**Contractor Induction Register**

I have been given a copy of the Centacare Contractor Induction Manual and certify that I/we:

* Understand the general Work Health and Safety requirements outlined in the Contractor Induction Manual
* Understand any site specific requirements which have been provided to me
* Have in place a system for managing Work Health and Safety
* Understand that my induction will remain current for 12 months, after which period I will need to complete the induction again
* Agree to abide by Centacare/Archdiocesan site specific and general Work Health and Safety requirements and conditions, the Work Health and Safety Act 2011, Work Health and Safety Regulation 2011 and any associated Codes of Practice and Australian Standards.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date** | **Company** | **Signature** | **Contact number****(while on site)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |