# Part I – Business Details

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| Please note: |
| 1. Suppliers and ABN Employees complete Parts 1 -3
2. Sub-Contractors complete ALL sections
3. Attach all supporting documentation to this form.
 |
| Business Information | Please attach copies of your business registration |
| Trading Name: *(if different to Business Name)* |  | ABN: |  |
| Business Name: |  | Is this an Australian business? | [ ]  yes / [ ]  no |
| Business structure: | [ ]  Company / [ ]  Partnership/ [ ]  Trust / [ ]  Sole Trader/ [ ]  Other *(specify)*: | Registered for GST? | [ ]  yes / [ ]  no |
| Registered office address: | Number and Street: |  |
| Suburb: |  |
| State: |  | Country: |  | Postcode: |  |
| Postal Address: | Number and Street: |  | [ ]  | Or, same as Operating Address above |
| Suburb: |  |
| State: |  | Country: |  | Postcode: |  |
| General enquiries phone: |  | General e-mail: |  |

| Contact Details |
| --- |
| Account Contact *(the individual in charge of maintaining this account with KAEFER)*: |
| Given Name: |  | Surname: |  |
| E-mail: |  |  |  | Role title: |  |
| Phone: |  | Mobile: |  |
| Accounts Receivable Contact: | [ ]  Or, same as KAEFER Account contact |
| Given Name: |  | Surname: |  |
| E-mail: |  |  |  | Role title: |  |
| Phone: |  | Mobile: |  |

|  |  |
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| References | KAEFER reserves the right to contact those listed here for the purpose of confirming your business’s history and suitability. |
| Reference Company 1: |  |
| Name of individual referee: |  | Telephone #: |  |
| Brief description of relationship: |  |
| Reference Company 2: |  |
| Name of individual referee: |  | Telephone #: |  |
| Brief description of relationship: |  |
| Reference Company 3: |  |
| Name of individual referee: |  | Telephone #: |  |
| Brief description of relationship: |  |

# Part 2 – Banking and Insurance Details

| Banking Details |
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| Bank Name: |  | Branch Name: |  |
| BSB *(6 digits)*:  |  | Account Number: |  |
| Swift Code (if applicable): |  |
| Account Name: |  |

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| Insurances |
| Please complete all insurances relevant to your current, proposed, and future scope of subcontract/supply to KAEFER. You must attach all certificates of currency detailed below & ensure they remain in current at all times. |
| Insurance Type | Tick if Applicable | Date of Expiry | Reviewed by KAEFER |
| Workers Compensation Insurance: | [ ]  |  | [ ]  |
| Public/ Product Liability: | [ ]  |  | [ ]  |
| Employers Liability: | [ ]  |  | [ ]  |
| Motor Vehicle: | [ ]  |  | [ ]  |
| Special Plant: | [ ]  |  | [ ]  |
| Income Protection | Sole Trader: | [ ]  |  | [ ]  |
| Industrial Disease/ Special Risk: | [ ]  |  | [ ]  |
| Professional Indemnity: | [ ]  |  | [ ]  |

# Part 3 – HSEQ SYSTEMS

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| HSEQ Certifications |
| 1. Does your organisation maintain a workplace health and safety management system certification?
 | Yes[ ]  | No[ ]  |
|  | Provide details of management system |  |  |  |
|  | If certified, state which standard |  |  |  |
|  | Certification body (business name): |  |  |  |
|  | Certificate #: |  | Copy Attached: | [ ]  | [ ]  |
| 1. Does your organisation maintain an Environmental management system certification?
 | [ ]  | [ ]  |
|  | Provide details of management system |  |  |  |
|  |  If certified, state which standard |  |  |  |
|  | Certification body (business name): |  |  |  |
|  | Certificate #: |  | Attach copy | [ ]  | [ ]  |
| 1. Does your organisation maintain a Quality management system certification?
 | [ ]  | [ ]  |
|  | Provide details of management system |  |  |  |
|  | If certified, state which standard |  |  |  |
|  | Certification body (business name): |  |  |  |
|  | Certificate #: |  | Attach copy | [ ]  | [ ]  |

# Part 4 Subcontractors (only)

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| HSEQ Questionnaire |
| Does your organisation intend to sub-contract to KAEFER:(Add detail of the planned scope of work below) | Yes | No |
| [ ]  | [ ]  |
|  |  |  |
| All contractors are to provide the following information | Yes | No |
| 1. Health and safety performance summary (incidence and frequency rates) for the last 3 years
 | [ ]  | [ ]  |
| **Year** | **Current Year (to date)** | **Previous Year** | **Previous Year** |  |  |
| Total Manhours |  |  |  |  |  |
| Total No. of Recordable Injuries (medical treatment injuries, restricted work injuries and lost time injuries combined)  |  |  |  |  |  |
| Total No. of Lost Time Injuries (work injuries where medically certified unfit for one of more full shifts)  |  |  |  |  |  |
| Lost time injury frequency rate (no. of LTI’s divided by total hours worked x 1,000,000)  |  |  |  |  |  |
| Total recordable injury frequency rate (TRI’s divided by total hours worked x 1,000,000) |  |  |  |  |  |
| Has your organisation received any prohibition or improvement notices from regulatory bodies in the last 3 years? | [ ]  | [ ]  |
| Does your company complete HSEQ Management plans specific to the scope of work being undertaken? (Attach sample) | [ ]  | [ ]  |
| How does your company identify and monitor the implementation of key hazards, risks and control measures? (Provide sample risk assessment)  | [ ]  | [ ]  |
| Are task specific risk management tools completed? (for example, job hazard analyses, Safe Work Method Statements etc) | [ ]  | [ ]  |
| Attach Inspection and Test Plan (ITP) and Inspection Test Record (ITR) Templates  | [ ]  | [ ]  |
| Current Test Record for Inspection Testing Measurement Equipment (will also be required at time of projects) | [ ]  | [ ]  |
| Does your company have Policies in place and comply with requirements for:* Safety and Health.
* Environment.
* Quality.
* Modern Slavery Act.
 | [ ]  | [ ]  |
| What HSEQ communication tools are utilised? (for example, toolboxes, alerts etc)  | [ ]  | [ ]  |
| Are workplace inspections completed by the Leadership team? If so, how often and by whom? | [ ]  | [ ]  |

# Part 5 – Applicant’s Declaration

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| Authorised Person Sign-off |
| 1. I certify that the information provided is to the best of my knowledge, true and accurate.
2. I understand that KAEFER reserves the right to verify all information and any false statements will be sufficient to cause rejection of this application, or termination of account if accepted or engaged.
3. I have received and agree to the Terms & Conditions for KAEFER Suppliers.
 |
| I understand that my organisation requires a Purchase Order prior to the commencements of any reimbursable work. | [ ]  yes / [ ]  no |
| Authorised Person Name & Role: | Signature: | Date: *dd/mm/yyyy* |
|  |  |  |

# Part 6 – Approval

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| Internal Use Only |
| Risk Rating of Subcontractor  |  |
| Take into consideration: * Nature of works (high risk?)
* Experience, training and skills to undertake works
* Management systems, in particular risk management
* Previous experience working with subcontractor and/or references
 | **Risk Rating** (Low, Medium, High or Critical in accordance with KAEFER risk rating matrix): **NOTE:** Consider additional levels of support, supervision, auditing, inspections or other control measures for subcontractors with high risk ratings. Do not proceed with subcontractors assessed as critical risk.  |
| Approved by HSEQ Manager:  | Signature: | Date: | Comments: |
|  |  |  |  |
| Approved by Commercial Manager:  | Signature: | Date: | Comments: |
|  |  |  |  |
| Approved by KAEFER Procurement Manager:  | Signature: | Date: | Rating Type |
|  |  |  | A - Approved [ ]  A\* - Approved Preferred [ ] N - Not Yet Approved [ ]  P - Provisional [ ] DNU - Do Not Use [ ] AS - Approved for Supply Only [ ]  |
| Overall Comments: |