

Community Advisory Committee Application for Dirranbandi Work Camp Program Assistance

Name of Organisation			
Contact Person			
Project Address			
Phone		Mobile	
Name of parent body (if applicable)			
Please state your reasons for assistance and provide a detailed description of the project including jobs required to be done			
Men required			
When required			
Hours required			
Do you have a COVID safe plan (if yes, please attach)			
During the course of the project the applicant organisation assumes all obligations and responsibilities as applicable under the:			
<ul style="list-style-type: none"> • Work Health and Safety Act 2011 • Work Health and Safety Regulation 2011 • Electrical Safety Act 2002 • Electrical Safety Regulation 2013 			
<p>I/We understand that I/we will be responsible for the supply of all essential Tools/ Equipment / Materials and specialised project supervision where necessary.</p> <p>I/We understand that this application will be considered by the Advisory Committee and if approval is granted, the Work Camp will endeavour to complete the designated work within the required time frame, however the Work Camp reserves the right to cancel any work assistance if safety standards are not adhered to, or if in the opinion of the Field Supervisor and the Advisory Committee, the project is deemed unsuitable for any reason. No work shall infringe on local tradespersons.</p>			
Signature of Applicant.....Please Print Name.....			
Privacy Statement			
<p>Queensland Corrective Services is collecting the information on this form to assess and determine an application to establish a Work program community service project under Sections 263 and 341 of the <i>Corrective Services Act 2006</i>.</p> <p>Queensland Corrective Services usually gives some or all of this information to the Queensland Police Service or other State, interstate, Commonwealth and international government departments or other entities; to private organisations which provide services to offenders and, in some circumstances, to individuals.</p>			
Office use only		Date	/ /
Signed			
Advisory Committee Recommend	Yes / No		
If No (Reason)			
Supervisors inspection Required	Yes / No		
Chairpersons Approval			