



ST GEORGE BOLLON DIRRANBANDI THALLON MUNGINDI NINDIGULLY HEBEL



Community Advisory Committee Application for Work Camp Program Assistance

Lodgement Details	
Please forward the completed application form and all supporting documentation to council Via post, email or in person	
Post to: PO BOX 201 St George QLD 4487	Deliver to: 112-118 Victoria Street, St George QLD 4487
Email: cdo@balonne.qld.gov.au	Queries: 07 4620 8888

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:

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People required	
When required	
Hours required	
Do you have a COVID Safe plan (if yes, please attach)	

- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011
- Electrical Safety Act 2002
- Electrical Safety Regulation 2013



I/We understand that I/we will be responsible for the supply of all essential Tools/ Equipment / Materials and specialized project supervision where necessary.

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.

Signature of Applicant.....Please Print Name.....

Privacy Statement

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 *Corrective Services Act 2006*.

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.

Office use only		Date	/ /
Signed			
Advisory Committee Recommend	Yes / No		
If No (Reason)			
Supervisors' inspection Required.	Yes / No		
Chairpersons Approval			