



| | | |
|--|--|--|
| | Details of major sources of funding: | Fund Raising <input type="checkbox"/> Fees <input type="checkbox"/> Govt. Grants <input type="checkbox"/> Govt. Dept. Budget <input type="checkbox"/> Subsidies <input type="checkbox"/> Other (Specify) <input type="checkbox"/> |
| | Is the work normally carried out by paid / voluntary staff? | Paid <input type="checkbox"/> Voluntary <input type="checkbox"/> |
| | On what days is work available? | Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| | How many workers can be employed on the project? | |
| | What hours can the work be performed on the project site? | Weekdays: am to pm Weekends: am to pm |
| | Are the following tasks or equipment types to be used by community service workers? | Mowers <input type="checkbox"/> Ride-on Mowers <input type="checkbox"/> Brushcutters <input type="checkbox"/> Electrical equipment <input type="checkbox"/> Heavylifting <input type="checkbox"/> Scaffolding or ladders over 1800mm <input type="checkbox"/> Other equipment or Machinery (Specify) <input type="checkbox"/> Note: Tractors and chain saws are NOT to be used |
| | Are chemicals to be used? If so, indicate type: Material Safety Data Sheets and any specified Personal Protective Equipment are to be supplied. | Industrial <input type="checkbox"/> Domestic <input type="checkbox"/> Agricultural <input type="checkbox"/> |
| | Who is the Workplace Health and Safety Officer/Representative for your organisation? | |
| | Does the proposed project have a liquor licence? | Yes <input type="checkbox"/> No <input type="checkbox"/> |



| | | |
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| | <p>For projects that are providing tools and equipment (If project is not providing tools and equipment for project do not complete this section)</p> <p>Are all tasks involving plant compliant with Rural Plant Code of Practice 2004?</p> <p>Is all electrical equipment compliant tested and tagged or protected with a safety switch?</p> <p>Is equipment in a safe condition? (Safe condition means all original safety guards fitted, tested and tagged (if electrical equipment) or connected to safety switches, safety stop switches place, maintained to manufacturer specifications, compliant with any relevant codes of practice/guides.)</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| | <p>For projects that involve working at heights on ladders/scaffolding</p> <p>Have risk assessments been completed regarding working at height?</p> <p>Have appropriate methods of fall prevention been employed (e.g. guard railing, fall restraints etc.).</p> <p>Have all workers been trained in outcomes of risk assessments and safe work procedures?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| | <p>Will supervision by QCS be required?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| | <p>Will the project provide a community supervisor? (Community Supervisors are to complete a supervisors induction package)</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |



| | |
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| <p>For projects supervised by a community member (If project does not have a community supervisor do not complete this section)</p> <p>Have all personnel responsible for transport and supervision of workers undertaking community service consented in writing on the attached consent form to undergo a criminal history check?</p> <p>Are supervisors a “competent person” in the tasks being undertaken by the prisoners? (supervisor should be trained/qualified in the job being undertaken and trained in the use of required equipment. Training should be recorded)</p> <p>Is onsite safety induction provided to all workers?</p> <p>Have risk assessments been conducted for the activities to be undertaken, including working at height and manual handling tasks?</p> <p>Are safe work procedures available and communicated to all workers using equipment or procedures before work begins?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Note: A person responsible for transport and/or on-site supervision of prisoners performing community service is required to undergo a criminal history check and complete the attached consent form.</p> | |

| Project Supervisors names | |
|---------------------------|--|
| | |
| | |
| | |
| Details of Supervision | |
| | |
| | |
| | |

I understand that I must advise any change of Contact Person details if the project is approved.

| Privacy Statement |
|---|
| <p>The Department of Justice and Attorney - General 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>The Department of Justice and Attorney – General 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> |

| | | | | |
|-----------------|--|-------------|---|---|
| Signed | | Date | / | / |
| Name | | | | |
| Position | | | | |



Consent

I hereby authorise Queensland Corrective Services to obtain details of my criminal history for the purpose of determining my suitability to transport and/or supervise offenders undertaking community service.

| | |
|--------------------|--|
| Full Name | |
| * Maiden Name | |
| * Alias/es | |
| Address | |
| Telephone Number | |
| Date of Birth | |
| Place of Birth | |
| Signature | |
| Witness' signature | |
| Full Name | |
| * Maiden Name | |
| * Alias/es | |
| Address | |
| Telephone Number | |
| Date of Birth | |
| Place of Birth | |
| Signature | |
| Witness' signature | |

| | |
|--------------------|--|
| Full Name | |
| * Maiden Name | |
| * Alias/es | |
| Address | |
| Telephone Number | |
| Date of Birth | |
| Place of Birth | |
| Signature | |
| Witness' signature | |
| Full Name | |
| * Maiden Name | |
| * Alias/es | |
| Address | |
| Telephone Number | |
| Date of Birth | |
| Place of Birth | |
| Signature | |
| Witness' signature | |



| Community Advisory Recommendation | |
|-----------------------------------|--------|
| Project Recommended | Yes/No |
| Conditions/Comments | |
| | |
| | |
| CAC Chair/Signature | Date |

| Queensland Corrective Services Office Use Only | |
|---|---|
| Facility | |
| Manager/Coordinator | |
| Criminal History Check Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Workplace Health and Safety Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Recommended | Not Recommended |
| Reasons | |
| | |
| | |
| | |
| Name | |
| Signature | Date |

| | | |
|--|-----------------------------------|---------------------------------------|
| General Manager/Deputy General Manager | Approved <input type="checkbox"/> | Not Approved <input type="checkbox"/> |
| Name | | |
| Position | | |
| Signature | Date | |



WORK PROGRAM COMMUNITY SERVICE PROJECT WORKPLACE HEALTH AND SAFETY ASSESSMENT

Admin Form

163

Version: 01

Implement date: 31/03/2014

Availability: Public

Information for Community Projects

Queensland Corrective Services (QCS) regards on-site safety as a high priority for community service projects.

It is the responsibility for the external organisation to ensure compliance with the *Workplace Health and Safety Act 1995 and Workplace Health and Safety Regulations 2008*. In practice, this means ensuring that workers are not exposed to risks to their health and safety that are foreseeable. For example, before a service worker commences a work task, the following positive steps must be undertaken by the project—

- identification of all tasks involved, identification of safety risks associated with tasks, and developing safe work procedures;
- checking of equipment to ensure it is in safe, working order;
- ensuring that a prisoner is capable of using any required equipment;
- instructing the prisoner regarding safe work practices;
- ensuring the prisoner is utilising appropriate personal protective equipment; and
- ensuring ongoing, adequate supervision of prisoners.

Community Supervised Community Project Sites Only

Induction/Instruction/Training

Before commencing on site the prisoner should be given a safety induction covering such things as emergency response procedures, safe work procedures, and instruction in the safe use of required equipment and/or chemicals and associated Personal Protective Equipment (PPE) as per manufacturers/suppliers instructions.

Details of induction and training provided must be provided to the Corrective Services Field Supervisor.

Supervision

This means supervision to the extent that the supervisor is confident work is being carried out in a safe manner. Supervisors should be competent in the use of any equipment and have any required certification as necessary.

If a prisoner is engaged in a potentially hazardous work task, for example, using a brushcutter, it is important that—

- the supervisor ensures that the prisoner has knowledge of the correct and safe method of using the equipment;
- when the supervisor is satisfied the prisoner has the ability and knowledge to use the equipment, the supervisor is required to provide a level of supervision commensurate with the relative danger of the work; and
- the necessary protective equipment is being used / worn by the prisoner.

Accident

A First Aid kit must be available at a project. The contents of the kit should cover all injuries which might conceivably occur at the workplace (see the First Aid Code of Practice 2004 for guidance).

In the event of a worker being involved in an accident at the project, the community supervisor must



report the accident to the Corrective Services Field Supervisor as soon as possible. Details of the accident must be recorded, as required by section 14 of the *Workplace Health and Safety Regulations 1995*.

Notifiable Incidents

The *Workplace Health and Safety Regulation 2008* and the *Electrical Safety Regulation 2002* require certain incidents to be reported to Workplace Health and Safety Queensland and the Electrical Safety Office respectively. Generally these incidents must be reported within 24 hrs to the relevant authority (or immediately in the case of workplace death).

If a Notifiable incident occurs please notify Workplace Health and Safety Queensland and the relevant corrective services facility immediately.

Summary

The *Workplace Health and Safety Act 1995* has placed a clear focus on the obligations of relevant employers, persons conducting a business or undertaking and persons in control of workplaces to ensure the health and safety of workers and/or other persons.

Employers, persons conducting a business or undertaking, and persons in control of workplaces amongst others, may be liable to be prosecuted under the *Workplace Health and Safety Act 1995* if their obligations under the Act are not discharged.

During the course of the project the applicant organisation assumes all obligations and responsibilities as applicable under the:

- *Workplace Health and Safety Act 1995*
- *Workplace Health and Safety Regulations 2008*
- *Electrical Safety Act 2002*
- *Electrical Safety Regulations 2002*
- *Dangerous Goods Safety Management Act and Regulations 2001*
- *Any other relevant safety legislation that may come into force subsequent to the development of this form.*

If a project supervisor is in doubt about any aspect of safety relating to a prisoner engaged in a community service project they should contact the relevant corrective services facility or Workplace Health and Safety Queensland for clarification.

WORK PROGRAM COMMUNITY PROJECT HEALTH AND SAFETY ASSESSMENT

INITIAL ASSESSMENT / ANNUAL ASSESSMENT

This checklist is provided as a guide to assist the Community Service Project organisation to manage their Workplace Health and Safety responsibilities, and does not replace any legal obligations on the Community Project organisation pursuant to relevant Workplace Health and Safety legislation.



Name of Project _____

| Criteria | | Yes | No | N/A | Comments |
|---|---|-----|----|-----|----------|
| HAZARDOUS SUBSTANCES | | | | | |
| | Are chemicals and flammable liquids used and, if so, are they stored according to manufacturer instructions? | | | | |
| | Are workers given appropriate training and instruction on the use and handling of hazardous substances? | | | | |
| | Is proper signage, and written instructions for use of hazardous substances, in place? Are chemical Material Safety Data Sheets easily accessible for those who may use the chemicals? | | | | |
| | Does the job involve work with or possible exposure to asbestos containing materials (eg. Fibro cement)? If yes, does the community service project have procedures for asbestos management as per the National Code of Practice for the Management and Control of Asbestos in Workplaces? | | | | |
| FIRST AID | | | | | |
| | Does the project have a first aid kit containing contents to deal with situations which might occur at the workplace? | | | | |
| | Are medical/ first aid trained staff available in case of accident? If not is there an emergency plan in place for serious injury requiring first aid/medical attention? | | | | |
| EMERGENCY SITUATION | | | | | |
| | Are procedures in place in case of an emergency? (Eg. Fire). | | | | |
| | Is fire fighting equipment available and accessible? (Note type of equipment and if fire extinguisher has it been tested and tagged within last 6 months) | | | | |
| | Have supervisors/workers been trained in the use of fire fighting equipment? (If applicable) | | | | |
| REPORTING PROCEDURE | | | | | |
| | Is the need to report all incidents/accidents to QCS as soon as practicable known to the project? | | | | |
| | Is the Community Organisation aware of the need for reporting Notifiable incidents to Workplace Health and Safety Queensland or the Electrical Safety Office. | | | | |
| LEGISLATIVE COMPLIANCE & RISK MANAGEMENT | | | | | |
| | Are the provisions of the Workplace Health and Safety Act and Regulations, Electrical Safety Act and Regulations, Dangerous Goods and Hazardous Substances Act and regulations, First Aid Code of Practice (and any other relevant safety legislation) known to the project? (as applicable). | | | | |
| | Are jobs risk assessed by the community agency to identify hazards and how they will be controlled during the completion of the project? (Hazards include things like working at heights, heavy lifting, using machinery, working with chemicals) (as applicable). From the risk assessments are there safe work procedures/practices developed? | | | | |
| MANUAL HANDLING | | | | | |



| | | | | |
|---|--|--|--|--|
| Does the project have ways to minimise the need for manually handling loads (e.g. trolleys and/or other mechanical aids)? | | | | |
|---|--|--|--|--|

Next Section is to be completed by Projects with a Community Supervisor Only (leave blank otherwise)

INFORMATION, TRAINING, INSTRUCTION, SUPERVISION

| | | | | |
|--|--|--|--|--|
| Are safety inductions given to prisoners before commencing onsite? Are records kept of the induction/training? What is the name of the person who will do inductions on this job? Name - _____ | | | | |
| Are workers instructed in safe work practices/procedures? How is this recorded? | | | | |
| Does the project ensure that workers receive ongoing and adequate supervision? How? Are supervisors trained or certificated to supervise the particular equipment (if necessary)? | | | | |

PLANT & EQUIPMENT

| | | | | |
|--|--|--|--|--|
| Does the project ensure that equipment is in as safe a condition as possible (e.g. dangerous moving parts guarded, maintenance and inspection according to manufacturer's requirements)? | | | | |
| Does the project ensure that workers are trained in the safe use of equipment? | | | | |

PERSONAL PROTECTIVE EQUIPMENT (PPE)

| | | | | |
|--|--|--|--|--|
| Does the project ensure that community service workers utilise appropriate safety equipment/Personal Protective Equipment? | | | | |
| Is the equipment used regularly inspected and maintained to ensure it is in safe working order? How often? | | | | |

ELECTRICAL SAFETY

| | | | | |
|--|--|--|--|--|
| Is equipment used by workers electrically safe, for example: <ul style="list-style-type: none"> • in good condition (e.g. covers/casings not damaged to prevent any exposed wires); • tested and tagged within the last 6 months; • protected by a safety switch? | | | | |
|--|--|--|--|--|

Project Organisation Assessor's Comments:

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| | |
|---|--|
| Project Organisation Assessor's Name | |
| Assessor's Signature | |
| Date | |



| HAZARDOUS SUBSTANCES / DANGEROUS GOODS / CHEMICALS REGISTER | | | Admin Form |
|---|----------------------------|----------------------|------------|
| Version: 01 | Implement date: 31/03/2014 | Availability: Public | 164 |

| Business Unit | | Workplace | |
|---------------|--|-----------|--|
|---------------|--|-----------|--|

| Product Name | Location or process where product used | Is product hazardous? Y / N | Dangerous goods Class if applicable | MSDS | | Risk Assessment | | Actions/Comments |
|-------------------------------|--|--------------------------------|-------------------------------------|------|----------|-----------------|----------|---|
| | | | | Y/N | Date | Y/N | Date | |
| Example: Graffiti 'safewipes' | Graffiti | Y | N/A | Y | 01/01/13 | Y | 01/01/13 | Supply to all graffiti removal programs |
| | | | | | | | | |
| | | | | | | | | |
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*An MSDS is required for all hazardous substances/dangerous goods/chemicals and must be no older than 5 years

| | | |
|--|--|------------------------------|
| WORKPLACE HEALTH & SAFETY RISK ASSESSMENT Form 1 <i>For use when conducting WHS Risk Assessment</i> | DATE CONDUCTED:/...../..... | TIME CONDUCTED: : |
| | NAMES OF ASSESSORS: | |
| Signatures: | | |

Service: **Business Unit:** **Location:**
(Custodial/Probation & Parole/Other)

| IDENTIFY HAZARD/ISSUE What is the activity/issue that has the potential to cause harm or damage? E.g use of machinery/chemicals/heavy lifting. | RISK LEVEL What injury/illness/damage could result AND how likely is it to happen? <i>Refer to Risk Matrix – 1A</i> | CURRENT CONTROLS IN PLACE What controls are currently in place to minimise harm or damage? | FURTHER RECOMMENDED CONTROLS What additional controls are recommended to further reduce the risk? <i>Refer to Hierarchy of Hazard Controls – 1B</i> | PERSON/S ACCOUNTABLE Who will be accountable for implementing each control? | BY WHEN By what date should each control be completed? | RISK REDUCTION What has the level of risk been reduced to after the controls are implemented? <i>Refer to Risk Matrix – 1A</i> |
|--|--|--|--|---|--|---|
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- PROCESS - HOW TO CONDUCT A RISK ASSESSMENT:**
- | | |
|--|--|
| 1. Identify the Hazard/risk to be assessed | 5. Prioritise risks to deal with the most urgent first |
| 2. Identify the consequences (most credible outcome) | 6. Ask "how can we control the risk?" (Check the Hierarchy of Hazard Control) then list the control strategies |
| 3. Identify the likelihood | 7. Implement |
| 4. Determine the risk rating | 8. Review |

1A - WHS CONSEQUENCE AND LIKELIHOOD DESCRIPTORS, RISK MATRIX AND RISK ACCEPTANCE THRESHOLDS AND RESPONSE MATRIX

Consequence Descriptors

| Consequence | Minor | Medium | Serious | Major | Catastrophic |
|--|--|---|---|---|---|
| Health (including mental health) | <p>Reversible health effects of little concern, requiring first aid treatment at most.</p> <p>Can include minor irritations of the eyes, throat, nose or skin or minor unaccustomed muscular discomfort.</p> | <p>Reversible health effects of concern that would typically result in medical treatment.</p> <p>Can include temperature effects, travel effects and sunburn.</p> | <p>Severe, reversible health effects of concern that would typically result in lost time illness.</p> <p>Can include acute/short-term effects associated with extreme temperature effects; musculo-skeletal effects; nervous systems effects; some infectious diseases.</p> | <p>Irreversible health effects or disabling illness.</p> <p>Can include progressive chronic and/or acute/short-term high-risk effects.</p> | <p>Fatality; OR Serious disabling illness to multiple people.</p> <p>Can include effects of carcinogens, mutagens, teratogens, and reproductive toxicants, life threatening respiratory sensitization and malaria.</p> |
| Safety | <p>Low level short term subjective inconvenience or symptoms.</p> <p>Typically involving first aid treatment or report only.</p> | <p>Reversible injuries requiring treatment but does not lead to restricted duties.</p> <p>Typically involving medical treatment only.</p> | <p>Reversible injury that leads to inability to perform normal duties or moderate irreversible damage or impairment.</p> <p>Typically a lost time injury.</p> | <p>Severe irreversible damage or severe impairment.</p> <p>Severe irreversible damage or severe impairment typically involves loss of functioning (e.g. loss of thumb, causing inability grip/handle)</p> | <p>Fatality; OR Severe irreversible damage or severe impairment to multiple people.</p> |
| Environment | <p>Near-source confined and promptly reversible impact (typically a shift).</p> | <p>Near-source confined and short-term reversible impact (typically a week).</p> | <p>Near-source confined and medium-term recovery impact (typically a month)</p> | <p>Impact that is unconfined and requiring long-term recovery, leaving residual damage (typically years).</p> | <p>Impact that is widespread-unconfined and requiring long-term recovery, leaving major residual damage (typically years)</p> |
| Public Safety | <p>Impact on the health and safety of a member of the public, caused by DCS activities, that requires first aid treatment at most.</p> | <p>Impact on the health and safety of a member of the public, caused by DCS activities, that requires medical treatment at most</p> | <p>Severe, reversible health effects to a member of the public, caused by DCS activities.</p> | <p>Irreversible health effects or disabling injury/illness, caused by DCS activities.</p> | <p>Fatality; or Disabling injury/illness to multiple people, caused by DCS activities.</p> |
| Property Damage | Up to \$100,000 | > \$100,000 but < \$0.5 million | > \$0.5 million but < \$1 million | > \$1 million but < \$5 million | > \$5 million |

WHS Risk Matrix (with likelihood descriptors)

| Likelihood | | Consequences (as listed on previous page) | | | | |
|-----------------------|---|---|----------|----------|---------|--------------|
| | | Minor | Medium | Serious | Major | Catastrophic |
| Almost Certain | Is expected to occur in most circumstances | High | High | Extreme | Extreme | Extreme |
| Likely | Will probably occur in most circumstances | Moderate | High | High | Extreme | Extreme |
| Possible | Might occur at some time | Low | Moderate | High | Extreme | Extreme |
| Unlikely | Could occur at some time | Low | Low | Moderate | High | Extreme |
| Rare | May occur only in exceptional circumstances | Low | Low | Moderate | High | High |

Risk acceptance thresholds and response matrix

| Risk Class/Rating | Response | Risk Class/Rating | Response |
|-------------------|---|-------------------|---|
| Extreme | Risk exceeds the accepted threshold and needs urgent and immediate attention. | Moderate | Risk that lies on the risk acceptance threshold and requires active monitoring. The implementation of additional measures could be used to reduce the risk further. |
| High | (a) Risk exceeds the risk acceptance threshold and requires proactive management; AND/OR (b) Risk for which proactive management has already been taken but further risk reduction is not reasonably practicable. Active monitoring and senior management sign-off is required where (b) is the case. | Low | Risk that lies below the risk acceptance threshold and do not require active management. Certain risks could require additional monitoring. |

1B - WHS Risk Assessment – **HIERARCHY OF HAZARD CONTROL**

The 'hierarchy of control' is a set of principles that should be used to determine the most suitable methods for controlling risks. The hierarchy of controls assigns reducing levels of preference to types of control measures. In determining control measures you must work from 1 first, through to 2e (last resort).

The hierarchy of controls is as follows:

1. **Elimination** – completely eliminating the hazard or preventing the risk.
2. If this is not possible, the risk must be minimised to as low as reasonably practicable (**ALARP**), by measures considered in the following order:
 - a. **Substitution** – replacing the material, equipment or process for a less hazardous one (e.g. substituting a hazardous chemical for a non or less hazardous chemical).
 - b. **Engineering** – redesigning the equipment or process (e.g. installing automated lifting/loading systems to eliminate/reduce the risk of manual handling injuries).
 - c. **Isolation** – e.g. isolating the hazard from people (by guards or enclosures).
 - d. **Administration** – e.g. training, procedures, job rotation.
 - e. **Personal Protective Equipment (PPE)** – appropriate and properly fitting PPE.

Note: A combination of controls may be used.

PPE is the last resort because it does not remove or minimise the hazard – it places a barrier between the employee and the hazard.

ALARP: - Risk that is 'tolerable' on the basis that the risk is acceptably low and cannot be reduced further without expenditure of a cost that is grossly disproportionate to the benefit gained.

TO: WHITSUNDAY REGIONAL COUNCIL

COMMUNITY
ORGANISATION NAME:

ADDRESS:

**RE: APPLICATION TO BECOME A WORK PROGRAM COMMUNITY
PROJECT**

| | |
|--|--|
| PROJECT NAME | |
| PROJECT ADDRESS: | |
| REGISTERED PROPRIETOR (OF PROPERTY WHERE PROJECT BEING UNDERTAKEN) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| TENANT | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| LANDLORD ADVISED | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| LANDLORD'S DETAILS (Name/Address) | |
| LANDLORD'S CONSENT COMPLETED | Yes <input type="checkbox"/> No <input type="checkbox"/> |

LANDLORD'S CONSENT

I/WE

Of

Confirm that that I/We have been informed of the above mentioned project and confirm I/We consent to the work being undertaken.

DATED this _____ day of _____

| |
|---|
|  IMPORTANT NOTE CONSENT TO BE ATTACHED TO APPLICATION |
|---|