



## Post Approval

### Proponent Details

#### Personal Details

Title	Ms
First Name	Deborah
Last name	Shaw
Email	deborah.shaw@sjog.org.au
Phone	0245706172
Role/Position	Project Manager
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#### Company Details

Applying as a company/business?

Yes

Company Name	ST JOHN OF GOD HEALTH CARE INC
ABN	21930207958
Branch Name	

#### Primary contact

Title	Mr
First Name	Damian
Last Name	Gibson
Email	damian.gibson@johnstaff.com.au
Phone	0418434992
Role/Position	Employee/Consultant

### Post Approval Details

Project:

St John of God Richmond Hospital - SSD-10394-PA-7

Name of Document

Notification of Commencement

Related matter

Incident or non-compliance Report

Type of Document Lodgement

New Document

Description of the document and reason for submission / Overview of changes made to existing documents

Notification of Commencement

#### Applicable Conditions

Schedule	Condition
Schedule 2	C2

#### Consultation through the Major Projects portal

Consultation required as part of the preparation of the document?

No

#### Attachment of Post Approval application

File Name	Category
NSW231_14_220811_Notification of Commencement.pdf	Post Approval Document