**Confidential**

**Job Applicant, Consent for Drug and Alcohol Testing**

I consent to undergo a drug test to be undertaken by a certified collecting agent (CCA) and an accredited laboratory appointed by COMPANY NAME and an alcohol1 breath test to be conducted by a person trained in the use of an approved breath testing device.

I acknowledge these tests are to determine whether illicit or restricted drug(s) or a misused prescribed drug(s) present in my urine, at concentrations higher than the accepted international standard as defined by the AS/NZS 4308:2008. I understand that the drugs being tested for are cannabinoids, opiates, amphetamine-type substances (incl. benzylpiperazine), cocaine, benzodiazepines, (and others if applicable). Also, to determine whether I have a level of alcohol in my breath above 400 micrograms of alcohol per litre of breath (over 20 years of age), or above 150 micrograms of alcohol per litre of breath (under 20 years of age).

COMPANY NAME undertakes that the results of the tests will be used only for the purpose for which they were obtained, and that any collection, storage or exchange of medical information concerning the test will be in accordance with the Privacy Act.

I undertake to advise the CCA collecting my urine of any medication that I am taking. I also agree to provide the collecting agent with photograph identity, if required to do so. I consent to the results of the drug test(s) being communicated confidentially to the authorised representative of COMPANY NAME. I understand that the decision whether or not to employ me will be based on many factors, including testing results, and that COMPANY NAME is not required to explain the basis for its decision. I may request a copy of my results.

I understand that I may request a second confirmatory test be conducted on the ‘duplicate specimen and analysed within 14 days of receiving the result. For the second test to be non-negative there need only be the presence of drug or metabolite detected (i.e. not cut off limits). This will be accepted as a conclusive result. I reserve the right to waiver a second confirmatory and do so by signing here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read this consent form, or have had it explained to me, and I understand its contents.

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| --- | --- | --- | --- | --- |
| Applicant s signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date | | | \_\_\_ / \_\_\_ / \_\_\_ |
| Applicant s name |  | | |  |
| CCA signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date | | | \_\_\_ / \_\_\_ / \_\_\_ |
| CCA name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| Witness signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date | | | \_\_\_ / \_\_\_ / \_\_\_ |
| Witness name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reading | | |  |
| Tick those that apply: | Drugs | ( | ) Not negative | |
|  | Breath alcohol | ( | ) Not negative | |

1 A witness is needed for a confirmatory alcohol test because the result of the test is final. The witness shall record the reading