



Subcontractor Information Form

Company Name *

ABN/ACN *

Contact Person *

Phone Number *

Email Address *

Business Address *

Accounts Email Address *

Service/Trade Type

Please select all services/trades you provide:

NOTE: These should be in house trade services

- | | | |
|--|---|--|
| <input type="checkbox"/> Plumber Builder | <input type="checkbox"/> Electrician | <input type="checkbox"/> Carpenter |
| <input type="checkbox"/> Tiler | <input type="checkbox"/> Painter | <input type="checkbox"/> Renderer |
| <input type="checkbox"/> Bricklayer | <input type="checkbox"/> Plasterer | <input type="checkbox"/> Gutter Specialist |
| <input type="checkbox"/> HVAC Technician | <input type="checkbox"/> Roofer (metal) | <input type="checkbox"/> Glazier |
| <input type="checkbox"/> Flooring Specialist | <input type="checkbox"/> Roofer (tiled) | <input type="checkbox"/> Landscaper |
| <input type="checkbox"/> Arborist | <input type="checkbox"/> Waterproofer | <input type="checkbox"/> Concreter |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Fencing Contractor | <input type="checkbox"/> Locksmith |
| <input type="checkbox"/> Steel Fabricator | <input type="checkbox"/> Scaffolder | <input type="checkbox"/> Drainer |
| <input type="checkbox"/> Pest Control | <input type="checkbox"/> Welder | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Restoration | <input type="checkbox"/> Asbestos Removal | |
| <input type="checkbox"/> Pools | <input type="checkbox"/> Fire Damage | <input type="checkbox"/> Structural Engineer |
| <input type="checkbox"/> Mould Remediation | <input type="checkbox"/> Cleaning | |

Other (please specify):

Make Safe Services

Do you provide a make safe / emergency service? ☐ Yes ☐ No ☐ In CAT Times Only

If so, please select which make safe / emergency service you provide.

- | | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Temp Fencing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Metal Roofing | <input type="checkbox"/> Tree Removal |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Tiled Roofing | <input type="checkbox"/> Restoration |

Other (please specify):

Service Areas

Please select all areas where you operate:

- ☐ Sydney Metro
- ☐ Sydney West
- ☐ Sydney North
- ☐ Sydney South
- ☐ Sydney East
- ☐ Sydney Inner West
- ☐ Northern Beaches
- ☐ South Coast
- ☐ Central Coast
- ☐ Blue Mountains
- ☐ Wollongong
- ☐ Newcastle
- ☐ Hunter Valley
- ☐ Southern Highlands
- ☐ Regional NSW

Other Areas (please specify):

List any other areas you service

Maximum Travel Radius from Base (km):

e.g., 50km

Rates & Pricing

Standard Hourly Rate *

\$

20m2 to 200m2 rate (if applicable)

\$

After Hours Rate (per hour)

\$

Temp Fencing Hire Rate (per panel)

\$

Dehumidifiers Hire Rate (per day)

\$

Air Movers Hire Rate (per day)

\$

Air Scrubbers Hire Rate (per day)

\$

Fire Clean (per staff / per day)

\$

Causation Report Services

Do you provide causation report services? ☐ Yes ☐ No ☐ In CAT Times Only

Please select all report types you provide:

☐ Assessment Report (including S.O.W)

\$

☐ Specialist Report (eg. Consultant)

\$

☐ Solar Report

\$

☐ Roof Report (Single)

\$

☐ Plumbing Report (leak detection)

\$

☐ Electrical (eg. Air Cons, Alarms)

\$

☐ Pool Report

\$

☐ Roof Report (Double)

\$

Banking Details

Please ensure you include a example of your Tax Invoice

Account Name *

Bank Name *

BSB *

Account Number *

Insurance & Licensing

Public Liability Insurance *

Coverage Amount *	Policy Number *	Expiry Date *
<div>\$</div>		

Workers Compensation Insurance *

Coverage Amount *	Policy Number *	Expiry Date *
<div>\$</div>		

Professional Indemnity Insurance

Coverage Amount *	Policy Number *	Expiry Date *
<div>\$</div>		

Licensing

License Numbers (separate multiple licenses with commas) *

Certifications (select all that apply):

<input type="checkbox"/> White Card *	<input type="checkbox"/> First Aid Certificate	<input type="checkbox"/> Asbestos Awareness
<input type="checkbox"/> Working at Heights	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Electrical Safety

Health, Safety & Compliance

Safety Management System

- ☐ We have a documented Safety Management System
- ☐ We have a documented Safe Work Method Statements (SWMS) *

Other Safety Certifications/Qualifications:

List any other relevant safety certifications

Compliance Declarations

- ☐ We comply with all relevant WHS/OHS legislation
- ☐ We comply with environmental regulations
- ☐ All workers use appropriate PPE (Personal Protective Equipment)

Incident/Accident History (last 3 years):

Please describe any workplace incidents or accidents in the last 3 years, or write 'None'

Required Documentation Attachments

Please select to confirm you have attached copies of the following documents:-

*NOTE: Items marked with * must be attached*

Insurance Documents

- ☐ Public Liability Insurance Certificate *
- ☐ Workers Compensation Insurance Certificate *
- ☐ Professional Indemnity Insurance Certificate (if applicable)

Trade Licenses & Qualifications

- ☐ Trade License(s) / Certification(s) *
- ☐ White Card (Construction Induction Card) *

Safety Documentation

- ☐ Safe Work Method Statements (SWMS) *
- ☐ Safety Policy/Management Plan (if applicable)

Other Required Documents

- ☐ ABN/ACN Registration Certificate *
- ☐ Professional References (minimum 2) - if already obtained
- ☐ Police Check/Working with Children Check (if already obtained)
- ☐ Tax Invoice example / copy *

Other Attachments (please list):

List any other documents you are attaching with this application...

Additional Information

Please include any additional information about your services, availability, special certifications, or other relevant details...

Declaration

I hereby declare that the information provided in this form is true and correct to the best of my knowledge. I understand that any false or misleading information may result in the termination of any contractual arrangements.

Director Name (Print):

Director Signature:

Date of Completion:

