



Supplier Registration Form

Details about yourself, your business / company.

Name: _____

Trading as: _____ Year Commenced: _____

G.S.T. Registration *(please provide copy)* _____

A.B.N. Mandatory *(Please provide copy)* _____

Postal Address: _____

Street Address: _____

Tel. No: _____ Fax No: _____

Mobile No: _____ E-mail: _____

Name of DBP contact: _____

Type of material(s) offered to DBP: _____

Type of service(s) offered to DBP: _____

No. of personnel: _____ Type of employee(s): _____
i.e.: Full time / Part time / Casual / Sub-Contractor

TRADE REFERENCES		<i>Please supply details of four major <u>trade</u> references.</i>	
Name of Business	Address/Suburb	Contact	Phone:

INSURANCE Note: This section must be completed and copies of certificates of currency must be attached.

Workers Compensation / Personal Injury Copy Attached: N/A:

Policy Number: _____

Insurer: _____

Expiry Date: _____

Public Liability Copy Attached: N/A:

Policy Number: _____

Insurer: _____

Expiry Date: _____ Amount of Cover: _____

Contractors Risk (optional) Copy Attached: N/A:

Policy Number: _____

Insurer: _____

Expiry Date: _____ Amount of Cover: _____

Professional Indemnity (Mandatory for Consultants) Copy Attached: N/A:

Policy Number: _____

Insurer: _____

Expiry Date: _____ Amount of Cover: _____

Vehicle, Plant & Equipment Copy Attached: N/A:

Policy Number: _____

Insurer: _____

Expiry Date: _____

Please provide copies of current applicable insurance certificates/documents.

Guidance to the Insurances required for specific classifications

	Public Liability	Motor Vehicle	Workcover	Professional Indemnity
Supplier (Goods only)	Required ✓	Required ✓	Required ✓	
Service Provider	Required ✓	Required ✓	Required ✓	Required ✓ Depending on the Scope of Work.
Consultant (no Vehicle)	Required ✓		Required ✓	Required ✓
Consultant (Vehicle)	Required ✓	Required ✓	Required ✓	Required ✓
Labour Hire (No Vehicle)	Required ✓		Required ✓	
Labour Hire (Vehicle)	Required ✓	Required ✓	Required ✓	
Plant Hire (Wet)	Required ✓	Required ✓	Required ✓	

Management System Questionnaire
This questionnaire forms part of DBP Supplier Registration evaluation and review process. The objective of the questionnaire is to provide an overview of the status of the Suppliers Health, Safety, Environment and Quality Management System. Suppliers may be required to verify their responses noted in their questionnaire by providing evidence of their ability and capacity in relevant matters.
The information provided in this questionnaire is an accurate summary of the company's Quality, Health & Safety and Environmental Management System.
Evidence – Proof, Substantiation, Establishing the fact.
Examples – Illustration, Demonstration of the model.

Indicate in the following manner:

HSEQ Policy and Management		Yes	No
1.1	Is there written company Health, Safety, Environment & Quality policies?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Does the company have a Health, Safety, Environment & Quality Management System certified by a recognised independent authority?	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Are there company Health, Safety, Environment & Quality Management System manuals or plans?	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Are Health, Safety, Environmental & Quality responsibilities clearly identified for all levels of staff?	<input type="checkbox"/>	<input type="checkbox"/>
Quality Assurance		Yes	No
2.1	Do you have a company representative who is responsible for monitoring, controlling and documenting quality? <i>If yes, please state</i>	<input type="checkbox"/>	<input type="checkbox"/>
Name:			
Position:			
Qualification:			
<i>Reports to:</i>			
Name:			
Position:			
Qualification:			
2.2	Has your company been assessed and certified against a recognised quality standard? <i>If yes, please state</i> Note: Supporting documentation should be submitted.	<input type="checkbox"/>	<input type="checkbox"/>
	Quality Standard and Level:		
	Assessment Organisation:		
	Registration No:		
	Approval Date:		
	Expiry Date:		

	Scope of Registration:	
	Address:	
If the answer to the above question is YES, ignore next question		
		Yes
		No
2.3	Do you operate a quality system?	<input type="checkbox"/>
		<input type="checkbox"/>
Do you have and implement procedures for the following:		
	Procedures	Yes
		No
	Tender and Contract Review	<input type="checkbox"/>
		<input type="checkbox"/>
	Design Control	<input type="checkbox"/>
		<input type="checkbox"/>
	Inspection and Test Plans	<input type="checkbox"/>
		<input type="checkbox"/>
	Records which demonstrate compliance with requirements	<input type="checkbox"/>
		<input type="checkbox"/>
	Corrective Action	<input type="checkbox"/>
		<input type="checkbox"/>
	Identification and segregation on non-conforming product	<input type="checkbox"/>
		<input type="checkbox"/>
	Document and change control	<input type="checkbox"/>
		<input type="checkbox"/>
	Inspection of goods inward - status	<input type="checkbox"/>
		<input type="checkbox"/>
	Control of measuring and testing equipment	<input type="checkbox"/>
		<input type="checkbox"/>
	Control of purchased material and services	<input type="checkbox"/>
		<input type="checkbox"/>
	Control of special processes	<input type="checkbox"/>
		<input type="checkbox"/>
	Packaging, shipping, handling and storage	<input type="checkbox"/>
		<input type="checkbox"/>
	Identification and traceability	<input type="checkbox"/>
		<input type="checkbox"/>
	Manufacture / Construction	<input type="checkbox"/>
		<input type="checkbox"/>
	Quality Audits	<input type="checkbox"/>
		<input type="checkbox"/>
	How long are quality records maintained?	No. of years
	Have you been audited for quality?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
	When? (state date of last audit)	
	Buy whom? (state organization)	
	Against which Standard / Code?	

DECLARATION

I the undersigned, being an authorised representative of the applicant, declare the information provided in this application is true and correct.

Name:

Signature:

Position:

Date:

Please provide copies of all relevant certificates and documentation with your application.