

SUBCONTRACTOR PREQUALIFICATION FORM



1. **Business Name:** _____

(Attach current Business Registration Certificate to verify correct / exact information)

1.1 **Company Name:** _____

ABN: _____

ACN: _____

Phone: _____ Fax No: _____

Fax: _____

A/: _____ Mob No: _____

Contact Person:

Name (Print): _____

Position: _____

Signature: _____

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

1.2 **Address:** _____

1.3 **Other Address:** _____

(If different from above)

1.4 **Business Structure:** _____

(ie sole trader, partnership, private company, public company)

1.5 **Bank Name:** _____

Branch Name: _____





3. A A /

3.1 v f ()

Management: _____

QA/QC: _____

Supervision/Foreman: _____

Tradesmen: _____

Operatives: _____

Safety: _____

3.2 /h

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

Note: In7 (es)-QA 0 (n:)](d/o)es:section/Fr(e)29 (r)15 (s)18 (o)19 (n)40 (n)34 (e)9 (l t)ETEMC /Spar





6.3

Do you have a quality management system?

Yes No

6.4

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

7.

A A A

7.1

Does your company have a quality management system?

Yes No

If "Yes", please attach to this questionnaire.

7.2

Who is responsible for quality in your company?

Name: _____ Contact: _____

7.3

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

8.

A A A

8.1

Does your company have an environmental management system?

Yes No

If "Yes", please attach to this questionnaire.

8.2

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

9.0

A A ()

Health and Safety Policy (5.1)
Qualification (5.1) / Span / Lang (enUS) / M1ID 300 BDC



1

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

S/C Added to SOS

<input checked="" type="radio"/> VIC	<input type="radio"/> NSW	<input type="radio"/> SA	<input type="radio"/> WA	<input type="radio"/> NT	<input type="radio"/> QLD	<input type="radio"/> TAS
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S/C Prequal form and details added to Outlook Contacts	YES	NO
	<input checked="" type="radio"/>	<input type="radio"/>



PROJECT 1 -

PROJECT 1 -

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

