

SUBCONTRACTOR PREQUALIFICATION FORM



Once completed return your form to info@vaughans.com.au with your trade in the subject line.

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: _____ Mob 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"/>



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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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

Long Service Leave Registration: _____

Redundancy scheme membership: _____

Superannuation scheme membership: _____

7. QUALITY MANAGEMENT

7.1 Management System (Quality) Yes No

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

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 MODERN SLAVERY Yes No

9.1 Do you use any form of forced, compulsory or slave labour?

Do your employees work voluntarily and are entitled to leave work?

Do you provide you employees with a contract agreement that adheres to the relevant employment act of National Employment Standard (NES)?



10.0 ATTACHMENT CHECKLIST (paragraph reference)

Health and Safety Policy (5.1)

Quality Policy (7.1)

Environmental Policy (8.1)



VC OFFICE USE ONLY

	YES	NO	YES, with comments
Attachments reviewed and approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contract Administrator / Project Manager	_____		Date_____
Construction Manager	_____		Date_____

S/C Added to SOS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIC	NSW	SA	WA	NT	QLD	TAS

S/C Prequal form and details added to Outlook Contacts	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

PREVIOUS PROJECT EXPERIENCE

PROJECT 1 -

RELATIONSHIP	
<ul style="list-style-type: none">• How long have you been working together• No. of Projects / size / complexity	
PROGRAMME	
<ul style="list-style-type: none">• Including time, labour, plant & equipment	
QUALITY	
<ul style="list-style-type: none">• Including cooperation on site	
RESOURCES	
VARIATIONS / ESTIMATING	
<ul style="list-style-type: none">• Including fairness and turn around time	
COMMUNICATION / ADMINISTRATION	
SAFETY	



PROJECT 2 -

RELATIONSHIP <ul style="list-style-type: none">• How long have you been working together• No. of Projects / size / complexity	
PROGRAMME <ul style="list-style-type: none">• Including time, labour, plant & equipment	
QUALITY <ul style="list-style-type: none">• Including cooperation on site	
RESOURCES	
VARIATIONS / ESTIMATING <ul style="list-style-type: none">• Including fairness and turn around time	
COMMUNICATION / ADMINISTRATION	
SAFETY	



PROJECT 3 -

RELATIONSHIP <ul style="list-style-type: none">• How long have you been working together• No. of Projects / size / complexity	
PROGRAMME <ul style="list-style-type: none">• Including time, labour, plant & equipment	
QUALITY <ul style="list-style-type: none">• Including cooperation on site	
RESOURCES	
VARIATIONS / ESTIMATING <ul style="list-style-type: none">• Including fairness and turn around time	
COMMUNICATION / ADMINISTRATION	
SAFETY	