



Contractor Review
Acknowledgement, Badge Request & Sign Off

Company Name: **Phone Number:**

Postal Address: **Email address:**.....

I acknowledge having received a copy of the UnitingSA Contractors information pack. As a contractor and an employee of the contractor engaged by UnitingSA, I have read the contents of the contractor’s information pack and understand it in full. I agree to abide by the conditions stated in the guide and/or any other direction by UnitingSA in relation to Work Health and Safety (WHS) of the site generally.

I agree that I am up to date with the specified COVID-19 Vaccination requirements and will not enter a UnitingSA site if I cannot provide evidence of up to date COVID-19 vaccination. I will COVID-19 Vaccination Certificates to a UnitingSA employee if requested and I will **not** enter any Uniting SA site if I am feeling unwell and / or have cold or flu like symptoms.

Please Print Clearly

			OFFICE USE ONLY	
Contractor/contractor employee	Signature	Date	BADGE NO	EXPIRY

Uniting SA Officer’s name: Signature: Date:

Please read, fill in all details, sign and return to UnitingSA. Once we have received this completed form we will issue badges to all approved staff.

REMEMBER: UNITING SA HAS A NO BADGE – NO ENTRY POLICY

Email: propertyadmin@unitingsa.com.au or Fax: (08) 8341 2003 or mail to 1B Glebe St Alberton SA 5014



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