

Section 2. Occupation details (continued)

If 'YES', how many staff did the employee supervise?

In what area did they work (e.g. office/loading dock etc.)?

Please confirm the physical requirement of the role where applicable by completing the following:

Percentage of time spent in task				Percentage of time spent in task	
Task	<30%	31–70%	>71%	Task	% per day
Lifting, 20kg & over				Walking	
Lifting, 7–19kg				Standing	
Lifting, under 7kg				Climbing – ladders, scaffolding etc.	
Carrying, 20kg & over				Crawling	
Carrying, 7–19kg				Kneeling	
Carrying, under 7kg				Climbing – ramps, steps etc.	
Reaching above shoulders				Sitting	

What qualifications, training and experience does the employee have?



What roles has the employee held with the company?

Job title	Duties	Period

Are there any alternative roles available or could the employee's skills be used in any other work within the company?

Yes No

If 'YES', please specify roles:

What similar roles is the employee skilled to perform?

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Section 4. Declaration

I hereby certify that the above-named employee is an eligible member of the above Plan and that to the best of my knowledge the information stated above is correct.

Employer's Signature

Date

x

Title

Surname

Given names

Job title

Employer's Address

Suburb

State

Postcode

Phone No.

Fax No.



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