	Cloncurry Shire Council	FRM – HRM1007-02

MANDATORY SELF-DECLARATION FOR STAFF/ VISITOR/ CONTRACTOR FORM

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire.

Tick ✓ as appropriate

Staff	☐ Yes	Visitor	☐ Yes	Contractor	☐ Yes
Name					
Company (if applicable)					
Departure Location					
Date:					

If your response is YES to any of questions 1 to 6 below, you are not permitted to enter a Cloncurry Shire Council worksite or office.

	SELF DECLARATION MADE BY STAFF / VISITOR / CONTRACTOR	
1	Are you suffering from respiratory symptoms such as fever, cough, sore throat, shortness of breath or breathing difficulties?	☐ Yes ☐ No
2	Are you subject to self-isolation requirements imposed by the Government?	☐ Yes ☐ No
3	Have you been in close contact with a person suspected or confirmed to have COVID-19?	☐ Yes ☐ No
4	In the last 14 days, have you or your family or members of your household travelled overseas?	☐ Yes ☐ No
5	Since 15 March have you, your family or members of your household arrived from an overseas destination, travelled on a domestic flight or been on a cruise ship?	☐ Yes ☐ No
	If yes, please supply details including flight number or vessel name – (Please provide copy of travel documents as evidence)	Flight Number: Vessel name: Arrival date:
6	Are you aware of any medical or other issue that may impact Council or the Community?	☐ Yes Please provide further detail ☐ No
7	Are you returning from an area outside of the North West District?	☐ Yes Please provide further detail ☐ No Location:

If your response is YES to question 7, you may be required to self-isolate for a period of 14 days. Contractors and visitors may apply for dispensation. Applications must be made to the CEO and be accompanied by a COVID-19 Hazard Mitigation Plan including measures implemented in order to limit the spread of the virus within the Cloncurry Shire.

DECLARATION			
Signature:		Print Name:	
Position:		Date:	

ACTION TO BE TAKEN		
Access to facility (tick one)	☐ Approved	☐ Denied
Signature:	Print Name:	
Position:	Date:	

Version No.2

Authorised by Director Corporate Services, Document maintained by Corporate Governance

Electronic version current, uncontrolled copy valid only at time of printing

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Mandatory Self Declaration for staff and visitors Form