

# Application Form



BHP Mitsubishi Alliance

## AFIFO Assigned Rooming Application Form

### 1. Employee/Contractor Type (Please select relevant boxes)

- ☐ New Employee
- ☐ Existing Employee
- ☐ Contractor

### 2. Employee Details (Please complete all sections)

Surname:	Given Name/s:
Position:	Date of Hire:
Employee #:	Contractor #:
Department:	Phone Number:
E-mail (Personal):	
E-mail (Work):	

### 3. Work Details

Site:
Crew:
Roster:
Roster Commencement Date:
Fatigue Room Required:

### 4. Current Accommodation Details

Village: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name of Village:
BMA Housing: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide address:

### 5. Pre-Approval Steps

BMA Site General Manager Endorsement of Request (Broadmeadow Contractors only)	<input type="checkbox"/>
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Name:

Signature:

#### 6. Additional Supporting Details & Documents

Signed Accommodation Rules

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Other Supporting information (if any):

#### 7. Applicant Declaration and Authorization

I (print name) \_\_\_\_\_ {print role/title} \_\_\_\_\_

For {print company name} \_\_\_\_\_ acknowledge and understand that:

- a. It is my responsibility that the information provided on this form is accurate.
- b. This information will be held in the strictest of confidence and will only be used for the purpose of designation of accommodation.
- c. I am responsible to ensure that all required information has been provided, and that if this form is not completed correctly/ in full, it will be returned to me unprocessed.
- d. Should there be any changes to the information in the form, I am required to contact BMA immediately.

Signature:

Date:

If you are requesting to nominate an Assigned room Back-to-Back partner and/or applying for 2-Bedroom Villa access with a partner, please ensure the following is completed by the nominated back-to-back and/or partner:

- Complete a separate application form and attach as a supporting document.

Confirm that they agree to this arrangement by signing the below details:

Name:

Signature:

#### 8. Form Submission

##### Attach and submit via generic request in workflow

Please ensure that you attach all supporting documentation to your generic request. Failing to supply supporting documentation may delay your application being processed

Phone: 1800 772 061 Option 5 if you have any queries relating to the completion of this form.