

SUBCONTRACTOR PREQUALIFICATION – REV G**1. Company Name:** _____(Attach current Business Registration Certificate to verify correct / exact information)**1.1 Trading Name:** _____**ACN No:** _____**ABN No:** _____**Telephone No:** _____ **Fax No:** _____**E-mail:** _____**A/H No:** _____ **Mobile No:** _____

Contact person:

Name (PRINT): _____**Signature:** _____**Position:** _____

If insufficient space, attach details of request and reference them in the space provided.

1.2 Address: _____**1.3 Postal Address**
(if different from
above): _____**1.4 Type of Business**
(ie sole trader,
partnership, private
company, public
company) _____**1.5 Name of
Principals/
Directors:** _____

1.6 Insurances

	Contract Works by	Professional Indemnity by	Public Liability by	Workers' Compensation	Plant and Equipment
Insurer					
Limit of Cover					
Expiry Date					
Policy Number					
Current Premium Paid					
Deductible					

1.7 Company bank or other financial institution.

Account Name: _____

Bank: _____

Address: _____

Contact Name: _____

1.8 Company accountant / auditor.

Company name	Contact	Contact number

I hereby confirm that the information contained in this document is true and correct and confirm my authority for the above banking contact and company accountant to provide summary financial information to a representative of Vaughan Constructions upon request.

Signed

Name – Director Company

Date

2. PREVIOUS EXPERIENCE / REFERENCES

Similar works (type and size) and previous works completed in Australia in previous 5 years:

Contract Name /Title	Client	Type of Project	Year Completed	Value	Contact Name	Phone No.	VC Office Use Only
							Refs checked
							<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"/>
							<input type="checkbox"/>
						Reference notes attached	<input type="checkbox"/>

SUBCONTRACTOR PREQUALIFICATION

2.1. SUPPLIER REFERENCES

Supplier	Contact	Contact Number	Material / Product Supplied	Value	Accounts opened/year	VC Office Use Only
						Refs checked
						<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"/>
					Reference notes attached	<input type="checkbox"/>

3. ORGANISATION/PERSONNEL

3.1 Current Staffing Levels (No.)

Management: _____

QA/QC: _____

Supervision/Foreman: _____

Tradesmen: _____

Operatives: _____

Safety: _____

3.2 Project

List key and/or supervisory personnel to be employed on our Projects.

Note: Include QA and Inspection Personnel

Name	Position	Years with The Company
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. RESOURCES AND CAPABILITY

4.1 Current Workload

Contact Name/Title	Client/Contact/Phone	Type of Project	Value \$ x 1000	Target Completion Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4.2 Provide details of any financing arrangements currently in effect which will materially affect your financial standing if withdrawn (eg. Overdraft facilities, director's loans, debentures due for maturity)

4.3 Subletting part of the work:

	Yes	No
Are any sections of the work package on our project to be sublet?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", list which parts of the work package are to be let and to whom.

4.4 What is your annual turnover: **AUD: \$** _____ Current year

AUD: \$ _____ 1. Previous Year

AUD: \$ _____ 2. Previous Year

5. HEALTH AND SAFETY

	Yes	No
5.1 Management System	<input type="checkbox"/>	<input type="checkbox"/>

Does your company have a Health and Safety Management System and/or Health and Safety Procedures?

If "Yes", attach to this questionnaire.

5.2 Commitment

	Yes	No
Does your company have a senior manager who is responsible for Health and Safety Management.	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", Name: _____

Who is responsible for Health and safety on site?

Name: _____

What safety qualification does your Site Health and Safety representative have?

Name: _____

5.3 Use of Principal Contractor Procedures

As a minimum you will be required to produce your own Health and Safety Plan.

If your company does not have formal safety procedures, you are expected to adopt and use the Principal Contractor procedures.

5.4 Breaches

Has your company received any notices/breaches from the Department of Workplace Health & Safety in the last 2 years?

Yes

☐

No

☐

If “Yes”, state number and details of the following:

Improvement Notices: _____

Prohibition Notices: _____

5.5 Prosecutions

Has your company ever been prosecuted for breach of Health and Safety Acts or Regulations?

If “Yes”, provide a brief description.

5.6 First Aid/Training

List any First Aiders that would be available. (List names and level)

Name	Level

6. EMPLOYEE AND INDUSTRIAL RELATIONS (WAGES)

6.1 What is the name, position and qualifications of the person within your company primarily responsible for employee/industrial relations?

Name: _____

6.2 What industrial awards or agreements has your company been bound by in the last three years? Please also indicate by ** which of these agreements were registered agreements with your company.

Award / Agreement Title	Expiry Date	Federal or State

6.3 What are the main unions your company deals with?

6.4	Please provide details of the following for your award employees:	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

Long Service Leave Registration: _____
 Redundancy scheme membership: _____
 Superannuation scheme membership: _____

7. QUALITY MANAGMENT

7.1	Management System (Quality)	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

Does your company have a quality management system?

If “Yes”, please attach to this questionnaire.

7.2 Responsible / Contact Person

Who is responsible for quality in your company?

Name: _____ Contact: _____

7.3 Use of the Principal Contractor System

If your company does not have a quality assurance program, you are expected to adopt and use the Principal Contractor systems.

8. ENVIRONMENTAL MANAGEMENT

8.1	Management System	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

Does your company have an environmental management system?

If “Yes”, please attach to this questionnaire.

8.2 Use of the Principal Contractor System

If your company does not have an environmental management system or program, you are expected to use the Principal Contractor’s systems.

9.0 ATTACHMENT CHECKLIST (paragraph reference)

Health and Safety Policy (5.1)
 Quality Policy (7.1)
 Environmental Policy (8.1)

SUBCONTRACTOR PREQUALIFICATION

VC OFFICE USE ONLY

YES NO YES, with comments

Attachments reviewed and approved

☐ ☐ ☐

Contract Administrator / Project Manager

Date

Construction Manager

Date

S/C Added to SOS

☐

VIC

☐

NSW

☐

SA

☐

WA

☐

NT

☐

QLD

☐

TAS

YES NO

S/C Prequal form and details added to Outlook Contacts

☐ ☐