**RESPONSE SCHEDULES**

**Request for Expressions of Interest for**

**2019.008 TRADES CONTRACTOR PANEL**

**CONTRACTOR: PLEASE INSERT**

***Note to Contractors: To ensure fairness and consistency in the evaluation of tenders your response should follow the format of these response schedules.***

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#

# Contractor's Details

|  |  |
| --- | --- |
| 1. **Name of Contractor**

State in full the name(s) of the person(s) or the registered name(s) of the company(s) and trading names.ABN number |  |
| 1. **Contact person**

Nominate a contact person for this tender to deal with any questions or queries that may arise. |  |
| 1. **Postal address**
 |  |
| 1. **Telephone**
 |  |
| 1. **Email**
 |  |
| 1. **Works Category(ies) applied for:**
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| General Building | 🗆 | Asbestos Removal | 🗆 |
| Metal Fabrication | 🗆 | Fencing | 🗆 |
| Handyman | 🗆 | Roof Repairs | 🗆 |
| Tiling | 🗆 | Painting | 🗆 |
| Air Conditioning Maintenance | 🗆 | Locksmith | 🗆 |
| Demolition | 🗆 | Electrical | 🗆 |
| Plumbing | 🗆 |  | 🗆 |

|  |  |
| --- | --- |
| Sign: |  |
| Name (print): |  |
| Date: |  |

# CHECKLIST

The following checklist is provided to assist Contractors providing the required information. ***Supporting documentation is to be provided in the same order as this checklist.***

|  |  |  |
| --- | --- | --- |
| **Item** | **MANDATORY REQUIREMENTS** | **Tick** |
| 1 | Brief description of your business including but not limited to the following:Date Business commenced;Number of staff employed;Provide details of any areas of expertise within your category. | 🗆 |
| 1 | Proof of current public liability Insurance Cover (minimum $20,000,000 per claim | 🗆 |
| 2 | Proof of current Vehicle Insurance Cover | 🗆 |
| 3 | Proof of current WorkCover registration (if applicable) | 🗆 |
| 4 | Identification of person within your organisation responsible for WHS | 🗆 |
| 5 | Current licencing - demonstration on the maintenance of employee licences and tickets. e.g. online database, spreadsheet or similar; | 🗆 |
| 6 | Copy of current white card (if relevant) | 🗆 |
| 7 | Contact details for referees | 🗆 |
| 8 | Schedule of rates | 🗆 |
| 9 | Signed agreement to register with Vendorpanel if successful | 🗆 |
| 10 | Copies of Job Safety Analysis(es), Safe Operating Procedures (SOP) Risk Assessment(s) or Safe Work Method Statement(s) for the relevant activities covered by the Contractor | 🗆 |
|  | **DESIRABLE REQUIREMENTS** |  |
| 11 | Evidence of WHS Policies and Procedures that comply with Council’s minimum WHS standards | 🗆 |
| 12 | Summary of WHS Procedures and instructions or processes e.g. WHS Management System | 🗆 |
| 13 | Sample copy of Incident Report form | 🗆 |
| 14 | Sample copy of Risk Assessment Report form | 🗆 |

# VENDORPANEL

Council manages its pre-qualified panels through VendorPanel software technology to simplify Council’s processes and increase the value of preferred suppliers, pre-qualified Contractor list etc. Invitations to quote / tender for the majority of selective approaches will be issued through VendorPanel – and therefore it is a mandatory requirement of all Contractors to undertake free registration to assist in meeting our requirements.

Key benefits in utilisation of VendorPanel

* simpler quotation process
* easier governance and probity reporting
* fair and equitable access for suppliers
* transparency in procurement
* increased utilisation of Council suppliers

There is no cost to a Contactor to register with VendorPanel and Contractors must agree below that they will register with VendorPanel when requested to do so by Council.

**AGREEMENT TO REGISTER WITH VENDORPANEL**

I agree that, if requested by The Mount Barker District Council, I will register with VendorPanel and receive and submit quotes or tenders via VendorPanel when invited to do so by Council.

|  |  |
| --- | --- |
| Sign: |  |
| Name (print): |  |
| Date: |  |