# Worker Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Surname:** |  | **Given Name:** |  |
| **Phone No.:** |  | **Date of birth:** |  |
| **Email address:** |  | | |

# Employment Details

|  |  |
| --- | --- |
| **Date employment commenced with University:** |  |
| **School/Organisational Unit:** |  |
| **Campus:** |  |
| **Occupation:** |  |
| **Aurion Number:** |  |

# Work tasks related to noise exposure

|  |
| --- |
|  |

# Supervisor Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor’s Name:** |  | **Phone No.:** |  |
| **Email address:** |  | | |

|  |  |
| --- | --- |
| **Date of referral:** |  |

Finance Details 2 yearly consultation: $75

|  |  |  |  |
| --- | --- | --- | --- |
| **Date RISQ raised:** |  | **Purchasing Business Unit:** |  |
| **Finance Officer:** |  | **Email:** |  |
| **Signature:** |  | | |

**This form should be forwarded to:**

Occupational Health Nurse Adviser

UQ Occupational Health & Safety Division

Building 69, Level 6

St Lucia Campus. email [ohna@uq.edu.au](mailto:ohna@uq.edu.au)