



EMPLOYEE UPDATE FORM

BGC DIVISION: _____

Subcontractor Business name: _____

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
CONSTRUCTION SAFETY CARD – 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 http://www.commerce.wa.gov.au/worksafe/construction-induction-card-database)	
DRIVERS LICENSE – does employee have a valid license to drive in W.A.?	Yes or No
FIRST AID CERTIFICATE – does employee have a current 1 st Aid Certificate?	Yes or No
TRAINING & COMPETENCY is employee trained and competent to work safely?	Yes or No
Comments if not yet competent to work safely.....	
HEALTH - does the employee have any temporary or permanent health conditions that require specific care at work	Yes or No
Comments if specific care is required.....	
PHYSICAL CAPABILITY - is the employee physically capable of performing the role	Yes or No
DRUG & ALCOHOL - 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: _____