultancy.

The procedure applies to the use of all drugs and includes prescription or other legal drugs which have the potential to impact upon a person's ability to safety work.

3. DEFINITIONS AND ABBREVIATIONS

Definition

For the purpose of this policy, drug and alcohol abuse are defined as a condition where consumption of these substances by an individual has an adverse effect on their health, safety and work performance.

4. AIM

Dorrian Consultancy has a vision of zero harm to our staff, visitors and contractors resulting from our operations. Health and safety above all else is a foundation value of our Company which we are committed to achieving through the elimination of personal damage.

Dorrian Consultancy as an employer has a duty to ensure that employees are not subject to unnecessary hazards. Part of this duty relates to taking practical steps to ensure employees and contractors are both competent and in a fit state to work safely to minimize risks to themselves and other staff. Dorrian Consultancy is committed to ensuring that a safe, health and productive workplace is provided for all employees and contractors.

Each and every worker has a duty of care to take reasonable steps to ensure their own safety and that of their workmates is not compromised. All employees and contractors are legally obligated to be in a fit state for work and to work safety. The excessive use of alcohol, or the use of drugs (even where consumption does not occur on Company premises), which results in a person not being able to perform their job safely, is a breach of this duty of care.

While Dorrian Consultancy does not wish to intrude into the private lives of employees, if drugs or alcohol have a direct impact on an individual's work performance or on safety standards, it is the Company's responsibility to employees, clients and other people in our workplaces to intervene.

This Policy communicates the actions to be taken by the Company to ensure that any person working with us, or impacted by our works, does not have their health and safety compromised by another person working under the influence of drugs and/or alcohol at our workplaces.

This Policy is applicable to all company workplaces, including motor vehicles.

5. STRATEGIES

To assist in achieving our vision of zero harm, the Company will promote this policy to employees and contractors and advocate drug and alcohol free workplaces during work hours at all our operations.

6. MANDATORY RULES

Non-compliance with this Policy will be viewed as a serious matter and treated in the same way as any breach of company policy.

Any individual who is adversely affected by alcohol and another drug will not be allowed to work until they are fit to do so. If an individual affected by alcohol or other drugs are sent home to recover, they will not be paid for the lost time. Disciplinary action may be taken on return to work and the Company also reserves the right to summarily dismiss any employee who is adversely affected by alcohol or other drugs.

Where an employee is on prescribed medication which may impair their judgement or performance, they must notify their supervisor and may be required to take sick leave.

The Supervisor/Manager will:

act on suspicion of an individual being affected by drugs or alcohol (suspicion may be a result of observing impaired coordination, judgement, intellectual capacity or slurred speech, headache, nausea, vomiting, loss of inhibitions or smell of alcohol); and/or

act in response to any accident resulting in damage to property or injury to people that is expected to incur an insurance claim, or a near miss that could have resulted in a death, permanent impairment, personal, plant or property damage.

The Supervisor/Manager will instruct any such person to immediately leave the workplace. That person must comply with the direction given by the Company.

Responsible Serving of Alcohol

The Company Directors shall have the discretion to permit limited alcohol consumption for events, functions, etc.

7. RESPONSIBILITIES

Management

Managers and Supervisors are responsible for the effective implementation of this Policy in the workplace. Specifically they will:-

Lead by example in the implementation of the policy through demonstrated behaviour.
Ensure the policy is applied fairly and consistently across their work group.
Respect the confidentiality of all employee personal issues.

Employee/Contractor

All employees and contractors have a duty of care to take reasonable care so as not to expose themselves or work colleagues to unnecessary risks. They are required to:-

Present themselves for work in a condition free from the effects of drugs and/or alcohol.
Notify their manager/supervisor of any concerns as to the condition of any person in the workplace.
Comply with this policy, including agreeing to leave the workplace if so directed by their supervisor/manager.

I confirm that I have read and understood this Policy.

Name: _____

Signature: _____

Date: _____