

## NEW CONTRACTOR APPLICATION

### Contractor Details

Company/Business: \_\_\_\_\_

Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

ABN: \_\_\_\_\_ Company Structure: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Company Website: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Position: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ A/H Contact Number: \_\_\_\_\_

Region/Area serviced: \_\_\_\_\_

I / We acknowledge and agree that Queensland All-Trades Pty Ltd can use and record the information contained within this application for the purpose of assessing suitability to provide goods and/or services on a specific project or an ongoing basis.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Insurance Requirements (COPIES MUST BE ATTACHED)

| Insurance Required          | Not Required             | Required                 | Copy Attached            | Expiry Date | Insurer & Policy Number |
|-----------------------------|--------------------------|--------------------------|--------------------------|-------------|-------------------------|
| Workers Compensation        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |                         |
| **Personal Injury Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |                         |
| Professional Indemnity \$1M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |                         |
| Liability Insurance \$5M    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |                         |
| Contract Works Insurance    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |                         |

\*\* Personal Injury and Income Protection Insurance is required for sole traders, partners, company directors and any other associated person who is not covered under a WorkCover Policy; who will or may enter a QAT job site.

### Trade Details (COPIES OF LICENCES & COMPETENCIES MUST BE ATTACHED)

| TRADE TYPE<br>Please list all trade services<br>you wish to supply QAT | License / Competency Details |                          |                          |             |                       |
|------------------------------------------------------------------------|------------------------------|--------------------------|--------------------------|-------------|-----------------------|
|                                                                        | Not Required                 | Required                 | Copy Attached            | Expiry Date | Licence Type & Number |
|                                                                        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |             |                       |
|                                                                        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |             |                       |
|                                                                        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |             |                       |
|                                                                        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |             |                       |

### Occupational Health & Safety

| Documentation                                                                                                                                                                                                                              | Yes                      | No                       | Copy Attached            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Do you have a documented OH&S Policy                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have documented procedures for identifying hazards and implementing control measures to reduce risk?                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do all site staff hold current Blue/White Cards (General Safety Induction Cards)?                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you engage subcontractors                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <ul style="list-style-type: none"> <li>If "Yes" do you have documented selection criteria which assesses their commitment to Safety Culture as well as other legal &amp; compliance requirements (ie. insurance, licences etc.)</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### REFERENCE

Please provide at least one reference who can confirm that you/your company has a good Safety Culture

1. Company : \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

2. Company : \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Please see Attached "Contractor Evaluation Checklist - Contractor OH&S Management System Assessment Criteria" for the criteria that your OH&S Management System needs to include.**

### Company Structure & Experience

| Documentation                                                                                                                                                                                        | Yes                      | No                       | Copy Attached            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| What date was your company/organisation formed: _____                                                                                                                                                |                          |                          |                          |
| How many years' experience in the industry do your key personnel have (average): _____                                                                                                               |                          |                          |                          |
| Have any of the Directors or Key Personnel been declared bankrupt or entered into an Administration arrangement within the past 5 years                                                              | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Have any of the Directors or Key Personnel been convicted of a criminal offence                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Are you a Sole Trader                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| If "No" Please provide details of your Management Team and Key Personnel. Alternately attach a company structure chart identifying management and key personnel.<br>_____<br>_____<br>_____<br>_____ |                          |                          | <input type="checkbox"/> |
| Do you have Quality Assurance                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <ul style="list-style-type: none"> <li>If "Yes" is your Quality System Certified to ISO 9001 or ISO 9002:</li> </ul>                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**REFERENCES**

Please provide at least one reference who can confirm that you/your company can produce quality workmanship, in accordance with site specifications, to meet site program time frames

Company: \_\_\_\_\_

Project Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide at least one reference who can confirm that you/your company has a good history/reputation for meeting its financial obligations to suppliers and/or subcontractors.

Company : \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**BANK DETAILS**

Queensland All-Trades issues payments to suppliers and contractors via EFT; please provide the following bank details. These will be stored securely and confidentially.

Account Name: \_\_\_\_\_

Bank/Institution: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Application Checklist**

Please ensure that you have included the following supporting documentation with your application.

**Insurance**

- Copy of Insurance Certificates of Currency
- Copy of Work Cover Certificate
- Copy of Personal Injury & Income Protection – for Sole Traders and/or Company Directors

**Licences**

- Copy of ALL relevant licences

**OH&S**

- OHS&W Policy
- Supporting documentation to meet Evaluation Criteria for OH&S Management (Copy of sample Risk Assessment)

**Organisational Information:**

- Management Structure / Personnel Chart/List