

Permitted Worker Permit

Important: This form can only be issued in accordance with Permitted Worker Permit Scheme Directions. If it is not issued in accordance with the Permitted Worker Permit Scheme Directions, it is invalid.



Individuals are not required to carry permits before 11.59pm Wednesday 5 August.

Employer details		["Employer"]
Company name	A Rainer & B Stevens & C Martin & D Newton & E Evans (Partnership Name)	
ABN	98 788 934 699	
Company address	1 Melbourne Place, Melbourne VIC 3000	
Trading name [If different to company name]	ABCDE Transport Services Melbourne	
Permitted industry/activity	Commercial Passenger Vehicle Service	

Employee details		["Employee"]
Full name	John Smith (Driver)	
Date of birth	01 January 1975	
Residential address	98 Hillside Crescent, Melbourne VIC 3001	
Permitted Role for on-site work	Commercial Passenger Vehicle Driver	

Employee work location [If different to company address]
M9999 (CPV number plate)
[If more than one, must be accompanied by a log recording each work location, and date and time of attendance]

Signed

Employer	Employee
	
..... Albert Rainer [Employer representative signature] John smith [Employee signature]
7 August 2020 [Date]	7 August 2020 [Date]
By signing this permit, the Employer confirms compliance with the Permitted Worker Permit Scheme Directions, including:	By signing this permit, the Employee :
<ul style="list-style-type: none"> attests that the workplace is compliant with the directions of the Chief Health Officer and the <i>Occupational Health and Safety Act 2004</i>, all reasonable steps have been, and will continue to be taken, to maintain a safe working environment for the employee, and has a COVIDSafe plan in place; attests that the employer is a Permitted Employer engaged in providing a Permitted Service; attests that the information provided on this permit is a true representation relating to a current employee and their employment details; acknowledges that the nominated representatives may be contacted if deemed necessary to confirm these details; and acknowledges the information provided by the employer in the Permitted Worker Permit is true and correct, and that presenting false, misleading or fraudulent information may incur penalties. 	<ul style="list-style-type: none"> attests that their name, address, work hours, place of work, and employer, as contained in this Permitted Work Permit are true and correct that presenting false, misleading or fraudulent information may incur penalties; acknowledges that the nominated representatives may be contacted if deemed necessary to confirm these details and provides consent to the disclosure and collection of this information; understands the wording in this Permitted Work Permit relating to Diagnosed Persons and Close Contacts and agrees to not attend the Work Premises if either of these terms apply to the Employee's circumstances and will notify the Employer immediately if this occurs; and understands that if they develop symptoms or potential symptoms of COVID-19 they are not to attend or remain at the Work Premises and will immediately notify their employer.

Penalties

Completing this document with false or misleading information may cause you to be in breach of the Permitted Worker Permit Scheme Directions and liable to penalties up to \$19,826.40 (individuals) and \$99,132 (bodies corporate).

Hours of work

- Fill in **either Table 1 or Table 2**, as appropriate for the Employee's working situation.
- Enter the Employee's start and finish **times** for each day of the stage 4 restriction period.
- You do not need to include meal breaks or the total number of hours worked each day.
- Leave days **blank** or mark with an **X** when the Employee is not scheduled to work.

Table 1: Full-time employee (or working the same hours each week)

Rostered / scheduled work times							
All weeks	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<i>[Example only]</i>	8.30–5.00	8.30–5.00	8.30–5.00	X	8.30–5.00	X	X
3 Aug 2020 – 13 Sep 2020	07:00 - 18:30	07:00 - 18:30	07:00 - 18:30	07:00 - 18:30	07:00 - 18:30	X	X

Table 2: Part-time or casual employee (or working irregular hours each week)

Rostered / scheduled work times								
Week	Commencing	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<i>[Example only]</i>		11.00–5.00	X	8.30–6.00	9.00–5.00	9.00–5.00	10.00–6.00	X
1	3 Aug 2020							
2	10 Aug 2020							
3	17 Aug 2020							
4	24 Aug 2020							
5	31 Aug 2020							
6	7 Sep 2020							

Statement from the Employer

I declare that the Employer has taken all reasonable steps to avoid the necessity for the Employee to attend the Work Premises, but the Employer has determined that it is not reasonably practicable for the Employee to work from the premises at which the Employee ordinarily resides and the attendance of the Employee at the Work Premises is required for the provision of a Permitted Service of:

Commercial Passenger Vehicle Service

[Nominate industry or nature of work undertaken]

Issued by nominated representative of the Employer

Nominated representative		Secondary contact	
Full name	Albert Rainer	Full name	Barry Stevens
Title / Role	Partner	Title / Role	Partner
Phone number	0400 000 000	Phone number	0400 000 000

Diagnosed Persons and Close Contacts

If a person is a Diagnosed Person or Close Contact for the purposes of the Diagnosed Persons and Close Contacts Directions (No 8) that person cannot be provided with a Permitted Worker Permit or permitted to enter or remain upon work premises.

An employer who completes a Permitted Work Permit for a person who is a Diagnosed Person or Close Contact may be in breach of the Permitted Worker Permit Scheme Directions and liable to penalties.

If an Employee is displaying symptoms or potential symptoms of COVID-19, the Employee must not attend the Work Premises and must immediately notify the Employer of these symptoms.