

**CLARENCE CITY COUNCIL
APPLICATION FOR REGISTRATION
MULTIPLE USE REGISTER
E1083-16**

Category 2 – Works value \$100,000.00 to \$250,000

For a valid application you must:

1. Complete the detail required in Part 1.
2. Indicate in Part 2 which category/ies of works you wish to be registered for.
3. Complete the questionnaire in Part 3 and provide any detail or documents required by it.
4. Sign this application form on the last page.

PART 1 – APPLICANT DETAILS

Companies:

Company Name.....

ABN:.....

Trading name (if different to above):

.....

Address of principal place of business:

.....

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Firms:

Firm (trading) name.....

ABN:.....

Business address:.....

Names and addresses of partners/principals:

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Contact details (companies and firms)

Telephone:.....

Email:.....

Fax:.....

Contact person:.....

PART 2
SUB-CATEGORIES OF WORKS YOU WISH TO BE REGISTERED
FOR (mark with an X).

<p><u>Category 2 - Works \$100,000 to \$250,000;</u></p> <p>Contractors to register for this sub category if they have the capacity to undertake a full construction project e.g A Construction Company that can undertake/manage all works associated with a single Project.</p> <p><i>This may include the employment of approved sub-contractors</i></p>			
Category	Sub Category	Description	Mark "X"
Category 2	a	Category 2 - Infrastructure Roads & Transport - Construction Works	
Category 2	b	Category 2 - Infrastructure Stormwater - Construction Works	
Category 2	c	Category 2 - Communities & People - Active Recreation – Sportsground Development - Oval Construction Works	
Category 2	d	Category 2 - Communities & People - Active Recreation - Sportsground Lighting Construction Works	
Category 2	e	Category 2 - Communities & People - Passive Recreation – Parkland Development Works	
Category 2	f	Category 2 - Infrastructure Facilities Management – Building Construction Works - Public Toilets, Sportsground Pavilions and Clubrooms.	

PART 3 QUESTIONNAIRE

3.1 Your ability to do the Works

(a) How long has the business been doing work of the type detailed in the sub-category/ies applied for?

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.....

(b) Where a licence is required to do such works :

- state the licence number:.....
- is the licence current?

(c) How many persons does the business currently employ :

- on a full time basis:.....
- on a casual basis:.....

(d) Provide the names of no more than 5 sub-contractors which the business may engage in doing work of the type detailed in the sub-category/ies applied for and in each case detail the part of the work the sub-contractor may do:

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(e) Details of relevant tertiary and/or trade qualifications held by principals and employees.

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(f) List no more than 5 projects the business has been involved in over the past two years of the same kind as the sub-category/ies applied for. In each case state whether the business was involved as principal contractor or sub-contractor.

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3.2 Your OHS systems and practices

NOTE: Where there is insufficient room on this part of the questionnaire, comments or details where required should be provided on a separate sheet.

		Yes	No
1.	OHS Policy and Management		
1.1	Does your business have a formal, printed health and safety policy? If yes, provide a copy	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Is there a business OHS Management System Manual or plan? If yes, provide a copy of contents page(s).	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Does the business have an OHS Management System audited by a recognised independent Authority (eg: Workplace Standards Authority Safety MAP audit)? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Are health and safety responsibilities clearly identified for all levels of staff?	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Provide the name and position held of the person who is currently responsible for occupational health and safety in the business.		
2	Standard Work Practices and Procedures		
2.1	Has the business prepared standard operating procedures or specific safety instructions relevant to its operations?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Is there a documented incident investigation procedure? If yes, provide a copy of standard incident report forms.	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Are there procedures for identifying and assessing the risk of all hazards that may arise in a workplace based on the Australian Risk Management Standard or other recognised industry standard or procedure? If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>

3	OHS Training		
3.1	Describe how health and safety training is conducted in your business.		
3.2	Is a record maintained of all training and induction programs undertaken for employees in your business? If yes, provide examples of safety training records:	<input type="checkbox"/>	<input type="checkbox"/>
4	Health and Safety Workplace Inspection		
4.1	Is there a process for health and safety inspections to be carried out at new worksites before start of works ? If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Are standard workplace inspection checklists used to conduct health and safety inspections? If yes, provide details or examples.	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Is there a procedure by which employees can report hazards at workplaces? If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>
5	Health and Safety Consultation		
5.1	Is there a workplace health and safety committee?	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Are employees involved in decision making over OHS matters? If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Are there employee elected health and safety representatives?	<input type="checkbox"/>	<input type="checkbox"/>
6	OHS Performance Monitoring		
6.1	Is there a system for recording and analysing health and safety performance statistics? If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Are employees regularly provided with information on business health and safety performance? If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>

7	OHS inquiries and investigations		
7.1	Has the business, or any one from the business, been the subject of any inquiry by any statutory body or person concerning workplace health and safety issues? If so, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Has the business, or any one on behalf of the business, been investigated by any statutory body responsible for any alleged breach of workplace health and safety responsibilities regarding any aspect of OHS performance? If so, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Has the business, or any one on behalf of the business, been convicted of a workplace health and safety offence. If so, provide details of what OHS actions were taken by the business in response to the conviction.	<input type="checkbox"/>	<input type="checkbox"/>

3.3 Your insurance details

Council needs to be satisfied that your business holds appropriate insurances for the works you may be required to do. You must provide CERTIFICATES OF CURRENCY for :

- public liability
- workers compensation
- professional indemnity (where applicable)
- motor vehicle

insurance policies held by the business.

It is expected that these insurances will be kept current throughout the 2 years period of the MUR. If you are awarded a contract under the MUR to provide any services you will be required again at that time to provide evidence that relevant policies are still in place.

3.4 Bank guarantee requirements

Applicants should be aware that Council often requires bank guarantees to ensure performance of works or services under contracts let under the MUR. By signing this application businesses will indicate that they understand and accept this and that they do not anticipate problems in providing bank guarantees if required.

APPLICATION SIGNING CLAUSE

Date of signing:.....

Signature of authorised signatory:

.....

Signatory's name:.....

Signatory's position:.....