

SWIPE CARD AUTHORISATION FORM

All contractors are required to complete an online induction prior to site access being granted this is completed online via https://portotago.brackenlearning.com/

<u>Please note</u> - before you can access a Port Otago Swipe Card your company must complete the Port Otago Contractor Company Pre-Qualification. Please contact Adam Smith (<u>ASmith@portotago.co.nz</u>) for further information or speak to a member of the Port Otago Safety team.

Applicant Name:							
Company Name:							
Company Manager Name:							
Company Manager phone number:							
Company Contact Email address:							
Applicant Drivers Licence ID:				Expiry Date:	/		
Applicant Email Address:							
Applicant Mobile Number:							
Date You Completed Your Online Safety Induction:							
List Any Other Site Specific Induction Training Completed:							
Applicants Reason for Access:							
What Gates Do You Want Access To?							
Type of Access Required:	Pedestrian [٦	Vehicl	e 🗆			
		_	Initial here: Further information from your Port Otago sponsor				
Acknowledge you have been informed of the Covid19 protocols:	Initial here:	_			rom your Port		
	Initial here:				rom your Port		
informed of the Covid19 protocols:	Initial here:			sponsor	rom your Port		
informed of the Covid19 protocols: Signature of applicant: Name Of Authorising Company	Initial here:			sponsor	rom your Port		
informed of the Covid19 protocols: Signature of applicant: Name Of Authorising Company Representative: Signature Of Authorising Company	Initial here:			sponsor Date:	rom your Port		
informed of the Covid19 protocols: Signature of applicant: Name Of Authorising Company Representative: Signature Of Authorising Company Representative: Your Port Otago Sponsor Name	Initial here:			sponsor Date:			
informed of the Covid19 protocols: Signature of applicant: Name Of Authorising Company Representative: Signature Of Authorising Company Representative: Your Port Otago Sponsor Name (must be a Port Otago Manager): Signature Port Otago Sponsor	Initial here:			pate:	rom your Port		
informed of the Covid19 protocols: Signature of applicant: Name Of Authorising Company Representative: Signature Of Authorising Company Representative: Your Port Otago Sponsor Name (must be a Port Otago Manager): Signature Port Otago Sponsor				pate:			
informed of the Covid19 protocols: Signature of applicant: Name Of Authorising Company Representative: Signature Of Authorising Company Representative: Your Port Otago Sponsor Name (must be a Port Otago Manager): Signature Port Otago Sponsor (must be a Port Otago Manager):				pate:	rom your Port/		
informed of the Covid19 protocols: Signature of applicant: Name Of Authorising Company Representative: Signature Of Authorising Company Representative: Your Port Otago Sponsor Name (must be a Port Otago Manager): Signature Port Otago Sponsor (must be a Port Otago Manager): Contractor Register Checked By:				pate:			
informed of the Covid19 protocols: Signature of applicant: Name Of Authorising Company Representative: Signature Of Authorising Company Representative: Your Port Otago Sponsor Name (must be a Port Otago Manager): Signature Port Otago Sponsor (must be a Port Otago Manager): Contractor Register Checked By: Photo Captured for Gallagher By:				pate:	rom your Port/		
informed of the Covid19 protocols: Signature of applicant: Name Of Authorising Company Representative: Signature Of Authorising Company Representative: Your Port Otago Sponsor Name (must be a Port Otago Manager): Signature Port Otago Sponsor (must be a Port Otago Manager): Contractor Register Checked By: Photo Captured for Gallagher By: ID Verification Done By:				pate:	rom your Port		

Once form is completed please email the team portpotectionofficers@portotago.co.nz to book an appointment for your ID Check and photo

Last Updated: 16 October 2020