

Business Name: **CONTRACTOR REGISTRATION / CHECKLIST**

(A) Business Details

Business Name:

Address: Phone

Emergency Contact Name and Phone number

Description of Services Provided:

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(B) Contractor's Insurance Cover

Type of cover	Expiry Date	Policy No.	Insurance Company
Worker's Compensation / Personal accident			
Professional Indemnity			
Public Liability			

(C) Licences and Qualifications

Workers provided by the Business (described above in A) have the requisite licences, qualifications and are competent to safely carry out the description of services provided (described above). Attach list

Employee Name	Qualification	Licence / Certificate	Date Re-accredited

(D) Safe Condition of Equipment

All equipment brought on site is in a safe, fully maintained condition and arrives clean & uncontaminated. *Providing documented proof would be appreciated*

(E) Notification to Farm Manager (*minimum of 12 hours notice would be appreciated*)

The names, arrival /departure details & mobile phone number of your workers prior to commencing work

(F) ***Before commencing the service I agree to:***

Read the Business Name's Workplace Safety Policy

All contractors & their employees to be inducted into the Business Name's worksite (Map & safety rules)

All contractors & their employees have received & signed the induction checklist: Date:

DECLARATION: To be signed by the Owner / Manager / Field Officer (*please circle*) representing the Business described in (A) above.

I declare that the information detailed in sections A, B, C, D, E and F is true & correct.

NAME (print) Date

Signed

This form must be completed before any service commences & RETURNED

To: Farm Manager's name, Address, Post Code

Name 1: Mob: number

Phone: 03) 6-----

Fax 03) 6-----

Name 2: Mob: number