**REQUEST FOR CULTURAL HERITAGE OFFICER**

*Please note: a minimum of two cultural heritage officers are required for all CHMP related assessments within the BLCAC RAP area*.

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| --- | --- | --- |
| **Project Details** | Project Number: | CHMP Number: |
| **Company/Organisation**  **Making Request** |  | |
| **ACN & ABN** |  | |
| **Onsite Contact** | Name: | Mobile: |
| **Job Address** |  | |
| **Meeting Location** |  | |
| **Project Type**  (please circle or highlight) | CHMP Standard Assessment  CHMP Complex Assessment  CHMP Salvage  Cultural Heritage Induction (Please specify if BLCAC Heritage Advisor is required)  RAP Inspection  Cultural Heritage Permit  Other: ……………………………………………………………………. | |
| **Number of CHOs Required**  **(Please specify if BLCAC Heritage Advisor is required for Cultural Heritage Induction)** |  | |
| **Date(s) Requested** |  | |
| **Daily Reporting Time** |  | |
| **OHS & PPE Requirements** |  | |

|  |  |
| --- | --- |
| Certification and agreement of Sponsor/Billing Recipient who warrant that the below details are true, correct, and accurate, and confirmation that the submission of this booking form is acceptance by them of all terms and conditions associated with the booking including terms of trade and cancelation fees. **It is the responsibility of both the Heritage Advisor or person making the request and the Sponsor/Billing recipient** **to ensure that this information is true and correct.**  **Note: Invoices are due and payable with 14 days and referral to a collection agency may occur on default without further notice.**  Names/Title of signatory of Sponsor/Billing Recipient:......................................  Signature:.................................................................................................... Date…………………………………………  **Billing Details** | |
| **Organisation** |  |
| **ABN & ACN** |  |
| **Contact Person** |  |
| **Address** |  |
| **Email** |  |
| **Phone Number** |  |
| **Purchase Order No.** (if applicable) |  |

**Note: Supply of ACN/ABN and correct details are mandatory and no booking will be accepted without them.**

**For sponsors/billers without an ABN/ACN, the Heritage Advisor making the booking is the biller and assumes all responsibility for payment.**

In submitting this booking form The Heritage Advisor and/or Company making this booking request and Sponsor/Billing Recipient will implement and agrees to manage all reasonable safety measures, precautions and actions reasonably required to prevent the exposure or potential exposure of Bunurong Land Council Aboriginal Land Council and its staff, officers and agents to the COVID-19 virus in the course of the provision of the Services by Bunurong Land Council Aboriginal Land Council] under our terms of service.

The Heritage Advisor and/or Company making this booking request and Sponsor/Billing Recipient shall be responsible for and accepts responsibility for the management of any reasonable safety and/or social distancing protocols to mitigate against, to the highest extent possible, the exposure of Bunurong Land Council Aboriginal Land Council and its staff, officers and agents to the COVID-19 virus in the course of the provision of the Services.

**Heritage Advisor** **and/or Company making this booking request**

**Signature:................................................................**

**Date:............................................**

**Sponsor/Billing Recipient Signature:....................................................**

**Date.................................**

Please send booking form to [bookings@bunuronglc.org.au](mailto:bookings@bunuronglc.org.au) or contact the office on **(03) 9770 1273** for anything relating to alterations, postponements, cancellations, confirmations or changes to invoicing details. Any cancellations received within 48 hours of the proposed start time will be invoiced at the full fee.