

# Malamiya (Cultural Heritage) Booking Form

Email: [culture@djadjawurrung.com.au](mailto:culture@djadjawurrung.com.au)

CHMP /CHP No:

Sponsor:

Project Name:

Date/s Required:

No. of Reps:

Time:

On Site Contact:

Start:

Name:

Finish:

Mobile:

## Type of Work Required (Highlight or tick)

### CHMP WORKS

- Cultural Heritage Induction
- CHMP Meeting
  - Inception
  - Post Standard Assessment
  - Post Complex Conditions
- CHMP Standard Assessment
  - Pedestrian Survey
- CHMP Complex Assessment
  - Excavation

### COMPLIANCE / IMPLEMENTATION

- Supervision Works
- Management and Protection Works
- Salvage Excavation
- Compliance Inspection

### GENERAL

- General Meeting
- LUAA Site Inspection
- LUAA Supervision
- CHP Implementation (Permit)
- CHP Assessment (Permit)
- Cultural Heritage Assessment/ Investigation
- Aboriginal Place Identification and Recording
- Other (describe):

OHS PPE Required

Map Attached

Other:

Location/ Meeting Place:





Principal Contact:

Organisation:

Mobile:

Email:

**Billing Details**

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.	Date(s) of Works	<b>SITE LEADER:</b>	<b>FIELD REP:</b>
		\$1,200 full day	\$1,000 full day
		\$600 half day	\$500 half day
DDWCAC Attendees:		Total Number of Days:	Total Number of Days:
		_____	_____

- Cultural Heritage Induction \$650
- Additional Booklets \$5 per booklet Qty \_\_\_\_\_
- CHMP Meeting \$450
- Inception
- Post Standard
- Post Complex

**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):

**Meals**

	<b>SITE LEADER:</b>
Overnight Stay	\$70 x total no. days: _____
Day Rate	\$40 x total no. days: _____
	<b>FIELD REP:</b>
Overnight Stay	\$70 x total no. days: _____
Day Rate	\$40 x total no. days: _____

**Accommodation Name:**

Total Accommodation Costs:

Total no. of nights:

**SITE LEADER:** \_\_\_\_\_ **FIELD REP:** \_\_\_\_\_

**Mileage: 80c per km**  
 (min 100km, max 500km per person, per job)

<b>SITE LEADER:</b>	<b>FIELD REP:</b>
Total kms: _____	Total kms: _____
80c x kms: _____	80c x kms: _____

