



3. Agreement Record

Please sign below to indicate that you have read, understood and agreed to abide by the conditions you have read in the Contractor Agreement Document. If you have any questions please have them clarified before signing.

I acknowledge that I have understood the information in this document describing Eureka Tower handling of Personal Information

Please **PRINT** all fields

Personal

First Name: _____ Surname: _____

Phone: _____

Signature: _____ Date: ____/____/____

Company

Company: _____ ABN No: _____

Company Address: _____

Other

Emergency Contact: _____ Phone: _____

Supervisors Name: _____ Phone: _____

Work Location: _____ Type of work: _____

Vehicle

Make: _____ Model: _____

Colour: _____ Rego: _____

ALL INFORMATION PROVIDED TO SECURITY WILL NOT BE TAKEN OFF SITE

Don't assume!

The continuous operation of this site takes priority over all other activities. Take pride in your work and work place and ensure the workplace is kept safe for all within the building at all times. This document terminates on 31st December each year

Office Use Only

Induction No: _____ Entered by: _____ Date: ____/____/____

Brief Evacuation given by: _____