

State Emergency Information Call Centre Capability (SEICCC) SEICCC

Agent/Supervisor/Manager Expression of Interest

Important: Once you complete page 1 and 2 of the form, click the "Email to Your Manager" button at the end of page 2. Enter your manager's email address and ask them to complete page 3 and submit this form to SEICCC by clicking the "Email to SEICCC" button at the end of the form and proceed to send email to seicccadmin@sa.gov.au.

Apply for:		SEICCC Agent	Supervisor	Manager
If you are applying for a SEICCC Manager or Supervisor, please note that there is an additional process which will be explained to you upon the receipt of this EOI.				
First Name:		Last Name:		
Contact Details (Mobile number is used to SMS SEICCC attendance requests). Tick only the referred contact number:				
Home Address:				
Mobile:		Email(Personal):		
Employment Details:				
Work Phone:		Work Email:		
Department (e.g. DTF):		Agency/Business Unit (e.g. Super SA):		
Classification and Level (e.g. ASO-0601):		Current Job Title:		
Current Hourly Rate:				
Please provide a brief description of your current role:				
Emergency Contact Details (Contact details of at least two people we can call should you become unwell whilst supporting SEICCC):				
Contact Name 01:		Contact Name 02:		
Contact No:		Contact No:		
Availability: Are there any times or days where you would not be available to support the SEICCC? SEICCC Agents and Supervisors are required be available for response and recovery shifts of an event (max 12hrs within 24hr period) and to be on standby during high risk seasons i.e. Brushfire. SEICCC Managers are required to be available for all of the above and 24/7 during their on call week i.e. 5-6 weeks per year.				

Please provide examples to demonstrate how your skills and knowledge meet the relevant role specification (no more than 500 words):

If successful, I will be available as required to support SEICCCC operational activities following the prescribed protocols and attend regular training sessions.

Applicant's Signature

Date:

Before submitting this expression of interest, you are required to seek your line manager's approval. Please provide your Manager with the SEICCCC Agent's role description and supporting documentation to give them a clear understanding of the role expectations.

Please indicate below if your Manager has approved your involvement and would be prepared to release you during business hours:

Anytime

As negotiated at the time of the emergency

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To be completed by the Applicant's Manager:

Name:	
Position:	
Work Phone:	Email:
Mobile:	
Alternative Contact Details: In your absence, please provide details of an appropriate managerial contact person for the applicant: Name: Work phone: Email: Mobile:	
Payroll Reimbursement Detail: SAFECOM is happy to reimburse the salary and other costs incurred to your department when your staff member attends SEICCC operational activities (<i>this excludes training maximum of 8 hours per year</i>). Please provide the details of the contact person from your internal payroll/HR or Finance for us to liaise with in relation to this reimbursement process. Name: Number: Email:	
Please specify below any work related requirements or conditions that may limit availability for SEICCC work as per the role description: 's	
Line Manager's Approval: Subject to above terms and conditions I confirm that has the skillset required for the position of SEICCC Agent. I support this expression of interest and if successful I will release the staff member from work when required for activation, meetings, training or any other requirements related to the SEICCC. Line Manager's signature: Date:	