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| **Request for the use of Sub-Contractor** |
| **Principal Contractor Details** |
| Contractor Name: |  |
| Contract Number: |  |
| Date: |  |
| **Sub-Contractor Details** |
| Contractor Name: |  |
| Company Address: |  |
| Company ABN: |  |
| Directors Name/s: |  |
| Directors Mobile Phone: |  |
| Contact Email Address: |  |
| **Sub-Contractor Insurance Policies** |
| Workcover - Insurer Name: |  |
| Policy Number: |  |
| Expiry Date: |  |
|  Public Liability - Insurer Name: |  |
| Policy Number: |  |
| Amount of Coverage ($20M): |  |
| Expiry Date: |  |
| Motor Vehicle – Insurer Name: |  |
| Policy Number: |  |
| Expiry Date: |  |
| **Sub-Contractor General** |
| Formal Contract/Agreement in place between Contractor & Sub-Contractor: |  |
| Sub-Contractor informed not to contract out works or resources (No 3rd Tier):  |  |
| Sub-Contractor informed to pay wages/allowances in line with the Reference Document (MOU EBA):  |  |
| Training records are maintained and monitored for all Sub-Contractors, their refresher training & authorities must remain current:  |  |
| Notes: |  |

Note: Along with this completed form, please provide a copy of the Signature page of the Contract/Agreement between yourselves & the Sub-Contractor.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_