

­

**Prequalified Contractor**

**Application Form**

The City of Mount Gambier prequalified registration process will ensure that only appropriately skilled and experienced contractors are registered to complete minor works with Council. To become prequalified, a contractor must demonstrate that they have adequate capacity, experience, internal systems and resources necessary to competently undertake any work requested by Council.

It does however provide Council the opportunity to assess that a contractor is compliant with Council’s standards, prior to awarding any minor works and issuing a purchase order.

Please return the completed application and supporting documentation to Council marked attention to the Procurement Business Partner:

* By post to PO Box 56, Mount Gambier SA 5290
* Email to city@mountgambier.sa.gov.au

For further information please contact Council’s Procurement team on 08 8721 2555.

|  |
| --- |
| **SECTION 1: Contractor Details** |
| **Trading Name:** |  |
| **Entity Name:** |  |
| **ABN:*****(Australian Business Number)*** |  |
| **Street Address:** |  |
| **Postal Address:** |  |
| **Business Phone Number:** |  |
| **Email:** |  |
| **Website:** |  |
| **Principal Contact Person:** | **Name:** |  |
| **Position:** |  |
| **Services/Works Provided:*****(Please tick one box only)*** | [ ]   | Accounting & Financial | [ ]   | Graphic Design |
| [ ]   | Architecture & Drafting | [ ]   | Irrigation, Pumps & Bores |
| [ ]   | Artists & Entertainers | [ ]   | IT & Communications |
| [ ]   | Air Conditioning & Refrigeration | [ ]   | Landscaping |
| [ ]   | Asbestos ID & Removal | [ ]   | Legal Services |
| [ ]   | Audio Visual Services | [ ]   | Lift Services |
| [ ]   | General Building/Carpentry | [ ]   | Line Marking |
| [ ]   | Cabinet Making/Joinery | [ ]   | Painting & Decorating |
| [ ]   | Catering & Hospitality | [ ]   | Pest Control |
| [ ]   | Civil Construction/Earthmoving | [ ]   | Photography & Videography |
| [ ]   | Cleaning | [ ]   | Plant & Equipment Hire |
| [ ]   | Concrete Supply | [ ]   | Plumbing & Gas-fitting |
| [ ]   | Concreting Works | [ ]   | Security |
| [ ]   | Crane Hire | [ ]   | Surveyors |
| [ ]   | Drug & Alcohol Testing | [ ]   | Tiling |
| [ ]   | Electrical Services | [ ]   | Training & Education |
| [ ]   | Engineering Services  | [ ]   | Valuers |
| [ ]   | Engineering & Fabrication | [ ]   | Vegetation Management  |
| [ ]   | Fencing & Gates | [ ]   | Waste Management |
| [ ]   | Fire Systems | [ ]   | Other (please specify): |
| [ ]   | Flooring |  |  |
| [ ]   | Glazing |  |  |
| **Description of Services Provided:** |  |

|  |
| --- |
| **SECTION 2: Insurance** |
| Please provide details of insurance currently held by the business. |
| **Public and Products Liability*****(minimum $20 million*** ***per occurrence)*** | **Insurer:** |  |
| **Limit:** |  |
| **Expiry Date:** |  |
| **Professional Indemnity*****(if required by your business)*** | **Insurer:** |  |
| **Limit:** |  |
| **Expiry Date:** |  |
| **Return to Work SA*****(if required by your business)*** | **Registration No:** |  |
| **Expiry Date:** |  |
| **Workers Compensation** ***(for businesses in states other than SA)*** | **Insurer:** |  |
| **Limit:** |  |
| **Expiry Date:** |  |

|  |
| --- |
| **SECTION 3: Registrations, Licences and Permits** |
| Please list details of any relevant and current trade registrations, licences and permits you or your staff hold relating to the categories of work applied for. If your company has a training register, a copy of the register can be attached rather than completing the details below. Copies of individual licences and permits are not required, however must be made available if requested on site. |
| **Type of Registration/ Licence/Permit** **and Class/ Category** | **Registration/ Licence No.** | **Issuing Authority** | **Expiry Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **SECTION 4: Work Health and Safety**  |
| Please complete the following Work Health and Safety (WHS) Questionnaire. The intent of the questionnaire is to assess your capability to meet the Council’s WHS requirements. |
| **Part A: WHS Policy and Management System** |
| **Do you have a written company WHS Policy?***It is a mandatory requirement that all contractors have a WHS policy that identifies its compliance to legal obligations under the Work Health and Safety Act 2012 (SA), is signed, dated, and includes a review date (must be reviewed every three years at a minimum).* | [ ]  Yes | Please attach a copy of your policy to this application. |
| [ ]  No | Your application will not be accepted. Please speak to Council’s Procurement Team for support if required. |
| **Do you have a WHS Management System in place?***A workplace health and safety management system is a set of policies, procedures and plans that systematically manages health and safety at work and can help to minimise the risk of injury and illness from workplace operations.* | [ ]  Yes | If yes, and it has been accredited, please attach a copy of the accreditation certificate and proceed to Section 4, Part B.If yes, and it is not accredited, please provide further details, and answer the following two questions below. |
| 1. Have you identified any WHS risks in the provision of the services you provide and if so, determined measures to ensure so far as is reasonably practicable, the health and safety of personnel involved in the provision of these services? | [ ]  Yes[ ]  No |
| 2. Have you made your workers aware of their WHS obligations and WHS risks in the provision of the services you provide? | [ ]  Yes[ ]  No |
| [ ]  No | If no, you will need to ensure you have appropriate safety systems in place to manage the health and safety of employees and members of the public, in line with the WHS Act and Regulations 2012 (SA). Please provide further details in the form of examples such as an index or extract of your documentation. |
| **Part B: Safe Work Practices/Written Procedures** |
| Have you prepared Safe Operating Procedures (SOP)/Safe Work Procedures (SWP) specific to your operations? | [ ]  Yes |
| [ ]  No |
| Have you prepared Safe Work Method Statements (SWMS)/Job Safety Analysis (JSA) or Task Risk Assessment (TSA) specific to your operations? | [ ]  Yes |
| [ ]  No |
| Is there a documented incident investigation procedure? | [ ]  Yes |
| [ ]  No |
| Is there a procedure by which employees can report hazards at workplaces? | [ ]  Yes |
| [ ]  No |
| Does the company keep records of hazards, incidents, and lost time injuries? | [ ]  Yes |
| [ ]  No |

|  |
| --- |
| **Part C: WHS Induction, Training and Inspections** |
| Does the company have an induction and training program in place? | [ ]  Yes |
| [ ]  No |
| Are records maintained of all induction and training programs? | [ ]  Yes |
| [ ]  No |
| Are regular safety inspections undertaken at worksites? | [ ]  Yes |
| [ ]  No |
| **Part D: Sub Contractors** |
| Do you have a system in place to assess your proposed subcontractors in relation to WHS compliance? | [ ]  Yes |
| [ ]  No |
| **Part E: Other** |
| Have you been investigated in regard to a WHS incident? | [ ]  Yes[ ]  No | If yes, please provide the circumstances of the incident and outcome of the investigation.[Enter text here if required] |
| Have you been convicted of a work health and safety offence? | [ ]  Yes[ ]  No | If yes, please provide the circumstances.[Enter text here if required] |

|  |
| --- |
| **SECTION 5: Contractor Acknowledgement** |
| By signing this application, I acknowledge the following:* the information provided is true and correct;
* the documentation requested has been provided; and
* I agree to perform the work within the remit of the Work Health and Safety Legislation, relevant codes of practice, industry standards and in accordance with the City of Mount Gambier Contractor Management Guide.

I further acknowledge that I understand in order to retain an active status on the Prequalified Contractor Register that I must provide the following documentation to Council:**Annually*** Updated evidence of insurance upon expiry – public liability, professional indemnity, Return to Work SA (or equivalent)

 **Every Three Years*** Current Work Health and Safety Policy
* Contractor Management Guide Acknowledgement (signed by the owner/director of the company)
 |
| **Signature** |  |
| **Name** |  |
| **Position** |  |
| **Date** |  |

|  |
| --- |
| **SECTION 6: Documentation Requirements** |
| Documents noted as “mandatory” must be attached to this form, together with other relevant documentation to support your application. Upon receipt of the completed application form and supporting documentation, your application will be assessed by Council and you will be advised of the outcome accordingly. |
| **Section** | **Attached** [x]  |
| **Section 2: Insurance** |
| Public Liability Insurance – Certificate of Currency (Minimum $20 million) | [ ] Mandatory |
| Professional Indemnity Insurance – Certificate of Currency | [ ]  |
| Return to Work SA – Certificate of Registration (or equivalent) | [ ]  |
| **Section 3: Registrations, Licences and Permits** |
| Training Register  | [ ]  |
| **Section 4: Work Health and Safety** |
| WHS Policy | [ ] Mandatory |
| WHS Management System – Accreditation Certificate  | [ ]  |
| WHS Management System – Examples | [ ]  |
| **Contractor Management Guide** |
| Signed Acknowledgement | [ ] Mandatory |

|  |
| --- |
| **Office Use Only AF17/125** |
| **Documentation** **Received as Required** | [ ]  Yes [ ]  NoComments: |
| **Application Approved** | [ ]  Yes [ ]  NoComments: |
| **Follow Up Action Required** |  |
| **Assessed By** |  | **Date** |  |