

Site Access Form (SAF)

PART A: REASON FOR REQUEST (Please select one or more option as required)			
☐ New Starter/Visitor Booking	Complete Part A, B, C, F, G	☐ Permanent Roster Change	Complete Part A, B, E, G
☐ Flight Change (book/cancel)	Complete Part A, B, F, G	☐ Demobilise	Complete Part A, B, F, G
☐ New Roster	Complete Part A, B, C, D, G	☐ Other Reason or comments:	

PART B: PERSONAL DETAILS (Mandatory for all requests)	
Employment Type:	☐ Employee - SSW
First Name:	
Surname:	
Employer:	
Position:	
Site Contact Name:	
SSW Contract Owner:	
Department:	Choose an item.

PART C: ADDITIONAL DETAILS (NEW employee/contractor/visitor)	
Date of Birth:	/ /
Gender	☐ Male ☐ Female
Weight:	
Personal Contact Number:	
Personal Email Address:	
Emergency Contact Name:	
Emergency Contact Relationship:	
Emergency Contact Number:	
City/Town of Residence (home address):	
Dietary Declarations (e.g. Allergies):	

PART D: NEW PERMANENT ROSTER * (Also complete A, B & C)	
* Must have confirmed tenure of > 6 months to be eligible	
Roster Type: i.e. 16/12	
Shift Type: (DS/NS)	
Roster start date:	

PART E: PERMANENT ROSTER CHANGE (Also complete A, B & G)	
Current Roster: e.g. 16/12	
New Roster: e.g. 14/7	
Roster start date:	/ /

PART F: TRAVEL DETAILS (Travel Abbreviations: CYQ = Century, CNS = Cairns, KRB = Karumba, TSV = Townsville, DRV = Drive)						
Reason: ☐ New booking ☐ Annual Leave ☐ Personal Leave ☐ Other:						
Book/Cancel	Date of travel	AM/PM	From	To	Status (e.g. DS/NS)	
☐ Book ☐ Cancel		☐ AM ☐ PM	Choose an item.	Choose an item.		
☐ Book ☐ Cancel		☐ AM ☐ PM	Choose an item.	Choose an item.		
☐ Book ☐ Cancel		☐ AM ☐ PM	Choose an item.	Choose an item.		
☐ Book ☐ Cancel		☐ AM ☐ PM	Choose an item.	Choose an item.		
☐ Book ☐ Cancel		☐ AM ☐ PM	Choose an item.	Choose an item.		
☐ Book ☐ Cancel		☐ AM ☐ PM	Choose an item.	Choose an item.		
☐ Book ☐ Cancel		☐ AM ☐ PM	Choose an item.	Choose an item.		
☐ Book ☐ Cancel		☐ AM ☐ PM	Choose an item.	Choose an item.		
☐ Demobilisation		☐ AM ☐ PM	Choose an item.	Choose an item.	Code:	

AUTHORISATION INFORMATION			
PART G: APPROVALS			
Site Supervisor / Superintendent / Manager:	 SIGNATURE	NAME	Date / /
Sibanye-Stillwater Contract Owner:	 SIGNATURE	NAME	Date / /

Send completed, approved requests to aus-centuryadmin@sibanyestillwater.com

Karumba-related requests should also be sent to

aus-karumba.siteaccess@sibanyestillwater.com

Doc No.	Effective Date	Revision	Review Date	Page
	15/11/2023	5.0	15/11/2025	1 of 1