|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: | | | | | |

|  |  |  |
| --- | --- | --- |
| **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 |

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