



EMPLOYEE UPDATE FORM – Subcontractor \_\_\_\_\_

This form is to be used by the Subcontractor to advise BGC of all changes of employees  
Section A – For new employees, all details to be supplied and all questions answered  
Section B – For employee terminations / resignations

SECTION A

NEW EMPLOYEE

NAME		DATE OF BIRTH
ADDRESS	..... Post Code: .....	
	Phone No. .... In Case of Emergency – call .....	
POSITION		DATE STARTED
<b>CONSTRUCTION SAFETY CARD</b> – MUST be attached to this form Tick One <input type="checkbox"/> Legible copy of card showing name and number OR <input type="checkbox"/> Legible copy of WorkSafe Database showing name and number (WorkSafe Database webpage <a href="http://www.commerce.wa.gov.au/worksafe/construction-induction-card-database">http://www.commerce.wa.gov.au/worksafe/construction-induction-card-database</a> )		CARD NUMBER
<b>DRIVERS LICENSE</b> – does employee have a valid license to drive in W.A.?		Yes or No
<b>FIRST AID CERTIFICATE</b> - does employee have a current 1 <sup>st</sup> Aid Certificate?		Yes or No
<b>TRAINING &amp; COMPETENCY</b> is employee trained and competent to work safely? Comments if not yet competent to work safely.....		Yes or No
<b>HEALTH</b> - does the employee have any temporary or permanent health conditions that require specific care at work Comments if specific care is required.....		Yes or No
<b>PHYSICAL CAPABILITY</b> - is the employee physically capable of performing the role		Yes or No
<b>DRUG &amp; ALCOHOL</b> - has employee undertaken screening before commencing employment		Yes or No

CONFIRMATION& RESPONSIBILITY

We confirm that all of the above information is correct and acknowledge that the Subcontractor is responsible for the employees compliance to the current Western Australian occupational health and safety acts and regulations and the BGC Site Safety Manual.

Employee's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subcontractor's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION B

TERMINATED EMPLOYEE

NAME	
LAST DAY OF WORK;	

Print name :(Subcontractor) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_