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| **DETAILS**  |
| **Applicant name:**  | **Position/role:**  |
| **Campus:**  | **School:** |
| **Building number/s:** | **Name of your supervisor:** |
| **Areas to be accessed:** |
| **Project title:** |
| **Duration from:** Click here to enter a date. | **Duration to:** Click here to enter a date. |
| Are there any **medical conditions** which should considered? | Yes | No |
| If **Yes**, please detail: |

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| **RISK MANAGEMENT** |
| ***After-hours access is only granted after you have completed two weeks working in the facility.*** |
| ***All workers are expected to connect to the CSU SAFE App (if you have a mobile phone).*** |
| Has the proficiencies of the applicant been assessed by the supervisor to allow after hours work? | Yes | No |
| Working after hours or alone activities have been assessed and approved in accordance with the Working after hours or alone procedure. | Yes | No |
| Has all training and proficiencies been documented? | Yes | No |
| Has the standard communication plan of notifying security on arrival and departure been implemented?CSU Security **Internal:** 400 or **External:** 1800 931 633. | Yes | No |
| Are there additional communication plans to be implemented? Eg: field plan, working in isolation. | Yes | No |

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| **SIGNATURE and AUTHORISATION** |
|  | Name | Signature | Date |
| Applicant |  |  |  |
| Supervisor |  |  |  |
| Facility manager |  |  |  |
| Head of school / Centre director |  |  |  |