



## Resources Industry Worker (Restrictions on Access) Directions (No 2)

## **Temporary Exemption Application Form**

Temporary Exemption – Paragraph 20(a)(ii)

Name of applicant:	
Name and address of site:	-
Contact details for applicant:	
Phone number:	_
Email address:	-
Address:	_
Temporary Exemption sought for:	
☐ Individual mining or petroleum worker	
☐ Employer applying on behalf of mining or petroleum worker(s)	
<ul> <li>Owner, occupier, operator or person in charge of a site applying on behalf of mining or petroleum worker(s)</li> </ul>	
□ Other, please specify:	_
Reason for applying for Temporary Exemption:	
l am a mining or petroleum worker and –	
☐ I have not been able to access a COVID-19 vaccine.	
☐ I have been vaccinated against COVID-19 outside Australia with a vaccine that is not registered by the Therapeutic Goods Administration.	

releva I decl Form	se explain the basis for your Temporary Exemption application an attach copies of all ant evidence in support of your application)  lare that the information provided in and attached to this Temporary Exemption Application is accurate to the best of my knowledge.  Dated this day of 20
releva	se explain the basis for your Temporary Exemption application an attach copies of all ant evidence in support of your application)  lare that the information provided in and attached to this Temporary Exemption Application
	se explain the basis for your Temporary Exemption application an attach copies of all
	mation and evidence provided to support application for Temporary mption:
	Other, please specify
	The owner, occupier or operator or the person in charge of a site is ensuring the mining or petroleum worker(s) are vaccinated but has not yet achieved this.
	the owner, occupier, operator or the person in charge of a site applying on behalf of the ag or petroleum worker(s) and -
	Other, please specify
	The employer is ensuring the mining or petroleum worker(s) are vaccinated but has not yet achieved this.
I am t	the employer applying on behalf of the mining or petroleum worker(s) and -
	Other, please specify:
	complete.

This document can be made available in alternative formats on request for a person with disability.

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