**Yuppies Concreting PTY LTD**

# ABN: 95 602 871 474

Postal: PO Box 142 Officer VIC 3809

Office:0411 191867

Tel: 0417 590796

Email: yuppiesconcreting@outlook.com

## CONTRACTOR REGISTRATION FORM

Legal name of contracting entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ABN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACN (If applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Bank Details: (If payments by Direct Deposit)

Account Name

Bank: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSB:

Account Number: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

1. What is the structure of your entity: Please tick

Company Trust Partnership Sole trader

1. Does the business have employee’s other than yourself? Y / N

 If so, how many? \_\_\_\_\_\_\_\_\_

1. Does the business employ apprentices? Y / N

1. Does the business employ subcontractors? Y / N

If yes, please ensure you send through copies of Insurance and White Cards

1. Please provide the contact names, numbers and email addresses for your key contact personnel:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you and your workers currently hold a White Card? Y / N If so, please provide White Card numbers of ALL staff:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ White Card Number: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ White Card Number: \_\_\_\_\_\_\_\_\_\_\_

1. **Contractors to have own insurance policies for workers’ compensation (WorkCover), public liability and works coverage. For sole trader or partnership unable to access WorkCover, an insurance policy covering personal accident & injury is required. Please provide copies of the insurance certificates.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type**  | **Cover**  | **Insurer Name**  | **Insurer’s Phone No**  | **Expiry Date**  |
|  |  |  |  |  |
| WorkCover Insurance   |   |   |   |   |
| Public Liability Professional Indemnity  |   |   |   |   |
| Motor Vehicle & Mobile Plant  |   |   |   |   |
| Works (damage, theft, collapse, fire, etc.)  |   |   |   |   |
| Other, specify   |   |   |   |   |

Contractors to be registered and maintain current contribution to relevant superannuation funds as required. Particulars in the form of payment contribution may be requested before the contractor starts work. For sole trader or partnership not accessing a superannuation scheme, an independent superannuation policy is required.

|  |
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|  |

I have enclosed a copy of the following:

White Card numbers of all employees/contractors

Copy of Workcover certificate of currency

Copy of Public Liability certificate of currency

Copy of Professional Indemnity Insurance

Trade license number (if required)

Safe Work Method Statements (SWMS)

1. Declaration:

I agree that I and all my workers and subcontractors agree to comply with all rules when on site.

I declare that this information is true and correct.

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return this form to:

**Yuppies Concreting Pty Ltd**

**Postal Address: PO Box 142 Officer VIC 3809**

**Email: yuppiesconcreting@outlook.com**

Should you have any queries regarding this form please call our accounts manager

Melanie Casey on 0411191867.

**Our payday is only on Thursday**. **Thank you for your co-operation.**

**OFFICE USE ONLY:-**

 Copies of ALL White Cards Received (including Sub-Contractors)

 Copies of ALL Insurances Received (including Sub-Contractors)

 Copies of SWMS Received

 Insurances entered into OHS Calendar

 SWMS Checked and Saved into OHS System

 OHS Management Approved

 Accounts Management Approved