



RURAL CITY OF WANGARATTA (RCoW) SUPPLIER PRE-QUALIFICATION FORM - WORKS 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	<input type="checkbox"/>	Business Services	<input type="checkbox"/>
	Cleaning	<input type="checkbox"/>	Community support & events	<input type="checkbox"/>
	Constructions & operations	<input type="checkbox"/>	Energy & utilities	<input type="checkbox"/>
	Facilities Management	<input type="checkbox"/>	HR services	<input type="checkbox"/>
	Insurance	<input type="checkbox"/>	IT and telecoms	<input type="checkbox"/>
	Library services	<input type="checkbox"/>	Office supplies and services	<input type="checkbox"/>
	Parking	<input type="checkbox"/>	Parks and gardens	<input type="checkbox"/>
	Plant and vehicles	<input type="checkbox"/>	Postage and freight	<input type="checkbox"/>
	Repairs and maintenance	<input type="checkbox"/>	Roads	<input type="checkbox"/>
	Subscriptions/ memberships	<input type="checkbox"/>	Travel	<input type="checkbox"/>
	Waste management & landfill	<input type="checkbox"/>	Water and sewerage	<input type="checkbox"/>
	Other (please specify):	_____		

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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:			

OH&S MANAGEMENT

	Yes	No
Does your Company have a written Health and Safety Policy?	<input type="checkbox"/>	<input type="checkbox"/>
Does your Company have an OH&S Management Plan?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If so, is your OHS System certified by a recognised independent authority?</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are Health and Safety responsibilities clearly identified for all levels of staff?	<input type="checkbox"/>	<input type="checkbox"/>

Safe Work Procedures

Has your Company have:	<input type="checkbox"/>	<input type="checkbox"/>
safe operating procedures or specific safety instructions, including permit to work systems?	<input type="checkbox"/>	<input type="checkbox"/>
a documented incident investigation procedure?	<input type="checkbox"/>	<input type="checkbox"/>
procedures for maintaining, inspecting and assessing the hazards of plant and equipment operated/owned?	<input type="checkbox"/>	<input type="checkbox"/>
procedures for storing and handling hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>
procedures for identifying, assessing and controlling risks associated with manual handling?	<input type="checkbox"/>	<input type="checkbox"/>

OH&S Training

Is health and safety training conducted in your organisation?	<input type="checkbox"/>	<input type="checkbox"/>
Is a record maintained of all training and induction programs?	<input type="checkbox"/>	<input type="checkbox"/>

Health and Safety Workplace Inspection

Are regular health and safety inspections at work sites undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a procedure for employees to report hazards at workplaces?	<input type="checkbox"/>	<input type="checkbox"/>
Are standard workplace inspection checklists used for OHS inspections?	<input type="checkbox"/>	<input type="checkbox"/>

Health and Safety Consultation

Are employees involved in decision making over OHS matters?	<input type="checkbox"/>	<input type="checkbox"/>
Are there employee elected OHS representatives?	<input type="checkbox"/>	<input type="checkbox"/>

OHS Performance Monitoring

Is there a system for recording and analysing OHS performance statistics?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees regularly provided with information on company OHS performance?	<input type="checkbox"/>	<input type="checkbox"/>
Has the company ever been convicted of an occupational OHS offence?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered Yes to any of the above questions, please provide supporting documentation

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QUALITY MANAGEMENT

Does your Company have a written Quality Management Policy?

Yes

No

Does your Company have a written Quality Management System?

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	_____
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: _____