

NEW SUBCONTRACTOR ASSESSMENT – LAHC

Before entering in to any Subcontractor Agreement can you please provide the information below ASAP:

COMPANY DETAILS	
Entity Name:	
Business or Trading Name:	<input type="checkbox"/> Pty Ltd <input type="checkbox"/> Ltd <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other:
Dept. of Fair Trading Trade Licence No.:	<input type="checkbox"/> Copy Attached ABN:
Business Address:	
Postal Address:	

SCOPE OF WORKS TO BE UNDERTAKEN	
Main Trade:	Are you a Multi Trade? YES <input type="checkbox"/> NO <input type="checkbox"/>

SERVICES PROVIDED (Suppliers use "Other")	
<input type="checkbox"/> Appliance Repairs	<input type="checkbox"/> Kitchens
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Fire Services	<input type="checkbox"/> Electrical
<input type="checkbox"/> Glazing	<input type="checkbox"/> Floor Coverings
<input type="checkbox"/> Ground Maintenance	<input type="checkbox"/> Locksmith
<input type="checkbox"/> Roofing	<input type="checkbox"/> Carpentry/Building
<input type="checkbox"/> Fencing	<input type="checkbox"/> Handyman
<input type="checkbox"/> Garage Doors	<input type="checkbox"/> Pest Control
<input type="checkbox"/> Floor & Wall Tiling	<input type="checkbox"/> Kitchen/Joinery
<input type="checkbox"/> Other	<input type="checkbox"/> Other

SERVICES AREAS	
Please indicate local government areas your company has the ability to service:	
North Coast	<input type="checkbox"/> Great Lakes <input type="checkbox"/> Gloucester <input type="checkbox"/> Greater Taree <input type="checkbox"/> Port Macquarie/Hastings <input type="checkbox"/> Kempsey <input type="checkbox"/> Nambucca <input type="checkbox"/> Bellingen <input type="checkbox"/> Coffs Harbour <input type="checkbox"/> Clarence Valley <input type="checkbox"/> Richmond Valley <input type="checkbox"/> Kyogle <input type="checkbox"/> Lismore <input type="checkbox"/> Ballina <input type="checkbox"/> Byron <input type="checkbox"/> Tweed
New England	<input type="checkbox"/> Armidale Dumaresq <input type="checkbox"/> Gunnedah <input type="checkbox"/> Guyra <input type="checkbox"/> Glenn Innes Severn Shire <input type="checkbox"/> Inverell <input type="checkbox"/> Liverpool Plains <input type="checkbox"/> Moree Plains <input type="checkbox"/> Narrabri <input type="checkbox"/> Tamworth Regional <input type="checkbox"/> Tenterfield <input type="checkbox"/> Uralla <input type="checkbox"/> Walcha

BANK ACCOUNT DETAILS	
Account Name:	
BSB:	Account Number:

ACCOUNT CONTACT	
Name of Account Contact:	Phone:
Email:	

WORK ORDER CONTACT DETAILS	
Name of Primary Contact:	Phone:
Name of After Hours Contact:	Phone:
Email Address for Work Orders:	

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PREVIOUS SAFEWORK NSW & EPA HISTORY	
Have you been prosecuted by Safework NSW (WorkCover) in the last 5 yrs? If yes provide details:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been issued any PINs by Safework NSW (WorkCover) in the last 2 yrs? If yes provide details:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been prosecuted by the EPA or local council concerning an environmental incident in the last 5 yrs. If yes provide details:	YES <input type="checkbox"/> NO <input type="checkbox"/>

NAMES & CONTACT DETAILS OF REFEREES		
	Phone:	
	Phone:	
	Phone:	

PREVIOUS EXPERIENCE		
Facilities Maintenance Contract:	Region & Years:	
Housing:	Region & Years:	
Police Service:	Region & Years:	
Ambulance or Fire:	Region & Years:	
Other:		

NUMBER OF WORKERS & SUBCONTRACTORS		
	Full Time	Casual / Part Time
Workers (incl. working Directors)		
Apprentices		
Subcontractors		
NOTE: If you have Workers Compensation the number of workers should match the WC Policy. If not please advise reason:		
Number of workers who are LAHC tenants:		
Number of indigenous or Torres Straight Islanders:		

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Please supply the items below with this completed form ASAP:

- Public Liability certificate of currency \$10,000,000; Attached
- Workers Compensation certificate of currency if you employ workers; Attached
- Income Protection/Personal Accident for Sole Traders or Partnerships. Attached

Subcontractor Name: **Signature:**

Date:

Engagement details & references checked & approved ODH Name: **Signature:**

Date:

OFFICE USE ONLY

Contract Area: 5 6A 6B

Contract Number:

Engagement Start Up P/L Insurance IP Insurance WC Insurance ABN Search Business Name
 Schedule of Rates

ODH Contact Person: Sign:

WHS Approved SWMS Sign:

Accounts Jobpac Date:..... Code:.....

Sign:

Inductions Beakon Date:..... Code:.....

Staff Inductions completed. No.

Inductions Officer: Sign:

ODH WHS Approval: Sign:

CCC Loc8 Date:.....

Responsive Matrix MPW & VAC Matrix