

CONTRACTOR REGISTRATION DETAILS

Version No:	2.1
Issued:	19/12/2018
Next Review:	Dec 2020

Please complete all relevant details, and submit the required documents to:

Email:-admin@nacouncil.sa.gov.au

Post: Northern Areas Council

PO Box 120

JAMESTOWN SA 5491

	Details				
Trading Name					
Industry type					
Postal Address					
Business Registration (attach a copy)					
Australian Business No. (ABN)					
Are you registered for Goods & Services Tax (GST) ?					
Contact Person (for the business)	Name				
	Phone		Mobile		
	Email				
Contact Person (for WHS)	Name				
	Phone		Mobile		
	Email				
WHS Policy (attach a copy)					
ReturntoWork Insurance (attach a copy)					
Sickness/ Accident Insurance (attach a copy)					
Public Risk Insurance (attach a copy) \$20,000,000					
Trade License (attach a copy)					
White Card (attach a copy)					
Risk assessment					
JSAs					
SWMS					
WHS Management Plan (projects \$450,000 and over)					



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Office Use only.	Additional documentation required:								
To be completed by NAC Manager/ supervisor who is likely to be engaging contractor.									
Company/business name:									
Contact person:		Phone:				Fax:			
	Mobile:			E	mail:				
Insurance/ indemnity, etc is required from ALL contractors	Public lia	bility							
	Professional indemnity								
	Workers	Workers compensation							
	Other:	Other:							
Contract Overview									
Brief description of work:	Risk assessment required								
Location of work:									
Nature of work:	Construct If yes, risk	ion work. assessment required		red	☐ Yes ☐ No		assessment ired / JSA		☐ Yes ☐ No
		construction work. MS required		☐ Yes☐ No	SWMS	WMS required		☐ Yes ☐ No	
		tion project IS Management Plan			☐ Yes☐ No			HS Management Plan quired	
	Other								