



KATHERINE
TOWN COUNCIL

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CONFIRMATION

I/We confirm we are aware of our obligations under the CHO Directions in relation to our Territory workforce and have processes, systems and records in place to ensure we comply with COVID-19 vaccination and records requirements, including any amendments to the CHO Directions from time to time.

Name:

Position/Title:

On behalf of contractor name (legal entity): _____

Contact number(s): _____

Signature:

Date: