Introduction

‘Medi-hotel’ quarantine in South Australia is defined as supervised quarantine in a hotel designated by SA Health.

This application form must be completed and submitted with the Recruitment Proposal for Approved Employers (from the SWP online portal) and a completed COVID Risk Mitigation Plan as follows:

**Pacific Labour Scheme (PLS)**

Please complete and submit by email to recruitmentplans@pacificlabourfacility.com.au

**Seasonal Worker Programme (SWP)**

Please complete and submit via the messaging system in SWP Online.

A guidance document on the process for Approved Employers to submit an application under the recommenced SWP and PLS initiatives and specific requirements for South Australian approvals has been provided with this application.

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| **PART A – Details of Approved Employer** |
| Registered company/legal entity  | <Registered company/legal entity name of business/organisation> |
| Trading /business name  |  |
| ABN / ACN |  |
| Location of business | <Address. Street address and a post office box > |
| Name of authorised person completing this document  |  |
| Contact details of authorised person completing this document | <Must include name, title and nature of authority (i.e. Company Director, sole owner/operator etc), phone number and email address> |
| Employer Type  | <Direct Employer, Contractor or Labour Hire - If Labour Hire please include your Labour Hire Licence number for South Australia> |

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| **PART B – Worker Details** |
| Proposed visa type  |  < PLS or SWP> |
| Proposed number of workers  |  |
| Proposed Country of Origin |  |
| Proposed port of arrival in Australia |  |
| Proposed quarantine location |  |
| Proposed mode of travel to SA  |  |
| Estimated arrival date in South Australia  |  < Date (dd/mm/yyyy)> |
| Estimated exit date from South Australia  | < Date (dd/mm/yyyy)> |
| Estimated length of time of in South Australia |  |
| Proposed accommodation post quarantine | < Name and Address> |
| Proposed employer while in SA | < Name and Address> |

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| **PART C – Quarantine Arrangements** |
| Detail any specific requests relating to hotel quarantine | <For example, if workers have been accommodated together in the recruitment country, the Approved Employer, with their consent, may request that they share a twin single room in hotel quarantine> |
| Detail arrangements for payment of quarantine costs | < Name, Address, Email, Contact Phone> |
| Detail immediate practical assistance available to workers when they are discharged from quarantine.  | < Including how they will connect to transport to their further accommodation and workplace> |
| Detail how the Approved Employer will ensure successful communication of this assistance to workers.  | **<**including arrangements for translation if necessary.> |

Responsibilities of the Approved Employer

The *Guidelines for ‘Hotel’ quarantine of PLS and SWP workers in South Australia* (the Guidelines) form part of the requirements for all recruitments involving hotel quarantine.

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| **For more information** |
| Phone: 08 8429 0654Email: seasonaljobs@sa.gov.auWeb: [pir.sa.gov.au](http://www.pir.sa.gov.au)Department of Primary Industries and RegionsGovernment of South AustraliaLast updated 3 November 2020 © Department of Primary Industries and Regions.All rights reserved. |   |

In particular, the Approved Employer should be aware of the following:

* It is the responsibility of the Approved Employer to meet quarantine costs, including costs of further quarantine if any worker tests positive to COVID-19. These costs cannot be met by workers.

Approved Employer Endorsement

On behalf of the Approved Employer, I acknowledge the following:

* The Department of Primary Industries and Regions (PIRSA) may share information contained in this proposal and consult with other South Australian and Australian Government agencies to ensure this recruitment proposal complies with the National Cabinet protocols for the recommencement of the PLS and SWP and the Guidelines; and
* Should directions change in relation to international quarantine or border restrictions that it is my responsibility as the Approved Employer to be aware of these changes and that any additional costs incurred will be the responsibility of the person and or business submitting this application.
* That this application will be assessed based on current quarantine capacity and international passenger arrival caps within South Australia
* That I/my organisation as the Approved Employer are responsible for any costs to undertake mandatory quarantine within South Australia and that this invoice needs to be paid in full within 30 days of the completion of the quarantine period.

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| **Name**  |  |
| **Position** |  |
| **Signature**  |  |
| **Date**  |  |