Please supply the details below relating to your company:

|  |  |  |  |
| --- | --- | --- | --- |
| **Contractor Details** | | | |
| Company Details | | Contact Details | |
| Contractor Name (Legal Entity) |  | First Name |  |
| Trading As |  | Last Name |  |
| ABN Number |  | Position |  |
| ACN Number |  | Telephone | ( ) |
| Street Address |  | Email |  |
| Suburb |  | Mobile | ( ) |
| Post Code |  | Facsimile | ( ) |
| Website |  | Telephone A/H | ( ) |

**Please supply a copy of your certificate of business registration.**

|  |  |  |  |
| --- | --- | --- | --- |
| Accounts Details & Contacts | | | |
| Bank Details | | Accounts Contact Details | |
| Name of Bank |  | First Name |  |
| Last Name |  |
| Account No. |  | Position |  |
| Mailing Address |  |
| BSB No. |  | Suburb |  |
| Postal Code |  |

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| **Insurance Details** | | | | |
| Insurance | Insurer Company Name | Policy Number | Value | Expiry |
| Workers Compensation |  |  |  |  |
| Public & Product Liability |  |  |  |  |
| Professional Indemnity |  |  |  |  |
| Vehicle Insurance |  |  |  |  |
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**Please supply a copy of all insurance certificates**

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| **Licence Details** | | | |
| Licence/Registration | Name on Licence/Registration | Licence/Registration Number | Expiry |
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**Please supply a copy of all licences/registrations**

Please detail what services you can provide directly or indirectly through your subcontractor?

If your services are not listed in the table, please add.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services** | | **Direct****Yes/No** | **Subcontractor** **Yes/No** | **Detail any specialist services/trade** |
|  | **Electrical** |  |  |  |
|  | **Hydraulics / Plumbing** |  |  |  |
|  | **HVAC / Refrigeration** |  |  |  |
|  | **General Building Repair / Carpentry** |  |  |  |
|  | **Cabinet Makers** |  |  |  |
|  | **Flooring/Tiling** |  |  |  |
|  | **Painting** |  |  |  |
|  | **Roofing** |  |  |  |
|  | **Glaziers** |  |  |  |
|  | **Handyman/Labourer** |  |  |  |
|  | **Window fabrics** |  |  |  |
|  | **Cleaning** |  |  |  |
|  | **Hygiene Services** |  |  |  |
|  | **Pest Control** |  |  |  |
|  | **General and Recycling Waste** |  |  |  |
|  | **Grounds Maintenance/Landscaping** |  |  |  |
|  | **Tree/Arborist Services** |  |  |  |
|  | **Auto Doors** |  |  |  |
|  | **Fire Systems** |  |  |  |
|  | **Security Systems** |  |  |  |
|  | **Lifts/Elevators** |  |  |  |
|  | **Laundry/Kitchen Equipment** |  |  |  |
|  | **CAD/Drawing Services** |  |  |  |
|  | **Minor Works/Projects (<$20k)** |  |  |  |
|  | **Minor Works/Projects ($20k-$50k)** |  |  |  |
|  | **Minor Works/Projects ($50k-$100k)** |  |  |  |
|  | **Minor Works/Projects (>$100k)** |  |  |  |
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Please identify what areas that you can serve, the areas in the map are indicative only.

|  |  |  |  |
| --- | --- | --- | --- |
| **Zone** | **Service Areas** | **Tick** | **Comments** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
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Please enter the trade details (electrician, plumber, etc.) and tick what zone the rate will apply and then enter your proposed hourly rates for each of your nominated trade staff or subcontractors if applicable.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trade/Staff Details** | **Zone** | | | | | **Hourly Rates** | | | |  |
| **1** | **2** | **3** | **4** | **5** | **Mon-Fri****07:00 – 17:00** | **Mon-Fri****17:00 – 07:00** | **Sat** **All Day** | **Sun/****Public Hols****All Day** | **Min Call Out Hours or Rate** |
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Staff No. in your organisation

|  |  |
| --- | --- |
| **Staff** | **No.** |
| Management/Administration |  |
| Trade Qualified |  |
| Skilled Labour |  |
| Other |  |

Please detail any fixed rates (per fitting, per unit, etc.) or quantity rates (square metre, linear metres, etc.) in the table below. Please add any other that you seem relevant.

|  |  |  |
| --- | --- | --- |
| **Quantity/Fixed** | **Details** | **Rate** |
| Ceilings |  |  |
| Carpet |  |  |
| Tiling |  |  |
| Carpet Cleaning |  |  |
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Please detail your proposed mark up on suppliers (materials) and specialist services as a percentage. Please add any other that you seem relevant.

|  |  |
| --- | --- |
| **Mark Up** | **%** |
| Materials |  |
| Hire Equipment |  |
| Consultancy Services |  |
| Specialists Contractors |  |
|  |  |
|  |  |

Please complete the following table relating to your employees/subcontractors qualifications and approvals by ticking the appropriate box and then attaching a copy of the trade licence, certificate, card, etc. Please add any other relevant qualifications such as EWP, High Risk, Working at Heights, Confined Spaces, etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Name** | **Construction Card** | **Police Clearance** | **Trade Licence****/Certificate** | **Induction** | **Other** **(please detail)** |
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Please complete the following table relating to your organisations health, safety and environmental systems, processes and documentation.

|  |  |  |
| --- | --- | --- |
| **Health, Safety, Environmental** | **Yes/No** | **If Yes, Provide details/attach copy** |
| Does your organisation have Health & Safety Policy? |  |  |
| Does your organisation have a WHS manual, procedure or plan? |  |  |
| Does your organisation use a risk management approach to identify, assess and control risks associated with the scope of work? |  |  |
| Does your organisation record and investigate incidents? |  |  |
| Does your organisation provide induction training for all staff and subcontractors? |  |  |
| Are workers and subcontractors consulted on WHS matters? |  |  |
| Does your organization have 3rd party health & safety certification (AS/NZS 4801, OHSAS 18001, Cm3, etc.) |  |  |
| Does your organisation have a quality management system, procedures or manual? |  |  |
| Does your organisation have 3rd party quality certification (ISO 9001, etc.) |  |  |
| Do you have an Environmental Policy? |  |  |
| Does your organisation have 3rd party environmental certification (AS/NZS 14001, Cm3, etc.) |  |  |

Please complete the following compliance table relating to your organisation.

|  |  |  |
| --- | --- | --- |
| **Compliance Statements** | **Yes/No** | **If Yes, Provide details** |
| Is there a Conflict of Interest, perceived or otherwise arising through working with Minc? This includes any subcontractor or any of your personnel engaging in any activity or obtaining any interest that is likely to or may appear to impair, interfere with or restrict Minc in providing the Services diligently, fairly and independently. |  |  |
| Do you have any litigation, arbitration, mediation, conciliation or proceedings whatsoever including any investigations that are taking place, pending or threatened against your business? |  |  |
| Has your organisation received any WHS or environmental inspector notices in the last 12 months? (i.e. improvement or prohibition notices). |  |  |
| Has your organisation been convicted of any WHS or environmental offences in the past five years, or are there any proceedings underway or pending? |  |  |
| The contractor confirms all staff engaged directly or subcontracted fulfill all legal requirements to work In Australia? |  |  |

**Declaration**

The following declaration in relation to this form must be completed by a Director of the business or a nominated responsible person approved by a Director.

-----------------------------------------------------------------------------------------------------------------------------------------------

I declare that the information provided in this Contractor Information Form is true and accurate and I will immediately notify minc in writing of any change in the details provided in this Contractor Information Form.

**Director or Nominated Person**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Please return this form within 7 days to:**

### 

<Minc Branch email address>