

BMA VILLAGE SHARED ROOM APPLICATION FORM

Version 1.1 (6 August 2024) Status: Approved
Business Owner: BMA I&S OPS Manager Operations

*The Completed form must be sent to BMA Village Operations - bmavillageoperations@bhp.com for approval.
Any Incomplete applications will not be processed.*

Section 1 – Residents Details

Resident 1 Details

First Name		Last Name	
Employer		Department	
Gender (Please Tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other / Prefer not to stay
Phone	(H)	(W)	(M)
Email Address		Relevant Village	
Relationship Between Parties (i.e. family member, Partner)			
Signature		Date	

Resident 2 Details

First Name		Last Name	
Employer		Department	
Gender (Please Tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other / Prefer not to stay
Phone	(H)	(W)	(M)
Email Address		Relevant Village	
Relationship Between Parties (i.e. family member, Partner)			
Signature		Date	

Section 2 – Eligibility

	Y	N
Does either resident hold a B2B/ assigned or Sole Use room?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide room details:		
Do the residents rosters align in SAMs (this is a requirement)	<input type="checkbox"/>	<input type="checkbox"/>
We acknowledge that the room may be hotelled out whilst on R&R or other planned leave and therefore we agree that all personal belongings will be packed up and locked away in the cupboard provided at the end of each swing.	<input type="checkbox"/>	<input type="checkbox"/>
We acknowledge that when one or both residents are offsite for a minimum of 60 consecutive days, we forfeit the allocated room and have the option to re-apply for a couples shared room when both residents re-meet all eligibility criteria.	<input type="checkbox"/>	<input type="checkbox"/>

Approval – Completed by BMA Supervisor

Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
If not approved, provide reason			
Approvers Name		Approvers Signature	

