**Appendix A INDUCTION PACKAGE (from New Starter Policy)**

1. **PERSONAL INFORMATION**

Full Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*denotes compulsory information throughout Induction Package

Street Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address\* (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* (At least one contact phone number must be supplied)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_ /\_\_\_\_ /\_\_\_\_ Shirt size (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact and Relationship\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact’s Phone Number\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employment Type\*: Full-Time 🞎 Part-Time 🞎 Casual 🞎 Volunteer 🞎

1. **STAFF INDUCTION ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Account Details: | BSB: | Account: |  |
| Super Fund Name: |  | AccountNumber: |  |
| Tax File Number: |  |  Tax File Number Declaration  / Application:  |  |

**Supervisor to Complete:**

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor\*: |  | Award Class\*: |  |
| Start Date\*: |  | Salary\*: | $ |

Supervisor has checked pre-existing medical conditions (Section 11)\*?Yes 🞎

|  |
| --- |
| **Office use only**MYOB: Yes 🞎 n/a 🞎 Contacts Database: Yes\No Email Database: Yes/No PaperVision: Yes 🞎  |

1. **WELCOME NEW EMPLOYEES AND VOLUNTEERS**

Welcome new starter to the Organisation.

*Provide copies of following documents (email weblink if possible):*

* Group information\*

<http://ecollaboration.org.au/>

<http://www.maroochycatchmentcentre.org.au>

<http://catchmentservices.org.au/>

<http://www.ecoeducationservice.org.au/>

<https://www.facebook.com/ECOllaboration-Ltd-155542478182706/>

<https://www.facebook.com/Maroochy-Waterwatch-113734315315458/>

<https://www.facebook.com/Catchment-Services-1604237269905290/>

<https://www.facebook.com/ECO-Education-Service-278044265875605/>

* Code of Conduct Policy and Procedures\*
* Workplace Health and Safety Policy\*
* Personal Accident Insurance (volunteers) or WorkCover (employees) Policy\*

<http://ecollaboration.org.au/corporate-documents/>

* Relevant industrial award\* (relevant staff only)

<http://www.fairwork.gov.au/awards-and-agreements/awards>

* Any other documents relevant to position (please list):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **INTRODUCTION**

Provide an overview of the Organisation, including:

* Size
* Organisational structure
* Number of employees and volunteers
* Services provided
1. **CONDITIONS OF EMPLOYMENT / VOLUNTEERING**
* Position description\*
* Relationship of job to other jobs within the Organisation\*
* Professional image\*
* Training and development\*
* Organisational policies

*Including:* Code of Conduct\*

Operational Policies

Employment Policies

Board Policies (if applicable)

* Worker’s Compensation/Personal Accident Insurance\*
* Remuneration and Superannuation (staff only)
* Leave entitlements (staff only)
1. **ENVIRONMENT, HEALTH AND SAFETY**
* Environment, Health And Safety Policies
* Induction into the relevant Job Safety Environment Analysis\*

*(attach JSEA and signed work methods to this document)*

* Office and Field Work (Generic)\*
* Auger Use
* Bites and Stings
* Boat Operations
* Brushcutter Use
* Chainsaw Use
* Frog Monitoring
* Hand Weeding
* Manual Handling
* School Workshops & Fieldtrips
* Securing Loads
* Seed Collection
* Slips, Trips and Falls
* Snake Habitat
* Soil Born Diseases and Infection
* Swinging Tools
* Tree Planting
* Use of Vehicles
* Vehicle and Machine Wash Down
* Wader Use
* Water Testing
* Working at Heights
* Working at Night
* Working in Hot Conditions
* Working in Public Areas
* Working in Wet Weather
* Working near plant and equipment
* Working near water
* Working on or near a roadway
* Working with chemicals
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Notification of pre-existing conditions potentially affecting performance. Inductees must sign\* (see Section 11)
* If applicable, please specify dietary preferences:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* General housekeeping

*Including:* Waste Management

Turn off computers/lights/fans/heaters & close windows

Weekly fridge clean out

Stationery requests

Lock up procedures

*Fire and Emergency Safety:*

* Explain and/or demonstrate the fire warning system
* Fire and evacuation procedures
* Assembly point for evacuation
* Types and locations of fire extinguishers

*Injury and Incident Reporting:*

* Process for reporting injury, incidents or hazards\*
* Location of first aid facilities\*
* First aid and occupational health and safety representatives\*
1. **PUT NEW EMPLOYEES AT EASE WITH THEIR NEW ENVIRONMENT**

*Conduct site tour, including:*

* Toilets
* Tea room
* First aid facilities
* Car Parking
* Noticeboards
* Stationery

*Overview of local area:*

* Local shops/facilities
* Public transport

*Introduce new employee to:*

* Managers and Supervisors\*
* Employees and Volunteers\*
* Occupational health and safety representatives\*
* First Aiders\*
1. **ASSIGN A MENTOR FOR THE NEXT TWO/THREE WEEKS**
* Mentor name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **SUPPORTING DOCUMENTS**

*Staff and Volunteers*

* Driver Declaration (Section 12 - *if driving company vehicles)*
* Casual Conversion (Section 13 – *only for casual employees*)
* Drivers Licence *(for all staff and anyone driving company vehicles)*
* Boat Licence
* Blue Card (*if working with children*)
* Blue Card Application Form (*if working with children*)
* External Inductions *(obtain a copy of induction certification)*
	+ Sunshine Coast Council <https://www.sunshinecoast.qld.gov.au/Council/Organisation-and-Governance/Health-and-Safety>
	+ Other (please specify and obtain copy of induction)

*Staff Only*

* Employment Contract (if applicable)
* Employment Award and conditions
* ACDC Licence
* Chainsaw Certificate
* Construction White Card
* First Aid Certificate
* CPR Certificate
* MUCTD Qualification
* Unique Student Identifier (if trainees): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Resume
* Qualifications (please list and attach): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Others (please list and attach): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **CONFIRMATION OF COMPLETED INDUCTION**

I acknowledge and agree to comply with the following terms that refer to my participation in all projects and activities:

* I have notified the team leader of any relevant medical conditions, allergies, disabilities and pre-existing injuries
* I will abide by the Policies of the organisation
* I shall respect the rights, feelings and property of all others associated with the organisation
* I shall cooperate with the team leader to ensure a safe, happy and hygienic team environment
* I understand that I have a Duty of Care and that I will not:
* Work in a way that creates risk to others or myself
* Allow others to proceed unknowingly into danger
* I give approval for any photographs or videos taken of me while participating in group activities to be used in reporting or marketing purposes
* My placement within the organisation is at the discretion of the team leader

I understand that failure to comply with any of these conditions may result in disciplinary action and possible termination.

Inductee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inductor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_ /\_\_\_\_ /\_\_\_\_

1. **PRE-EXISTING CONDITIONS AFFECTING PERFORMANCE**

Do you have any medical conditions, allergies, disabilities or past injuries **that may affect your** **participation?**

Yes **\_\_\_\_\_\_\_\_** No **\_\_\_\_\_\_\_\_\_\_**

If yes, please discus with team leader and complete the following questions.

More information on the condition;

e.g. *How serious is the condition? What are the symptoms? How often do the episodes occur? When was the most recent episode*?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on the response to Question 1, how might the declared condition affect participation?

e.g. *What other relevant activities does the volunteer undertake on regular basis*?

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What is the management plan to minimize the likelihood of aggravating the declared condition?

e.g. *Medication to be taken, avoid allergy triggers, rotate activities, carer to accompany employee/volunteer*. A doctor’s certificate may be necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the emergency management plan?

e.g. *Seek medical attention or administer medication. How quickly do these need to be undertaken?*

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Inductee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_ /\_\_\_\_ /\_\_\_\_

Supervisor to sign if pre-existing medical conditions declared:

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_ /\_\_\_\_ /\_\_\_\_

1. **Drivers Declaration**

Driver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male / Female

Driving Licence Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class or Type: \_\_\_\_\_\_\_\_\_\_\_

Number of years of having a licence in Australia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a private vehicle privately insured? Yes / No

If yes, please advise the name of the insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state the current No Claim Bonus Entitlement if applicable: \_\_\_\_\_\_\_\_\_\_\_\_

Answer all the questions below.

* Are you under 25 years of age? …………………………………………………..… Yes / No

In the last 5 years, have you:

* Had any renewal declined, cancelled or special terms imposed? …. Yes / No
* Been convicted or charged with any motoring offence (other than parking infringements)? ………………………………………….………………………………….. Yes / No
* Had any motor vehicle licence endorsed, cancelled or suspended? Yes / No
* Been declared bankrupt, or been a director or officer in a company which has been placed in liquidation or had a receiver, administrator or liquidator appointed, or had a judgement ordered against you? ................. Yes / No

In the last 3 years, have you:

* Had any motor vehicle accident, fire or theft happen to any vehicle driven or owned by you? …………………………………………………………………………… Yes / No
* Made any insurance claim in respect of a motor vehicle? ……………. Yes / No
* Do you have any physical defect in sight, hearing impairment or other infirmity? …………………………………………………………………………………………. Yes / No
* Are you taking any medication or drugs which may affect your ability to drive? …………………………………………………………………………………………….… Yes / No
* Is there any other information which may be relevant to the insurance of a motor vehicle that should be disclosed: including but not limited to previous claims for loss or damage, injuries to other parties (whether insured or not), criminal convictions or charges? …………………………………………….…….… Yes / No

If you have answered “Yes” to any of the above questions, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_ /\_\_\_\_ /\_\_\_\_

NOTE: *ALL* DRIVER DECLARATIONS MUST BE FORWARDED TO B&L INSURANCE AT michelleg@wgib.com.au and phone 54416277

|  |
| --- |
| **Office use only:**Insurer Notified? Yes / n/aAuthorisation approved? Yes / No / Yes, with restrictions (please detail below):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |

1. **CASUAL CONVERSION – FOR CASUAL EMPLOYEES ONLY**

This note is to advise you of the casual conversion clause in the modern awards under which you are employed. All award based employment have the following clauses that applies to your position:

**10.5 Right to request casual conversion**

[10.5 inserted by [PR700566](https://www.fwc.gov.au/documents/awardsandorders/html/pr700566.htm) ppc 01Oct18]

**(a)** A person engaged by a particular employer as a regular casual employee may request that their employment be converted to full-time or part-time employment.

**(b)** A **regular casual employee** is a casual employee who has in the preceding period of 12 months worked a pattern of hours on an ongoing basis which, without significant adjustment, the employee could continue to perform as a full-time employee or part-time employee under the provisions of this award.

**(c)** A regular casual employee who has worked equivalent full-time hours over the preceding period of 12 months’ casual employment may request to have their employment converted to full-time employment.

**(d)** A regular casual employee who has worked less than equivalent full-time hours over the preceding period of 12 months’ casual employment may request to have their employment converted to part-time employment consistent with the pattern of hours previously worked.

**(e)** Any request under this subclause must be in writing and provided to the employer.

**(f)** Where a regular casual employee seeks to convert to full-time or part-time employment, the employer may agree to or refuse the request, but the request may only be refused on reasonable grounds and after there has been consultation with the employee.

**(g)** Reasonable grounds for refusal include that:

**(i)** it would require a significant adjustment to the casual employee’s hours of work in order for the employee to be engaged as a full-time or part-time employee in accordance with the provisions of this award –that is, the casual employee is not truly a regular casual employee as defined in paragraph [(b)](http://awardviewer.fwo.gov.au/award/show/MA000101#P263_22266);

**(ii)** it is known or reasonably foreseeable that the regular casual employee’s position will cease to exist within the next 12 months;

**(iii)** it is known or reasonably foreseeable that the hours of work which the regular casual employee is required to perform will be significantly reduced in the next 12 months; or

**(iv)** it is known or reasonably foreseeable that there will be a significant change in the days and/or times at which the employee’s hours of work are required to be performed in the next 12 months which cannot be accommodated within the days and/or hours during which the employee is available to work.

**(h)** For any ground of refusal to be reasonable, it must be based on facts which are known or reasonably foreseeable.

**(i)** Where the employer refuses a regular casual employee’s request to convert, the employer must provide the casual employee with the employer’s reasons for refusal in writing within 21 days of the request being made. If the employee does not accept the employer’s refusal, this will constitute a dispute that will be dealt with under the dispute resolution procedure in [9](http://awardviewer.fwo.gov.au/award/show/MA000101#P221_18115). Under that procedure, the employee or the employer may refer the matter to the Fair Work Commission if the dispute cannot be resolved at the workplace level.

**(j)** Where it is agreed that a casual employee will have their employment converted to full-time or part-time employment as provided for in this clause, the employer and employee must discuss and record in writing:

**(i)** the form of employment to which the employee will convert –that is,full-time or part-time employment; and

**(ii)** if it is agreed that the employee will become a part-time employee, the matters referred to in clause [10.3(b)](http://awardviewer.fwo.gov.au/award/show/MA000101#P253_20810).

**(k)** The conversion will take effect from the start of the next pay cycle following such agreement being reached unless otherwise agreed.

**(l)** Once a casual employee has converted to full-time or part-time employment, the employee may only revert to casual employment with the written agreement of the employer.

**(m)** A casual employee must not be engaged and re-engaged (which includes a refusal to re-engage),or have their hours reduced or varied, in order to avoid any right or obligation under this clause.

**(n)** Nothing in this clause obliges a regular casual employee to convert to full-time or part-time employment, nor permits an employer to require a regular casual employee to so convert.

**(o)** Nothing in this clause requires an employer to increase the hours of a regular casual employee seeking conversion to full-time or part-time employment.

**(p)** An employer must provide a casual employee, whether a regular casual employee or not, with a copy of the provisions of this subclause within the first 12 months of the employee’s first engagement to perform work. In respect of casual employees already employed as at 1 October 2018,an employer must provide such employees with a copy of the provisions of this subclause by 1 January 2019.

**(q)** A casual employee’s right to request to convert is not affected if the employer fails to comply with the notice requirements in paragraph [(p)](http://awardviewer.fwo.gov.au/award/show/MA000101#P283_26279).

Signed,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_