

CONSULTANT INFORMATION

Policy Name **CONSULTANT INFORMATION**
 File Reference **WO.100.6.5**
 Review Details **4 August 2015**

Consultants Details		
Business Name		
ABN		
Business Location		
Postal Address <small>(if different to above)</small>		
Phone		
Mobile		
Email		
Website		
Contact Person (s)		
Service Description		
Compliance Details - Please complete below & provide Certificates of Currency and copy of Return to Work SA Registration document.		
Public Liability Insurance	Insurer: Policy No:	Cover amount \$ Expiry Date:
Product Liability Insurance	Insurer: Policy No:	Cover amount \$ Expiry Date:
Professional Indemnity Insurance	Insurer: Policy No:	Cover amount \$ Expiry Date:
Commercial Vehicle	Insurer: Policy No:	Cover amount \$ Expiry Date:
Return to Work SA Registration <small>(if not applicable state why)</small>	Employer No:	

Qualifications Held or Professional Registration – Include name, registration number, expiry date & scope. Copies of CV's may be provided for staff that will be engaged to work for Council. (Add more boxes or a separate list if necessary)		Please note Yes/No or tick below
Type	Name: Registration No: Expiry Date: Scope:	
Licence Type (if relevant)	Name: Licence No: Expiry Date: Scope of works:	
Professional Registration	Name: Licence No: Expiry Date: Scope of works:	

Important Documentation: Copies of Policies are required.		Please note Yes/No or tick below
Work Health & Safety	<ol style="list-style-type: none"> 1. WHS Policy – signed and dated 2. Job Safety Analysis / Safe Work Method Statement / Risk Assessment (if relevant) 3. White Card – OHS General Induction for Construction (if relevant) 4. Other 	
Quality Assurance	Policy or statement, ISO Accreditation or equivalent.	
Environmental Policy	Policy or statement, ISO Accreditation or equivalent.	
Other Information		

Office Use Only:

Recorded into Synergy: _____ _____ _____
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Registered on database Entered <input type="checkbox"/> Date:
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Vendor Panel Invitation Emailed <input type="checkbox"/> Date:
