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| **COMPANY DETAILS** |
| **Company Name:** |       | **Year Established:** |       |  |
|  **Limited Company :** **[ ]  Partnership:** **[ ]  Sole Trader:**  [ ]  |
| **ABN No:**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Web Page:** |  |  |
|  |
| **Street Address:** |  |  |
| **Suburb:** |  | State: |       | Postcode: |  |  |
|  |
| **Postal Address:** |       |  |
| **Suburb:** |  | State: |       | Postcode: |  |  |
|  |
| **Office Phone No:** |       | **Fax No:** |       | **Email Address:** |       |  |
|  |
| **KEY PERSONNEL** |
| Principal Contact: |       | Title: |       |  |
|  |
| Phone No: |       | Fax No: |       | Email Address: |       |  |
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| **COMPANY OVERVIEW** |
| Provide a short description of your company’s history, agencies, products and services, etc; *(please confine to max of 50 words)* |
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| **DISCIPLINES AND CATEGORIES** |
| Please nominate the goods and services your Company provides. Indicate your primary business lines only, for which you have industry references. |
| **Construction** | **Fabrication / Manufacturing:** | **Services / Support Trades:** |
| Earthworks / Roads / Piling:  | [ ]  |  | Building / Architectural: | [ ]  |  | Engineering / Design / Architecture: | [ ]  |  |
| Concrete: | [ ]  |  | Building Services: | [ ]  |  | Technical Services / NDT / Inspection: | [ ]  |  |
| Building / Architectural: | [ ]  |  | Structural: | [ ]  |  | Transport / Heavy Lift / Logistics: | [ ]  |  |
| Structural: | [ ]  |  | Piping: | [ ]  |  | Insulation / Fireproofing: | [ ]  |  |
| Mechanical / Piping: | [ ]  |  | Vessels / Columns / Boilers: | [ ]  |  | Coatings / Painting: | [ ]  |  |
| Electrical / Instrumentation: | [ ]  |  | Instrumentation / Process Control: | [ ]  |  | Site set up / Fencing / Utilities: | [ ]  |  |
| Labour Hire: | [ ]  |  |   |  |  | Plant Hire: | [ ]  |  |
| Other (please describe): |       |
|  |
| **LOCATIONS** |
| Please nominate locations where goods and services are provided by your Company: |
| Local Only [ ]  | States: All [ ]  NSW [ ]  NT [ ]  Qld [ ]  SA [ ]  Tas [ ]  Vic [ ]  WA [ ]  |
| International [ ]  | Countries / Regions of Operation: |       |  |
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| **QUALITY & HSSE OVERVIEW**  |
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| *Does your Company**have:* |  | **Is it certified\*?** | **Certification body (if applicable)** |
| **Quality Management system** | *[ ]*  |  |  |
| **Environmental System** | *[ ]*  |  |  |
| **WHS System** | *[ ]*  |  |  |

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| *If not\**, are you in the process of Certification: | [ ]  No | [ ]  Yes | Expected Completion Date: |       |
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| **NATIONAL CODE OF PRACTICE FOR THE CONSTRUCTION INDUSTRY** |
| Is your Company required to comply with the Code and its Guidelines? | [ ]  Yes | [ ]  No |
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| **FINANCIAL BACKGROUND**  |
|  |  |  |  |  |
|  |
| Average Annual Turnover for Last Three Years (please tick), in Australian ($A Million):  |
| [ ]  <½; | [ ]  ½-2; | [ ]  2-10; | [ ]  10-50; | [ ]  50-100; | [ ]  100-300; | [ ]  >300. |
| Value of Net Tangible Assets: |  |  | Financial Year: |  |  | AU$ |  |  |
|  |
| *Please provide Annual Report or audited Financial Statements current within 12 months* |
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| Please advise the details of any dispute, claim, litigation or arbitration in excess of AUD$10,000 or equivalent during the past 10 years, current and pending.  |
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| Is your company capable of handling the following transactions electronically? |
| Tendering: [ ]  |  Invoicing: [ ]   |
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| **INSURANCE POLICIES**  |
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|  | Company | Expiry Date | Policy No | Value Insured |
| Public Liability |       |       |       |       |
| Workers Compensation/ Personal Accident |       |       |       |       |
| Motor Vehicle |       |       |       |       |
| Professional Indemnity (*if applicable)* |       |       |       |       |

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| **PERSONNEL** |  |  |  |
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| --- | --- | --- |
|  | Current # Employees *(Avg. for last 12 months)* | Anticipated Growth *(next 12 months)* |
|  | International | Australia | International | Australia |
| Total Permanent Personnel |       |       |       |       |
| Total Contract Personnel |       |       |       |       |
| Total Staff Personnel |       |       |       |       |
| Qualified Trades People |       |       |       |       |

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| **COMPANY LICENCES** |
| Does your Company hold any special licenses? (Electrical / Plumbing / Gas Fitting etc.) |
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| Type | **Qty.** |
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| Type | **Qty.** |
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| Type | **Qty.** |
| 1.
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| 1.
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| Completed By: |  | Position: |  | **Date:** |  |  |
|  |