



RURAL CITY OF
WANGARATTA

RURAL CITY OF WANGARATTA (RCoW) SUPPLIER PRE-QUALIFICATION FORM - GOODS AND SERVICES PROVIDERS

Council has a register of 'Pre-Qualified Suppliers' who are pre-qualified to supply goods, services or works to Council. This includes both contractors and suppliers. Council uses the Pre-Qualified suppliers register when placing purchase orders and when requesting quotations or tenders.

Pre-qualification allows Council to assess contractors and suppliers against set criteria to ensure they have the capability and capacity to carry out works on our behalf, including the ability to manage Occupational Health & Safety requirements.

Once a contractor or supplier has been pre-qualified the process of submitting quotes and tenders is simplified.

To apply for pre-qualification with Council please complete this form and email it with any supporting documentation (Insurance Certificates of Currency) to procurement@wangaratta.vic.gov.au. To avoid delays in processing your application please ensure all documents and supporting documentation is provided. There is no fee involved in applying for pre-qualification.

Please note that pre-qualification registration itself does not guarantee an invitation to quote or an engagement for services.

All of Council's purchases are in accordance with Council's Purchase Order Terms and Conditions which can be found on our website at www.wangaratta.vic.gov.au. As a supplier you will be required to adhere to these Terms and Conditions at all times.

COMPANY DETAILS

Registered Company Name: _____

Trading Name (if different): _____

ABN/ ACN: _____

Are you registered for tax purposes: _____

Registered Office Address: Street: _____

Suburb: _____

City: _____

State: _____ Postcode: _____

Postal Address (if different): Street: _____

Suburb: _____

City: _____

State: _____ Postcode: _____

Primary Contact: Name: _____

Phone: _____

Mobile: _____

Email: _____

Key Accounts Receivable Contact: Name: _____

Phone: _____

Mobile: _____

Email: _____

Company website address: _____

BUSINESS INFORMATION

Please select all main business activities from the list:

Advertising & media

Cleaning

Constructions & operations

Facilities Management

Insurance

Library services

Parking

Please select all main business activities from the list (cont'd):

Plant and vehicles

Repairs and maintenance

Subscriptions/ memberships

Waste management & landfill

Other (please specify): _____

<input type="checkbox"/>	Business Services	<input type="checkbox"/>
<input type="checkbox"/>	Community support & events	<input type="checkbox"/>
<input type="checkbox"/>	Energy & utilities	<input type="checkbox"/>
<input type="checkbox"/>	HR services	<input type="checkbox"/>
<input type="checkbox"/>	IT and telecoms	<input type="checkbox"/>
<input type="checkbox"/>	Office supplies and services	<input type="checkbox"/>
<input type="checkbox"/>	Parks and gardens	<input type="checkbox"/>
<input type="checkbox"/>	Postage and freight	<input type="checkbox"/>
<input type="checkbox"/>	Roads	<input type="checkbox"/>
<input type="checkbox"/>	Travel	<input type="checkbox"/>
<input type="checkbox"/>	Water and sewerage	<input type="checkbox"/>

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Total number of direct employees: _____

Total number of contract employees: _____

Do you engage contractors and/or subcontractors? Yes No

If yes, please provide further details: _____

Do any of the following apply to your Company, or its Directors:	Convicted of breaching HS&E or Human Rights legislation?	<input type="checkbox"/>
	Had any notice served by any Regulator or other Authority?	<input type="checkbox"/>
	Become bankrupt, or subject of insolvency or winding-up proceedings?	<input type="checkbox"/>

If yes, please specify: _____

Please provide details of three (3) Companies you do business with that can be contacted as referees:

	Company 1	Company 2	Company 3
Company Name:			
Contact Name:			
Phone No.:			
Email:			
Contract Description:			
Contract Dates:			
Contract Value:			

QUALITY MANAGEMENT

Does your Company have a written Quality Management Policy?	<input type="checkbox"/>	<input type="checkbox"/>
Does your Company have a written Quality Management System?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, to which standard are you accredited? _____

Please provide details of how your company intends to meet the Specification and industry standards to ensure quality is achieved.

INSURANCES

Please provide details and Certificates of Currency for the following insurance policies

Workers Compensation (mandatory)	Policy Number	_____
	Expiry Date	_____
	Underwriter	_____
	Limit per Occurrence	_____
	Aggregated Limit	_____
Public Liability (mandatory)	Policy Number	_____
	Expiry Date	_____
	Underwriter	_____
	Limit per Occurrence	_____
	Aggregated Limit	_____
Professional Indemnity (if relevant to scope of supply)	Policy Number	_____
	Expiry Date	_____
	Underwriter	_____
	Limit per Occurrence	_____
	Aggregated Limit	_____

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Other (if relevant to scope of supply)	Policy Number	_____
	Expiry Date	_____
	Underwriter	_____
	Limit per Occurrence	_____
	Aggregated Limit	_____

FINANCIAL INFORMATION

Council may as part of the supplier/ contractor evaluation process engage the services of an independent financial consultant to provide a comprehensive assessment report of the suppliers/ contractors financial capacity. A representative from the independent financial consultant may contact the suppliers'/ contractors' nominated representative requesting such financial information as is necessary to assess financial status. Suppliers/ contractors failing to provide this information will not be considered further.

The independent financial assessment report will be used in the assessment and verification of the suppliers'/ contractors' financial capacity to undertake Services on behalf of Council. Receipt of an unsatisfactory financial assessment report may result in the supplier/contractor being excluded from further consideration by Council.

The independent financial assessment report will remain private and confidential.

Name of Banking Institution: _____

Branch: _____

Account Name: _____

BSB Number: _____

Account Number: _____

Annual Turnover: _____

Year of Incorporation: _____