

# SUBCONTRACTOR INFORMATION FORM

Date: \_\_\_/\_\_\_/\_\_\_

## 1. CONTACT AND BUSINESS DETAILS

Trading name				GST registered	YES	NO
Main trade(s)						
Business structure	<input type="checkbox"/> Sole trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company	<input type="checkbox"/> Trust	ABN	
No. of employees			Indigenous ownership > 50% <input type="checkbox"/>	Supply Nation registered <input type="checkbox"/>		
Contact person			Phone number	Tick box if this is your preferred contact number <input type="checkbox"/>		
Mobile	Tick box if this is your preferred contact number <input type="checkbox"/>		Fax number			
Address	Street	City		State	Postcode	
Email address						
Website						
After hours availability	<input type="checkbox"/> None	<input type="checkbox"/> 24 / 7	After hours contact no.			
	<input type="checkbox"/> Limited after hours	<input type="checkbox"/> Public holidays				

## 2. INSURANCES – LIABILITY & WORKCOVER

A copy of all current insurance certificates of currency, licenses, accreditations and certificates **must** be attached( unless already sent to CBM). Updated copies must be sent each year on renewal.

Public / product liability / professional indemnity insurance cover (minimum \$10 million)	<input type="checkbox"/> copy attached
Workers compensation insurance (businesses with employees)	<input type="checkbox"/> copy attached

## 3. TRADE LICENCES & WHS Construction Induction

Work Health Safety Construction Induction	<input type="checkbox"/> copy attached
Trade licence(s) (as applicable)	<input type="checkbox"/> copy attached
Trade accreditation (record type)	<input type="checkbox"/> copy attached
Trade accreditation (record type)	<input type="checkbox"/> copy attached
Trade accreditation (record type)	<input type="checkbox"/> copy attached

## 4. SERVICE DETAILS

This business specialises in the following services:  
 (Only tick work that can be carried out by you and your employees that are covered by your insurances)

<input type="checkbox"/> Air-conditioning	<input type="checkbox"/> Electrical	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Roofing
<input type="checkbox"/> Appliance Repairs	<input type="checkbox"/> Engineer's report	<input type="checkbox"/> Locksmith	<input type="checkbox"/> Security
<input type="checkbox"/> Blinds & Awnings	<input type="checkbox"/> Fencing	<input type="checkbox"/> Office equipment	<input type="checkbox"/> Shadesails
<input type="checkbox"/> Bricklaying	<input type="checkbox"/> Fire Equipment	<input type="checkbox"/> Painting	<input type="checkbox"/> Steelwork / welding
<input type="checkbox"/> Carpentry / joinery	<input type="checkbox"/> Flooring Coverings/ Carpet	<input type="checkbox"/> Pest control	<input type="checkbox"/> Stencilcrete
<input type="checkbox"/> Cleaning - carpets	<input type="checkbox"/> Gardening/grounds maintenance	<input type="checkbox"/> Plastering	<input type="checkbox"/> Surveyor's Report
<input type="checkbox"/> Cleaning - general	<input type="checkbox"/> Glazier/Glass merchant	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Synthetic/Artificial turf
<input type="checkbox"/> Concreting	<input type="checkbox"/> Grease Trap Cleaning	<input type="checkbox"/> Property valuations	<input type="checkbox"/> Tree services
<input type="checkbox"/> Construction / major Works	<input type="checkbox"/> Handyman/general maintenance	<input type="checkbox"/> Property inspection/builder's report	<input type="checkbox"/> Waste removal

Specialised services (specify)

1.	2.
3.	4.

Which towns / regions are serviced by the business (specify)


**5. PRICING DETAILS – pricing excluding GST** All pricing to remain valid for 2 years

What is the minimum charge to attend a job? (state \$ or hrs)	\$	hrs
Do you charge a service / admin or callout fee? YES / NO (if YES state \$ or hrs)	\$	hrs
Normal hourly rate	\$	Routine maintenance hourly rate \$
After hours rate	\$	After hours call out rate \$
Public holiday rate	\$	Public holiday call out rate \$
Travel	\$ /km (state how far you will travel before charging for travel either by time _____ hrs or _____ km)	
Other pricing information		

**6. BANKING DETAILS**

Bank name	Account name
BSB number	Account number

**7. SAFETY EVALUATION**

The purpose of this questionnaire is to provide an overview of the status of your workplace health, safety and environmental management practices. You may be required to verify your responses by providing verification documentation.

**Indicate if you have documented procedures for:**

	YES	NO		YES	NO
Incident reporting / WorkCover notification			Manual handling		
Inspecting, assessing and maintaining tools, plant & equipment			Wearing personal protective equipment (PPE)		
Storage & handling of hazardous substances, dangerous goods, including safety data sheets			High Risk Work Permits for high risk works such as hot works, confined spaces, working at heights, etc		
Staff supervision			Environmental management		
Health and safety management					

**Respond to the following:**

	YES	NO
Have you ever been convicted of a workplace health, safety or environmental offence?		
First aid kit on worksite / in vehicle		
Test and Tag Policy for electrical equipment		
WHS contact details: Name:	Mobile number:	

**8. MARKETING**

<input type="checkbox"/> Yellow pages	<input type="checkbox"/> Social media	<input type="checkbox"/> Local newspaper	<input type="checkbox"/> Google search
<input type="checkbox"/> Vehicle advertising	<input type="checkbox"/> Business cards	<input type="checkbox"/> .....	<input type="checkbox"/> .....

**9. EXISTING CLIENTS**

Business name	Type of work / project
Contact name	Contact number

**10. REFERENCES**

Business name	Type of work / project
Contact name	Contact number

**11. INDUCTIONS / CLEARANCE CHECKS - attach copies if applicable**

<input type="checkbox"/> John Holland CRN	<input type="checkbox"/> John Holland GMR	<input type="checkbox"/> Coles	<input type="checkbox"/> Cushman & Wakefield	<input type="checkbox"/> Police Clearance
<input type="checkbox"/> Working with children check or state equivalent	<input type="checkbox"/> WPCG	<input type="checkbox"/> RISI / RIW Card	<input type="checkbox"/> Broadspectrum	

CBM is requesting this information from you so that we can assess your suitability to carry out facilities maintenance works as a subcontractor to CBM. We may also use the information for audit and compliance purposes. For the same purpose, CBM may provide this information about you to organisations that contract CBM to carry out facilities maintenance services.

When storing your personal information electronically, information is stored in Australia and protected under Australian law. CBM will not disclose your personal information to anybody else unless we are required to do so by law – for example if the information is needed in an emergency or for law enforcement purposes.

Providing us with the requested information is not required by law. However if you choose not to provide us with the requested information, CBM may be unable to engage you as a subcontractor.

You may request access to your information at any time. To access or update your personal information or for more information on our privacy obligations, ask to speak to our Privacy Contact Officer or email [operations@cbmfg.com.au](mailto:operations@cbmfg.com.au). A copy of CBM's Privacy Policy is available here: [www.cbmfg.com.au/privacy](http://www.cbmfg.com.au/privacy)

**CBM payment terms are 30 days from receipt of all paperwork.**