

Malamiya (Cultural Heritage) Booking Form

CHMP /CHP No: Project Name: Sponsor:

Date/s Required: No. Representatives Required:

Time: Start: Finish:

On Site Contact: Name: Mobile:

Type of Work Required (Highlight or tick)

| CHMP WORKS | COMPLIANCE / IMPLEMENTATION | GENERAL |
|------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Cultural Heritage Induction | <input type="checkbox"/> Supervision Works | <input type="checkbox"/> General Meeting |
| <input type="checkbox"/> CHMP Meeting | <input type="checkbox"/> Management and Protection Works | <input type="checkbox"/> LUAA Site Inspection |
| <input type="checkbox"/> Inception | <input type="checkbox"/> Salvage Excavation | <input type="checkbox"/> LUAA Supervision |
| <input type="checkbox"/> Post Standard Assessment | <input type="checkbox"/> Compliance Inspection | <input type="checkbox"/> CHP Implementation (Permit) |
| <input type="checkbox"/> Post Complex Conditions | | <input type="checkbox"/> CHP Assessment (Permit) |
| <input type="checkbox"/> CHMP Standard Assessment | | <input type="checkbox"/> Cultural Heritage Assessment/ Investigation |
| <input type="checkbox"/> Pedestrian Survey | | <input type="checkbox"/> Aboriginal Place Identification and Recording |
| <input type="checkbox"/> CHMP Complex Assessment | | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Excavation | | |

OHS PPE Required Map Attached

Other: Location/ Meeting Place:





Principal Contact:

Organisation:

Mobile:

Mobile:

Email:

Billing Details

Purchase Order No.

Contact Name/Attention:

Purchase Order No.

Contact Name/Attention:

Organisation:

ABN/ACN:

Address:

Phone:

Fax:

Email:

Additional info:

SPONSOR SIGNATURE:

Please note:

A cancellation fee of 50% of the confirmed booking request will be charged and applied if the booking is cancelled within 48 hours of the start date specified on this form.





Office use only

CHMP/ PROJECT NO.

[Empty text box for CHMP/ PROJECT NO.]

Date(s) of Works

[Empty text box for Date(s) of Works]

DDWCAC Attendees:

[Empty text box for DDWCAC Attendees]

- Cultural Heritage Induction \$650
- Additional Booklets \$5 per booklet
- CHMP Meeting \$450

FIELDWORK

- CHMP Standard Assessment
- CHMP Complex Assessment
- CHMP Implementation
- Compliance Inspection
- LUAA – Field Representative
- Site Inspection
- CHP Implementation
- CHP Assessment
- Meeting
- Aboriginal Place Identification and Recording
- Other (describe):

SITE LEADER:

- \$1,200 full day
- \$600 half day

Total Number of Days:

FIELD REP:

- \$1,000 full day
- \$500 half day

Total Number of Days:





Meals

SITE LEADER:

FIELD REP:

Overnight Stay \$70 x total no. days: _____

\$70 x total no. days: _____

Day Rate \$40 x total no. days: _____

\$40 x total no. days: _____

Accommodation Name:

SITE LEADER:

FIELD REP:

Total no. nights: _____

Total no. nights: _____

Mileage: 80c per km

(min 100km, max 500km per person, per job)

SITE LEADER:

FIELD REP:

Total kms: _____

Total kms: _____

.80c x kms: _____

.80c x kms: _____

