



Expressions of Interest - Aboriginal Cultural Heritage Survey Monitoring

FULL NAME:

ADDRESS:

POSTCODE:

SUBURB:

STATE:

PHONE NUMBER:

EMAIL:

Please note you will need to declare all earnings to the Tax Office and lodge a Tax Return to receive any refund of Tax. You will also receive superannuation contributions; please note you will need to let us know where you would like this to be paid.

Please tick which CULTURAL COMMITTEE you identify with:

Hutt River Mullewa Wadjarri Southern Yamatji Widi Mob

Do you identify with any other groups? Yes / No

Please specify: _____

Is there a particular part of the country within the Agreement Area that you are most strongly connected to? If so, where is it? e.g. Northampton, Geraldton, etc.

Please list any specific towns/areas that you have a connection with.

If you have the following qualifications or tickets, please provide details. (Card Number)

White Card _____ Senior First Aid _____ Driver's License _____

I have a roadworthy/reliable vehicle. Yes / No

Please list any previous surveys and monitoring completed:

We will try to coordinate surveys and monitoring at least 2 weeks prior to the date.

Monitoring:

I wish to be considered for Daily monitoring. Yes / No

OR ongoing 1+ days monitoring. Yes / No

When are you available? Monday – Friday Weekends

Please choose surveying options:

I wish to be considered for surveys. Yes / No

I wish to be considered for (1-2 day) surveys. Yes / No

OR ongoing (3-7 day) surveys. Yes / No

I wish to be considered for December and January
(Christmas shutdown monitoring list) Yes / No

Health and Fitness:

Have you or are you currently experiencing any of the following? If you have ticked any of the boxes, you will need to consult your health practitioner for a clearance to work:

- Lung Condition
 Heart Condition High
 Blood Pressure
 Chronic Kidney Disease
 Chronic Fatigue
 Arthritis

Any other health requirements or needs that may require support whilst undertaking work?

Are you currently taking any prescribed medication? Yes / No
(If yes please discuss with health practitioner for clearance to work)

I have the ability to walk 10km per day Yes / No
(this is 2.5 hours of continuous walking over a period of a (7.6 hour) day survey)

I acknowledge I may be subject to breath testing for alcohol/drugs on site. Yes / No

Please note that this information is held in the strictest of confidence and in line with our privacy policy. Please be open and honest as much as possible. As a contractor or employee of YSRC and Sticks & Stones Cultural Resources Management you could put yourself or other people's safety at risk if there is any reason why you cannot do this job & potentially impact future opportunities for others.

Photo Consent: (Yes / No)

Do you consent and grant permission to Yamatji Southern Regional Corporation (YSRC) for the use of any photograph(s), electronic media or video images as identified with monitoring for all marketing and educational presentations of any kind whatsoever.

I understand that I may revoke this authorisation at any time by notifying heritagemailbox@ysrc.com.au in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorised staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

CHECK LIST:

Please complete all sections of the EOI form (total 3 pages)

- Contact Details
- Cultural Committee Check Box
- Qualifications
- Monitoring Options
- Health and Fitness
- Photo Consent
- Declaration
- Emergency Contact

DECLARATION:

I hereby DECLARE that the information provided by me in this expression of interest form for Aboriginal Cultural Heritage Survey Monitoring is true and correct. (No information that would have any effect on my application has been withheld)

NAME: _____

SIGNATURE: _____ **DATE** / /

Emergency Contact: _____ **Mobile:** _____

Emergency Contact Relationship: _____