

Authorised Provider and Authorised Worker Permit

Important: This form is to be issued to enable a person who works or lives in metropolitan Melbourne to attend an Authorised Work Premises. This permit is required to be carried by authorised workers and permitted higher education students who are leaving the home for authorised work. The person may carry a print out or an electronic copy of this permit when undertaking the permitted activity and when traveling to and from the destination at which the permitted activity takes place.

This form can only be issued in accordance with the Chief Health Officer's Workplace Directions as amended from time to time. If it is not issued in accordance with Chief Health Officer's Workplace Directions, it is invalid. Individuals are not required to carry permits before 11.59pm on 17 Aug 2021.

Employer/education provider details		["Employer"]
Company name		
ABN or ACN		
Company address		
Trading name		
Permitted industry/activity		

Employee details		["Employee"]
Full name		
Date of birth		
Residential address		
Permitted Role for on-site work		

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

Signed

Employer/ permitted higher education provider	Employee / permitted student
<p>..... [Employer representative signature]</p> <p>..... [Date]</p> <p>By signing this permit (electronic signature is acceptable), the Employer or Higher Education Provider confirms compliance with the Workplace Directions, including:</p> <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 a current employee; attests that all reasonable steps have been taken to avoid the necessity for the worker to attend the Work Premises and the Employer is of the view that the worker's attendance at the Work Premises is required; the Employer's business is an Authorised Provider; attests that the information provided in 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 this permit is true and correct, and that presenting false, misleading or fraudulent information may incur penalties. 	<p>..... [Employee signature]</p> <p>..... [Date]</p> <p>By signing this permit (electronic signature is acceptable), the Employee or Higher Education Student:</p> <ul style="list-style-type: none"> attests that their name, address, work hours, place of work, and Employer or provider, as contained in this Permit are true and correct, and 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 permit relating to Diagnosed Persons and Close Contacts and if notified that they are a Diagnosed Person they will not attend or remain at the Work Premises and will immediately notify the Employer of this; and understands that if they are a Close Contact, they will not attend or remain at the Work Premises and should immediately notify the Employer of this; understands that if they develop symptoms or potential symptoms of COVID-19 they should not attend or remain at the Authorised Premises.

Penalties

Completing this document with false or misleading information may cause you to be in breach of the Chief Health Officer's Workplace Directions and liable to penalties up to \$21,808.80 (individuals) and \$109,044 (bodies corporate). Infringement notices may be issued in the amounts of:

- \$1,817.40 for an adult;
- \$726.96 for a child of or above the age of 15 years;
- \$181.71 for a child under the age of 15 years;
- \$10,904.40 for a body 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 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 or study 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

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

Rostered / scheduled work or study 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	16 Aug 2021							
2	23 Aug 2021							

Statement from the Employer

I acknowledge that the Employee ordinarily attends work in metropolitan Melbourne or as an authorised worker in regional Victoria. As the Employer, I declare that I have taken all reasonable steps to avoid the need for the Employee to attend the Work Premises. As the Employer, I have determined that it is not reasonably practicable for the Employee to work from the premises at which the Employee ordinarily resides or another suitable premises which is not the Work Premises.

If issued by nominated representative of the Employer or Permitted Education Provider

Nominated representative		Secondary contact	
Full name		Full name	
Title / Role		Title / Role	
Phone number		Phone number	

Diagnosed Persons and Close Contacts

If a person is a Diagnosed Person or Close Contact for the purposes of the Chief Health Officer's Diagnosed Persons and Close Contacts Directions that person cannot be provided with an Authorised Provider and Authorised Worker Permit or permitted to attend or remain upon work premises. An employer or permitted education provider who completes an Authorised Provider and Authorised Worker Permit for a person who is a Diagnosed Person or Close Contact may be in breach of the Workplace Directions and liable to penalties.

If an employee or permitted student is displaying symptoms or potential symptoms of COVID-19, the employee or permitted student should immediately notify the employer or permitted education provider of these symptoms and the employer must not require the employee or permitted student to perform work at the Work Premises.